



L.A. Care
Covered™ Direct

L.A. Care Health Plan

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

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 All previous versions of the formulary are no longer in effect.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



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

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

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

INTRODUCTION

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Foreword

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

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

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

How to Use the Formulary

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

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

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

Generic and Brand Name Medications

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

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

How Drugs Are Listed

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

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

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

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

Example: ANTICOAGULANTS
HEPARINS AND HEPARINOID-LIKE AGENTS

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

From the above example:

Generic Drug:

- ***enoxaparin inj***

Brand Drug:

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

Non-Formulary Medications

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

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

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

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

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

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

Benefit Coverage and Limitations

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

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

How to Find a Pharmacy

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

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

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

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

Description of Coverage

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

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

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

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

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

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

How Much I Will Pay for My Drugs

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

Below is a description for each tier:

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

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

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

Restrictions on Medication Coverage

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

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

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

Medication Request Process

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

Formulary Agents

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

Non-Formulary Agents

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

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

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

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

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

Pharmacist and Physician Feedback

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Last Updated 4/5/2024

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

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

1

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

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

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2

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ZEPBOUND INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide (weight management)</i>)	2	PA-QL QL= 4 inj/28 days
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	1	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG (<i>guanfacine hcl (adhd)</i>)	3	-
KAPVAY TAB .1MG (<i>clonidine hcl (adhd)</i>)	3	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>)	2	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG (<i>pitolisant hcl</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	1	QL QL= 1 tab/day

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<i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv)	1	-
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	1	-
FOCALIN TAB 10MG, 2.5MG, 5MG (<i>dexmethylphenidate hcl</i>)	3	-
FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (<i>dexmethylphenidate hcl</i>)	3	-
METHYLIN SOLN 10MG/5ML, 5MG/5ML (<i>methylphenidate hcl</i>)	2	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	1	-
<i>methylphenidate chew tab 10MG, 2.5MG, 5MG</i> (METHYLIN Equiv)	1	-
<i>methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG</i> (RITALIN LA Equiv)	1	-
METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG (<i>methylphenidate hcl</i>)	2	-
<i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i>	1	-
<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	1	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	1	-
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	1	QL QL= 2 tabs/day
NUVIGIL TAB 150MG, 200MG, 250MG, 50MG (<i>armodafinil</i>)	3	QL QL= 1 tab/day
PROVIGIL TAB 100MG, 200MG (<i>modafinil</i>)	3	QL QL= 2 tabs/day
RITALIN LA CAP 10MG, 20MG, 30MG, 40MG (<i>methylphenidate hcl</i>)	3	-
RITALIN TAB 10MG, 20MG, 5MG (<i>methylphenidate hcl</i>)	3	-
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
<i>amikacin inj 1GM/4ML, 500MG/2ML</i> (KANAMYCIN Equiv)	M	M
<i>neomycin tab 500MG</i>	1	-
<i>paromomycin cap 250MG</i> (HUMATIN Equiv)	1	-
TOBI PODHALER 28MG (<i>tobramycin</i>)	4	LD-PA Only available through Walgreens 888-347-3416
<i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv)	1	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
OLUMIANT TAB 1MG, 2MG, 4MG (<i>baricitinib</i>)	4	LMSP-PA-QL QL= 1 tab/day
RINVOQ ER TAB 15MG, 30MG, 45MG (<i>upadacitinib</i>)	4	LMSP-PA-QL QL= 1 tab/day
XELJANZ SOLN 1MG/ML (<i>tofacitinib citrate</i>)	4	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG (<i>tofacitinib citrate</i>)	4	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG (<i>tofacitinib citrate</i>)	4	LMSP-PA-QL QL= 1 tab/day
ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system		
RHEUMATREX TAB (<i>methotrexate sodium (antirheumatic)</i>)	3	-
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (HYRIMOZ Equiv) (<i>adalimumab-adaz</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO Equiv) (<i>adalimumab-fkjp</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML 20MG/0.4ML (<i>adalimumab-fkjp</i>)	4	LMSP-PA-QL QL= 2 inj/28 days

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

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HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 pens/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML (<i>golimumab</i>)	4	LMSP-PA-QL QL=1 inj/28 days
SIMPONI INJ 100MG 100MG/ML (<i>golimumab</i>)	4	LMSP-PA-QL QL=1 inj/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG (<i>auranofin</i>)	2	-
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML (<i>anakinra</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML (<i>tocilizumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML (<i>tocilizumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (<i>sarilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG (<i>diclofenac w/ misoprostol</i>)	3	-

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CELEBREX CAP 100MG, 200MG, 400MG, 50MG (<i>celecoxib</i>)	3	-
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	1	-
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	1	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	1	-
<i>diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG</i> (ARTHROTEC Equiv)	1	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	1	-
<i>etodolac ER tab 400MG, 500MG, 600MG</i> (LODINE XL Equiv)	1	-
<i>etodolac tab 400MG, 500MG</i>	1	-
FELDENE CAP 10MG, 20MG (<i>piroxicam</i>)	3	-
FLURBIPROFEN TAB 50MG (<i>flurbiprofen</i>)	1	-
<i>flurbiprofen tab 100MG, 50MG</i>	1	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-
<i>ibuprofen tab 400MG, 600MG</i>	1	-
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	1	-

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<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	1	-
<i>ketorolac inj 15mg/ml 15MG/ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac inj 30mg/ml 30MG/ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
<i>mefenamic acid cap 250MG</i> (PONSTEL Equiv)	1	-
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	1	-
MOBIC TAB 15MG, 7.5MG (<i>meloxicam</i>)	3	-
MOTRIN SUSP 100MG/5ML, 50MG/1.25ML (<i>ibuprofen</i>)	3	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	1	-
NAPROSYN EC TAB 375MG (<i>naproxen</i>)	3	-
NAPROSYN TAB 500MG (<i>naproxen</i>)	3	-
<i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv)	1	-
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	1	-
<i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv)	1	-
<i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv)	1	-
TOLMETIN TAB 600MG (<i>tolmetin sodium</i>)	3	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		

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

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ENBREL SURECLICK INJ 50MG (<i>etanercept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for females (no age restriction)
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for females (no age restriction)
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	1	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
ABSTRAL SL TAB 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 units/30 days
CODEINE SULFATE TAB 15MG 15MG (<i>codeine sulfate</i>)	1	QL QL= 240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG (<i>codeine sulfate</i>)	1	QL QL= 180 tabs/30 days
<i>codeine sulfate tab 60mg</i>	1	QL QL= 180 tabs/30 days

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

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<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	1	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	1	QL QL=120 tabs/30 days
LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT (<i>fentanyl citrate</i>)	3	PA-QL QL= 15 bottles/30 days
<i>methadone conc 10MG/ML</i>	1	QL QL=600ml/30 days
METHADONE SOLN 10MG/5ML 10MG/5ML (<i>methadone hcl</i>)	1	QL QL=600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i>	1	QL QL=600ml/30 days
METHADONE SOLN 5MG/5ML 5MG/5ML (<i>methadone hcl</i>)	1	QL QL= 1200ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i>	1	QL QL= 1200ml/30 days
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	1	QL QL=120 tabs/30 days
<i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days
METHADOSE CONC 10MG/ML, 5MG/0.5ML (<i>methadone hcl</i>)	3	QL QL=600ml/30 days
MORPHINE SULF SOLN 10MG/5ML 10MG/5ML (<i>morphine sulfate</i>)	1	QL QL= 120ml/30 days

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<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	QL QL= 90 tabs/ 30 days
MORPHINE SULFATE SOLN 20MG/5ML (<i>morphine sulfate</i>)	1	QL QL=120ml/30 days
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i>	1	QL QL=120ml/30 days
MORPHINE SULFATE TAB 15MG, 30MG (<i>morphine sulfate</i>)	1	QL QL=180 tabs/30 days
<i>morphine sulfate tab 15MG, 30MG</i>	1	QL QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG (<i>tapentadol hcl</i>)	3	QL QL= 180 tabs/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG (<i>oxycodone hcl</i>)	3	QL QL=120 tabs/30 days
<i>tramadol ER tab 100MG, 200MG, 300MG</i> (ULTRAM ER Equiv)	1	QL QL= 30 tabs/30 days
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG (<i>tramadol hcl</i>)	1	QL QL= 30 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days

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

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LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG (<i>hydrocodone-acetaminophen</i>)	3	QL QL=120 tabs/30 days
LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML (<i>hydrocodone-acetaminophen</i>)	3	QL QL=1800ml/30 days
<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv)	1	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG (<i>oxycodone-aspirin</i>)	1	QL QL= 120 tabs/30 days
PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (<i>oxycodone w/ acetaminophen</i>)	3	QL QL=120 tabs/30 days
<i>tramadol/acetaminophen tab 37.5MG-325MG</i> (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB 30MG-300MG (<i>acetaminophen w/ codeine</i>)	3	QL QL=180 tabs/30 days
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	1	QL QL= 4 patches/28 days
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	1	-

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

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

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<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP (<i>testosterone</i>)	2	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
CORTENEMA 100MG/60ML (<i>hydrocortisone (intrarectal)</i>)	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	1	-
<i>pramoxine/hydrocortisone cream 1%-2.5%</i> (ANALPRAM-HC Equiv)	1	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
ANUSOL-HC CREAM 2.5% (<i>hydrocortisone (rectal)</i>)	3	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		

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<i>budesonide rectal foam 2MG</i> (UCERIS RECTAL FOAM Equiv)	1	PA
UCERIS RECTAL FOAM 2MG/ACT (<i>budesonide (intrarectal)</i>)	3	PA
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
<i>albendazole tab 200MG</i> (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG (<i>albendazole</i>)	3	-
BENZNIDAZOLE TAB 100MG, 12.5MG (<i>benznidazole</i>)	2	RS Restricted to Infectious Disease Specialist
BILTRICIDE TAB 600MG (<i>praziquantel</i>)	3	-
EMVERM TAB 100MG (<i>mebendazole</i>)	2	PA
<i>ivermectin tab 3MG</i> (STROMECTION Equiv)	1	PA
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
STROMECTION TAB 3MG (<i>ivermectin</i>)	3	PA
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
RANEXA TAB 1000MG, 500MG (<i>ranolazine</i>)	3	-
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	1	-
NITRATES - Drugs to treat chest pain		
ISORDIL TITRADOSE TAB 40MG, 5MG (<i>isosorbide dinitrate</i>)	3	-

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<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide dinitrate tab 40mg 40MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	1	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG (<i>isosorbide mononitrate</i>)	1	-
<i>isosorbide mononitrate tab 10MG, 20MG</i>	1	-
NITRO-BID OINT 2% (<i>nitroglycerin</i>)	2	-
NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (<i>nitroglycerin</i>)	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR (<i>nitroglycerin</i>)	3	-
<i>nitroglycerin lingual spray .4MG/SPRAY</i> (NITROLINGUAL Equiv)	1	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	1	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	1	-
NITROLINGUAL PUMP SPRAY .4MG/SPRAY (<i>nitroglycerin</i>)	3	-
NITROSTAT SL TAB .3MG, .4MG, .6MG (<i>nitroglycerin</i>)	3	-

ANTI-ANXIETY AGENTS - Drugs to treat anxiety

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ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
<i>buspirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	1	-
<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	1	-
HYDROXYZINE PAMOATE CAP 100MG 100MG (<i>hydroxyzine pamoate</i>)	1	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	1	-
<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	1	-
VISTARIL CAP 25MG, 50MG (<i>hydroxyzine pamoate</i>)	3	-
BENZODIAZEPINES - Drugs to treat anxiety		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	1	QL QL= 5 tabs/day
<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	1	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	1	QL QL= 180ml/30 days
<i>diazepam oral soln 5mg/5ml 5MG/5ML</i> (DIAZEPAM Equiv)	1	QL QL= 180ml/30 days
<i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv)	1	QL QL= 4 tabs/day
<i>diazepam tab 5mg 5MG</i> (VALILUM Equiv)	1	QL QL= 3 tabs/day

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<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	1	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	1	-
VALIUM TAB 2MG, 10MG 10MG, 2MG (<i>diazepam</i>)	3	QL QL= 4 tabs/day
VALIUM TAB 5MG 5MG (<i>diazepam</i>)	3	QL QL= 3 tabs/day
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG (<i>disopyramide phosphate</i>)	3	-
<i>quinidine gluconate CR tab</i>	1	-
<i>quinidine sulfate tab 200MG, 300MG</i>	1	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	1	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	1	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	1	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	1	-

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RYTHMOL SR CAP 225MG, 325MG, 425MG (propafenone hcl)	3	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
amiodarone tab 100MG, 200MG, 400MG (CORDARONE Equiv)	1	-
CORDARONE TAB (amiodarone hcl)	3	-
dofetilide cap 125MCG, 250MCG, 500MCG (TIKOSYN Equiv)	1	-
MULTAQ TAB 400MG (dronedarone hcl)	2	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG (dofetilide)	3	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
FASENRA PEN INJ 30MG/ML (benralizumab)	4	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 100MG/ML (mepolizumab)	4	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML (tezepelumab-ekko)	4	LMSP-PA-QL QL= 1 pen/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
cromolyn neb soln 20MG/2ML (INTAL Equiv)	1	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		

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ATROVENT HFA INHALER 17MCG/ACT <i>(ipratropium bromide hfa)</i>	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH <i>(umeclidinium bromide)</i>	2	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	1	-
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT <i>(tiotropium bromide monohydrate)</i>	2	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
ACCOLATE TAB 10MG, 20MG <i>(zafirlukast)</i>	3	-
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	1	-
SINGULAIR CHEW TAB 4MG, 5MG <i>(montelukast sodium)</i>	3	-
SINGULAIR GRANULE PACK 4MG <i>(montelukast sodium)</i>	3	-

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

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SINGULAIR TAB 10MG (<i>montelukast sodium</i>)	3	-
<i>zafirlukast tab 10MG, 20MG</i> (ACCOLATE Equiv)	1	-
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
DALIRESP TAB 250MCG, 500MCG (<i>roflumilast</i>)	3	-
<i>roflumilast tab 250MCG, 500MCG</i> (DALIRESP Equiv)	1	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ALVESCO INHALER 160MCG/ACT, 80MCG/ACT (<i>ciclesonide</i>)	2	-
ARNUIITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	2	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv)	1	-

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FLUTICASONE DISKUS INHALER 50MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT <i>(fluticasone propionate hfa)</i>	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT 100MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT 250MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT 50MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML <i>(budesonide (inhalation))</i>	3	-
QVAR REDIHALER 40MCG/ACT, 80MCG/ACT <i>(beclomethasone dipropionate hfa)</i>	2	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT <i>(fluticasone-salmeterol)</i>	2	-
<i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv)	1	QL QL= 2 inhalers/30 days

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<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	1	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML (<i>albuterol sulfate</i>)	1	-
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-
<i>albuterol sulfate tab 2MG, 4MG</i>	1	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)</i>	1	-
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	-
<i>arformoterol tartrate neb soln 15MCG/2ML (BROVANA Equiv)</i>	1	-
BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	2	-

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BROVANA NEB SOLN 15MCG/2ML (<i>arformoterol tartrate</i>)	3	-
<i>budesonide/formoterol inhaler</i> 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)	1	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT (<i>ipratropium-albuterol</i>)	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	-
<i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv)	1	-
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-

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

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TRELEGY ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH <i>(fluticasone-umeclidinium-vilanterol)</i>	2	-
VENTOLIN HFA INHALER 108MCG/ACT <i>(albuterol sulfate)</i>	1	QL QL= 2 inhalers/30 days
XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML <i>(levalbuterol hcl)</i>	3	-
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR <i>(theophylline)</i>	2	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG <i>(theophylline)</i>	3	-
<i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv)	1	-
<i>theophylline soln 80MG/15ML</i>	1	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG <i>(theophylline)</i>	2	-
<i>theophylline tab er</i> (THEOPHYLLINE ER Equiv)	1	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
COUMADIN TAB 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG <i>(warfarin sodium)</i>	3	-
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	1	-

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DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG <i>(apixaban)</i>	2	-
XARELTO STARTER PACK <i>(rivaroxaban)</i>	2	-
XARELTO SUSP 1MG/ML <i>(rivaroxaban)</i>	2	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG <i>(rivaroxaban)</i>	2	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
ARIXTRA INJ 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML <i>(fondaparinux sodium)</i>	3	PA
<i>enoxaparin inj 300MG/3ML</i> (LOVENOX Equiv)	1	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	1	PA
FRAGMIN INJ 10000UNIT/4ML, 95000UNIT/3.8ML <i>(dalteparin sodium)</i>	3	-
LOVENOX INJ 300MG/3ML <i>(enoxaparin sodium)</i>	3	-
THROMBIN INHIBITORS - Drugs to thin the blood		
<i>dabigatran etexilate mesylate cap 110MG, 150MG, 75MG</i> (PRADAXA Equiv)	1	-
PRADAXA CAP 110MG, 150MG, 75MG <i>(dabigatran etexilate mesylate)</i>	3	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		

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<i>clobazam susp 2.5MG/ML</i> (ONFI Equiv)	1	PA Members age 9 or older require Prior Authorization
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	1	PA
<i>clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
DIASTAT ACDL GEL 10MG, 20MG (<i>diazepam (anticonvulsant)</i>)	3	QL QL= 2 packs/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	2	QL QL= 2 packs/fill
DIAZEPAM GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	2	QL QL= 2 packs/fill
<i>diazepam rectal gel 10MG, 20MG</i>	1	QL QL= 2 packs/fill
KLONOPIN TAB .5MG, 1MG, 2MG (<i>clonazepam</i>)	3	-
NAYZILAM SPRAY 5MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ONFI SUSP 2.5MG/ML (<i>clobazam</i>)	3	PA Members age 9 or older require Prior Authorization
ONFI TAB 10MG, 20MG (<i>clobazam</i>)	3	PA

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VALTOCO NASAL SPRAY 10MG/0.1ML, 5MG/0.1ML <i>(diazepam (anticonvulsant))</i>	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
BANZEL SUSP 40MG/ML <i>(rufinamide)</i>	3	PA
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	1	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	1	-
<i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	1	-
CARBATROL CAP 100MG, 200MG, 300MG <i>(carbamazepine)</i>	3	-
DIACOMIT CAP 250MG, 500MG <i>(stiripentol)</i>	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG <i>(stiripentol)</i>	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML <i>(cannabidiol)</i>	4	LD-PA Only available through Lumicera 855-847-3553

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EPRONTIA SOLN 25MG/ML (<i>topiramate</i>)	3	PA Members age 9 or older require Prior Authorization
FINTEPLA SOLN 2.2MG/ML (<i>fenfluramine hcl (anticonvulsant)</i>)	4	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	1	QL QL= 9 caps/day
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	1	QL QL= 72 mls/day
<i>gabapentin tab 600mg 600MG</i> (NEURONTIN Equiv)	1	QL QL= 6 tabs/day
<i>gabapentin tab 800mg 800MG</i> (NEURONTIN Equiv)	1	QL QL= 4.5 tabs/day
KEPPRA SOLN 100MG/ML (<i>levetiracetam</i>)	3	-
KEPPRA TAB 1000MG, 250MG, 500MG, 750MG (<i>levetiracetam</i>)	3	-
KEPPRA XR TAB 500MG, 750MG (<i>levetiracetam</i>)	3	-
<i>lacosamide oral solution 10MG/ML</i> (VIMPAT Equiv)	1	-
<i>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv)	1	-
LAMICTAL CHEW TAB 25MG, 5MG (<i>lamotrigine</i>)	3	-

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LAMICTAL ODT 100MG, 200MG, 25MG, 50MG <i>(lamotrigine)</i>	3	-
LAMICTAL ODT KIT <i>(lamotrigine)</i>	3	-
LAMICTAL ODT KIT, LAMICTAL XR KIT <i>(lamotrigine)</i>	3	-
LAMICTAL STARTER KIT 25MG <i>(lamotrigine)</i>	3	-
LAMICTAL TAB 100MG, 150MG, 200MG, 25MG <i>(lamotrigine)</i>	3	-
LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG <i>(lamotrigine)</i>	3	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG</i> (LAMICTAL XR Equiv)	1	-
<i>lamotrigine ODT 100MG, 200MG, 25MG, 50MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine ODT kit 25MG</i> (LAMICTAL ODT KIT Equiv)	1	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	1	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	1	-
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-
MYSOLINE TAB 250MG, 50MG (<i>primidone</i>)	3	-
NEURONTIN CAP 100MG, 300MG, 400MG (<i>gabapentin</i>)	3	QL QL= 9 caps/day
NEURONTIN SOLN 250MG/5ML (<i>gabapentin</i>)	3	QL QL= 72 mls/day
NEURONTIN TAB 600MG 600MG (<i>gabapentin</i>)	3	QL QL= 6 tabs/day
NEURONTIN TAB 800MG 800MG (<i>gabapentin</i>)	3	QL QL= 4.5 tabs/day
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	1	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG</i> (LYRICA Equiv)	1	QL QL= 3 caps/day
<i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	1	QL QL= 30ml/day
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-

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<i>rufinamide susp 40MG/ML</i> (BANZEL Equiv)	1	PA
<i>rufinamide tab 200MG, 400MG</i> (BANZEL Equiv)	1	PA
TEGRETOL SUSP 100MG/5ML (<i>carbamazepine</i>)	3	-
TEGRETOL TAB 200MG (<i>carbamazepine</i>)	3	-
TEGRETOL XR TAB 100MG, 200MG, 400MG (<i>carbamazepine</i>)	3	-
TOPAMAX SPRINKLE CAP 15MG, 25MG (<i>topiramate</i>)	3	-
TOPAMAX TAB 100MG, 200MG, 25MG, 50MG (<i>topiramate</i>)	3	-
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	1	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	1	-
TRILEPTAL SUSP 300MG/5ML (<i>oxcarbazepine</i>)	3	-
TRILEPTAL TAB 150MG, 300MG, 600MG (<i>oxcarbazepine</i>)	3	-
ZONEGRAN CAP 100MG, 25MG (<i>zonisamide</i>)	3	-
ZONISADE SUSP 100MG/5ML (<i>zonisamide</i>)	3	PA PA required for members age 9 years or older
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	1	-

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ZTALMY SUSP 50MG/ML (<i>ganaxolone</i>)	4	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
CARBAMATES - Drugs to treat seizures		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	1	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	1	-
FELBATOL SUSP 600MG/5ML (<i>felbamate</i>)	3	-
FELBATOL TAB 400MG, 600MG (<i>felbamate</i>)	3	-
XCOPRI PAK 100-150MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day

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GABA MODULATORS - Drugs to treat seizures		
GABITRIL TAB 12MG, 16MG, 2MG, 4MG (<i>tiagabine hcl</i>)	3	-
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	1	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<i>vigadrone powder pack 500MG</i>	1	LD-PA Only available through PantheRx 855-726-8479
HYDANTOINS - Drugs to treat seizures		
DILANTIN CAP 100MG 100MG (<i>phenytoin sodium extended</i>)	3	-
DILANTIN CAP 30MG 30MG (<i>phenytoin sodium extended</i>)	2	-
DILANTIN INFATABS 50MG (<i>phenytoin</i>)	3	-
DILANTIN SUSP 125MG/5ML (<i>phenytoin</i>)	3	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	1	-

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

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

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EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR (<i>selegiline</i>)	3	-
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	2	-
NARDIL TAB 15MG 15MG (<i>phenelzine sulfate</i>)	3	-
PARNATE TAB 10MG (<i>tranylcypromine sulfate</i>)	3	-
PHENELZINE SULFATE TAB 15MG (<i>phenelzine sulfate</i>)	1	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	1	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
CELEXA TAB 10MG, 20MG, 40MG (<i>citalopram hydrobromide</i>)	3	-
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	1	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	1	-
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	1	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	1	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	1	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	1	-
FLUOXETINE TAB 60MG 60MG (<i>fluoxetine hcl</i>)	3	-
<i>fluoxetine tab 60mg 60MG</i>	1	-

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<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	1	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	1	-
LEXAPRO TAB 10MG, 20MG, 5MG (<i>escitalopram oxalate</i>)	3	-
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	1	-
<i>paroxetine oral susp 10MG/5ML</i> (PAXIL Equiv)	1	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	1	-
PAXIL CR TAB 12.5MG, 25MG, 37.5MG (<i>paroxetine hcl</i>)	3	-
PAXIL ORAL SUSP 10MG/5ML (<i>paroxetine hcl</i>)	3	-
PAXIL TAB 10MG, 20MG, 30MG, 40MG (<i>paroxetine hcl</i>)	3	-
PROZAC CAP 10MG, 20MG, 40MG (<i>fluoxetine hcl</i>)	3	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	1	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	1	-
ZOLOFT CONC 20MG/ML (<i>sertraline hcl</i>)	3	-
ZOLOFT TAB 100MG, 25MG, 50MG (<i>sertraline hcl</i>)	3	-
SEROTONIN MODULATORS - Drugs to treat depression		

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

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG <i>(sitagliptin-metformin hcl)</i>	2	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG 10MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG <i>(dapagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
GLUCOPHAGE TAB <i>(metformin hcl)</i>	3	-
GLUCOPHAGE XR TAB <i>(metformin hcl)</i>	3	-

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<i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv)	1	-
<i>metformin soln 500MG/5ML</i> (RIOMET Equiv)	1	-
<i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv)	1	-
RIOMET SOLN 500MG/5ML (<i>metformin hcl</i>)	3	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE (<i>glucagon</i>)	2	QL QL= 2 inhalations/fill
<i>diazoxide susp 50MG/ML</i> (PROGLYCEM Equiv)	1	-
GLUCAGEN HYPOKIT INJ 1MG (<i>glucagon hcl (rdna)</i>)	2	QL QL= 2 inj/fill
GLUCAGON (RDNA) FOR INJ KIT 1MG (<i>glucagon (rdna)</i>)	1	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>)	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG (<i>glucagon (rdna)</i>)	2	QL QL= 2 inj/fill
GVOKE INJ .5MG/0.1ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
GVOKE PFS INJ 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill

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<i>mifepristone tab 300MG</i> (KORLYM Equiv)	1	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
PROGLYCEM SUSP 50MG/ML (<i>diazoxide</i>)	3	-
ZEGALOGUE INJ .6MG/0.6ML (<i>dasiglucagon hcl</i>)	2	QL QL= 2 inj/fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG (<i>alogliptin benzoate</i>)	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG (<i>sitagliptin phosphate</i>)	2	QL QL= 1 tab/day
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - Drugs to regulate blood sugar		
CYCLOSET TAB .8MG (<i>bromocriptine mesylate</i> (<i>diabetes</i>))	3	-
INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar		
OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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BYDUREON INJ (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 5MCG/0.02ML (<i>exenatide</i>)	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 8MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>)	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>)	2	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)

INSULIN - Drugs to regulate blood sugar

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HUMALOG JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro</i>)	2	-
HUMALOG MIX INJ (<i>insulin lispro protamine & lispro (human)</i>)	2	-
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 25UNIT/ML-75UNIT/ML (<i>insulin lispro protamine & lispro</i>)	2	-
HUMALOG PEN INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-
HUMULIN MIX INJ (<i>insulin isophane & reg (human)</i>)	2	OTC
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC
HUMULIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC
HUMULIN N PEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC
HUMULIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	2	OTC
HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>)	2	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>)	2	-

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INSULIN GLARGINE SOLN PEN-INJ 300UNIT/ML <i>(insulin glargine)</i>	2	-
INSULIN LISPRO INJ 100UNIT/ML (HUMALOG Equiv) <i>(insulin lispro)</i>	1	-
INSULIN LISPRO JR KWIKPEN INJ 100UNIT/ML <i>(insulin lispro)</i>	2	-
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML <i>(insulin lispro)</i>	2	-
LYUMJEV INJ 100UNIT/ML <i>(insulin lispro-aabc)</i>	2	-
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML <i>(insulin lispro-aabc)</i>	2	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML <i>(insulin glargine-yfgn)</i>	2	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML <i>(insulin glargine-yfgn)</i>	2	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
ACTOS TAB 15MG, 30MG, 45MG <i>(pioglitazone hcl)</i>	3	-
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	1	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		
FARXIGA TAB 10MG, 5MG <i>(dapagliflozin propanediol)</i>	2	QL QL= 1 tab/day

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JARDIANCE TAB 10MG, 25MG (<i>empagliflozin</i>)	2	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
AMARYL TAB 1MG, 2MG, 4MG (<i>glimepiride</i>)	3	-
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG (<i>glipizide</i>)	3	-
GLUCOTROL XL TAB 10MG, 2.5MG, 5MG (<i>glipizide</i>)	3	-
GLYBURID MCR TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>)	1	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>)	3	-
TOLAZAMIDE TAB (<i>tolazamide</i>)	1	-
TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>)	2	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>)	1	-

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

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

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

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

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

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

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

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

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

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

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

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

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<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	1	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	1	-
MICARDIS TAB 20MG, 40MG, 80MG (<i>telmisartan</i>)	3	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	1	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	1	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	1	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
CARDURA TAB 1MG, 2MG, 4MG, 8MG (<i>doxazosin mesylate</i>)	3	-
CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR (<i>clonidine</i>)	3	-
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	1	-
<i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv)	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
METHYLDOPA TAB 250MG, 500MG (<i>methyldopa</i>)	1	-
<i>methyldopa tab 250MG, 500MG</i>	1	-
MINIPRESS CAP 1MG, 2MG, 5MG (<i>prazosin hcl</i>)	3	-
<i>prazosin cap 1MG, 2MG, 5MG</i> (MINIPRESS Equiv)	1	-

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<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	1	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
ACCURETIC TAB 20MG-25MG <i>(quinapril-hydrochlorothiazide)</i>	3	-
ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG <i>(quinapril-hydrochlorothiazide)</i>	3	-
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	1	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	1	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	1	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG <i>(irbesartan-hydrochlorothiazide)</i>	3	-
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG <i>(amlodipine besylate-olmesartan medoxomil)</i>	3	-

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

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

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

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	1	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG (<i>atovaquone-proguanil hcl</i>)	3	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
<i>chloroquine tab</i> (ARALEN Equiv)	1	-
<i>hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG</i> (PLAQUENIL Equiv)	1	-
KRINTAFEL TAB 150MG (<i>tafenoquine succinate</i>)	2	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	1	-
PLAQUENIL TAB 200MG (<i>hydroxychloroquine sulfate</i>)	3	-
PRIMAQUINE TAB 26.3MG (<i>primaquine phosphate</i>)	3	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	1	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	1	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
FIRDAPSE TAB 10MG (<i>amifampridine phosphate</i>)	4	LD-PA Only available through AnovoRx 844-288-5007

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

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

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GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG (<i>lomustine</i>)	2	ONC
HEXALEN CAP (<i>altretamine</i>)	4	LMSP-ONC
MELPHALAN TAB 2MG (<i>melphalan</i>)	1	LMSP-ONC
MYLERAN TAB 2MG (<i>busulfan</i>)	4	LMSP-ONC
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	1	LMSP-ONC
ZANOSAR INJ 1GM (<i>streptozocin</i>)	M	M
ANTIMETABOLITES - Drugs to treat cancer		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	1	LMSP-ONC
JYLAMVO SOLN, XATMEP SOLN 2.5MG/ML, 2MG/ML (<i>methotrexate</i>)	3	PA Prior Authorization required for members age 9 or older
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	1	ONC
<i>methotrexate inj 1000MG/40ML, 1GM/40ML, 250MG/10ML, 50MG/2ML</i>	1	-
<i>methotrexate tab 2.5MG</i> (Trexall Equiv)	1	ONC
PURIXAN SUSP 2000MG/100ML (<i>mercaptopurine</i>)	3	PA Members age 9 or older require Prior Authorization
TABLOID TAB 40MG (<i>thioguanine</i>)	2	ONC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
INLYTA TAB 1MG, 5MG (<i>axitinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 8 tabs/day

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

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

Last Updated 4/5/2024

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

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

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ERLEADA TAB 240MG 240MG (<i>apalutamide</i>)	4	LMSP-ONC-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG (<i>flutamide</i>)	2	ONC
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
FARESTON TAB 60MG (<i>toremifene citrate</i>)	3	ONC
FEMARA TAB 2.5MG (<i>letrozole</i>)	3	ONC
FLUTAMIDE CAP 125MG (<i>flutamide</i>)	2	ONC
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	1	ONC
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	1	ONC
LUPRON DEPOT INJ 11.25MG, 22.5MG (<i>leuprolide acetate (3 month)</i>)	M	M
LYSODREN TAB 500MG (<i>mitotane</i>)	4	LD-ONC Only available through Walgreens 888-347-3416
<i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv)	1	ONC
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	1	ONC
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	1	LMSP-ONC
NUBEQA TAB 300MG (<i>darolutamide</i>)	4	MSP-PA-QL-SF QL= 4 tabs/day

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

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

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

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AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG (<i>avapritinib</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>)	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG (<i>decitabine-cedazuridine</i>)	4	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG (<i>ribociclib succinate-letrozole</i>)	4	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG (<i>trifluridine-tipiracil</i>)	4	MSP-ONC-PA
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG (<i>brigatinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306

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

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

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

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

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

Last Updated 4/5/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG (<i>ponatinib hcl</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG (<i>enasidenib mesylate</i>)	4	MSP-ONC-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	1	LMSP-ONC-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP 70MG/ML (<i>ibrutinib</i>)	4	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>)	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day
JAYPIRCA TAB 100MG, 50MG (<i>pirtobrutinib</i>)	4	LMSP-PA-QL QL= 2 tabs/day
KISQALI TAB 200MG (<i>ribociclib succinate</i>)	4	LMSP-PA-QL QL= 63 tabs/28 days

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

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

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

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

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Last Updated 4/5/2024

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

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

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XALKORI SPRINKLE CAP 150MG, 20MG, 50MG (<i>crizotinib</i>)	4	MSP-PA-QL-SF QL= 4 caps/day
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG (<i>niraparib tosylate</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	4	LMSP-ONC-PA-QL
ZOLINZA CAP 100MG (<i>vorinostat</i>)	4	LMSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP (<i>ceritinib</i>)	4	LMSP-ONC-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG (<i>ceritinib</i>)	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 2000000UNIT/0.5ML (<i>interferon gamma-1b</i>)	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	1	LMSP-ONC-PA
HYDREA CAP 500MG (<i>hydroxyurea</i>)	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ (<i>interferon alfa-2b inj</i>)	4	KMSP
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	2	ONC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	1	ONC
MESNEX TAB 400MG (<i>mesna</i>)	4	LMSP-ONC
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG (<i>etoposide</i>)	4	LMSP-ONC
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG (<i>carbidopa</i>)	3	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
COMTAN TAB 200MG (<i>entacapone</i>)	3	-
<i>entacapone tab 200MG</i> (COMTAN Equiv)	1	-
TASMAR TAB 100MG (<i>tolcapone</i>)	3	-
<i>tolcapone tab 100MG</i> (TASMAR Equiv)	1	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		

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<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	1	-
<i>amantadine syrup</i> (SYMMETREL Equiv)	1	-
<i>amantadine tab 100MG</i>	1	-
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	1	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	1	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	1	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	1	-
<i>carbidopa/levodopa tab 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (SINEMET Equiv)	1	-
MIRAPEX TAB .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG (<i>pramipexole dihydrochloride</i>)	3	-
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR (<i>rotigotine</i>)	3	-
PARLODEL CAP 5MG (<i>bromocriptine mesylate</i>)	3	-
PARLODEL TAB 2.5MG (<i>bromocriptine mesylate</i>)	3	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	1	-
REQUIP TAB (<i>ropinirole hydrochloride</i>)	3	-
<i>ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG</i> (REQUIP XL Equiv)	1	-

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

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<i>carbidopa-levodopa-entacapone tab 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv)</i>	1	-
INBRIJA INH POWDER 42MG (<i>levodopa</i>)	3	PA-QL QL= 10 caps/day
STALEVO TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (<i>carbidopa-levodopa-entacapone</i>)	3	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (ESKALITH ER Equiv) (<i>lithium carbonate</i>)	1	-
<i>lithium carbonate cap</i> (ESKALITH ER Equiv)	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
LITHOBID TAB 300MG (<i>lithium carbonate</i>)	3	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP (<i>carbamazepine (antipsychotic)</i>)	2	-
GEODON CAP 20MG, 40MG, 60MG, 80MG (<i>ziprasidone hcl</i>)	3	-

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

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

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

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

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

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

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

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ISENTRESS POWDER PACK 100MG (<i>raltegravir potassium</i>)	3	-
JULUCA TAB 25MG-50MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	4	QL QL= 1 tab/ day
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	1	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	1	-
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	1	-
LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>)	4	-
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	1	-
<i>lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv)	1	-
<i>maraviroc tab 150MG, 300MG</i> (SELZENTRY Equiv)	1	-
NEVIRAPINE ER TAB 100MG (<i>nevirapine</i>)	1	-
<i>nevirapine ER tab 400MG</i>	1	-
NEVIRAPINE SUSP 50MG/5ML (<i>nevirapine</i>)	1	-
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	1	-
NORVIR CAP (<i>ritonavir</i>)	3	-
NORVIR POWDER PACK 100MG (<i>ritonavir</i>)	3	-
NORVIR SOLN 80MG/ML (<i>ritonavir</i>)	3	-
NORVIR TAB 100MG (<i>ritonavir</i>)	3	-

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

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

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

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

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

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

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

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

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

Last Updated 4/5/2024

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

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CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG (<i>diltiazem hcl coated beads</i>)	3	-
CARDIZEM TAB (<i>diltiazem hcl tab</i>)	3	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG, 420MG</i> (TIAZAC Equiv)	1	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	1	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	1	-
KATERZIA SUSP 1MG/ML (<i>amlodipine benzoate</i>)	3	PA Prior Authorization required for members age 9 or older
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	1	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	1	-
<i>nimodipine cap 30MG</i> (NIMOTOP Equiv)	1	-
NORLIQVA ORAL SOLN 1MG/ML (<i>amlodipine besylate</i>)	3	PA Members age 9 or older require Prior Authorization
NORVASC TAB 10MG, 2.5MG, 5MG (<i>amlodipine besylate</i>)	3	-
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG (<i>diltiazem hcl extended release beads</i>)	3	-

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

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

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

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

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

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

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

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

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

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

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>)	\$0	-
VELIVET PAK (<i>desogestrel-ethinyl estradiol (triphasic)</i>)	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
<i>wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>)	\$0	-
<i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		

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

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ORAPRED ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>)	3	-
ORAPRED SOLN 6.7MG/5ML (<i>prednisolone sodium phosphate</i>)	3	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	1	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>)	2	-
PREDNISOLONE SOLN 25MG/5ML (<i>prednisolone sodium phosphate</i>)	3	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 25MG/5ML, 5MG/5ML, 6.7MG/5ML</i>	1	-
PREDNISONONE SOLN 5MG/5ML (<i>prednisone</i>)	2	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	1	-
SOLU-CORTEF INJ 1000MG, 250MG, 500MG (<i>hydrocortisone sod succinate</i>)	2	QL QL= 1 vial/fill
SOLU-CORTEF INJ 100MG 100MG (<i>hydrocortisone sod succinate</i>)	2	QL QL= 2 vials/fill
SOLU-MEDROL INJ 1000MG, 500MG (<i>methylprednisolone sod succ</i>)	3	-
SOLU-MEDROL INJ 2GM 2GM (<i>methylprednisolone sod succ</i>)	2	-

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

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

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

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

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<i>promethazine VC/codeine syrup</i>	1	-
<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)</i>	1	-
<i>SEMPREX-D CAP 8MG-60MG (acrivastine & pseudoephedrine)</i>	EXC	-
<i>ZUTRIPRO LIQUID (pseudoephed-cpm w/ hydrocod)</i>	3	QL QL= 120ml/fill, 2 fills/30 days
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
<i>HYPER-SAL NEB SOLN 7% (sodium chloride (inhalant))</i>	3	-
<i>NEBUSAL NEB SOLN 3.5%, 6% (sodium chloride (inhalant))</i>	2	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7% (HYPER-SAL Equiv)</i>	1	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20% (MUCOMYST Equiv)</i>	1	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
<i>adapalene cream .1% (DIFFERIN Equiv)</i>	1	PA Acne Only – members age 35 or older require Prior Authorization

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

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<i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-5%</i> (DUAC GEL Equiv)	1	-
DIFFERIN CREAM .1% (<i>adapalene</i>)	3	PA
DIFFERIN GEL .1%, .3% (<i>adapalene</i>)	3	PA
DUAC GEL (<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>)	3	-
EPIDUO GEL 0.1-2.5% .1%-2.5% (<i>adapalene-benzoyl peroxide</i>)	3	-
ERY PAD 2% (<i>erythromycin (acne aid)</i>)	2	-
<i>erythromycin gel 2%</i>	1	-
<i>erythromycin pad</i>	1	-
<i>erythromycin soln 2%</i>	1	-
<i>erythromycin/benzoyl peroxide gel 3%-5%</i> (BENZAMYCIN Equiv)	1	-
KLARON LOTION 10% (<i>sulfacetamide sodium (acne)</i>)	3	-
RETIN-A CREAM .025%, .05%, .1% (<i>tretinoin</i>)	3	PA
<i>sodium sulfacetamide lotion 10%</i> (KLARON Equiv)	1	-
<i>sodium sulfacetamide/sulfur cleanser 10-5% 5%-10%</i> (SUMAXIN Equiv)	1	-
<i>sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9%</i> (SUMADAN WASH Equiv)	1	-
<i>sodium sulfacetamide/sulfur emulsion 10-5%</i>	1	-

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SUMADAN WASH 9-4.5% 4.5%-9% (<i>sulfacetamide sodium w/ sulfur</i>)	3	-
<i>tretinoin cream .025%, .05%, .1%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .04%, .1%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel 0.08% .08%</i> (RETIN-A MICRO Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses		
RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>)	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
CENTANY OINT 2% (<i>mupirocin</i>)	3	-
CORTISPORIN CREAM (<i>neomycin-polymyxin-hc</i>)	3	-
CORTISPORIN OINT (<i>bacitracin-polymyxin-neomycin hc</i>)	3	-
<i>gentamicin sulfate cream</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	1	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	1	-

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

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<i>ciclopirox gel .77%</i> (LOPROX GEL Equiv)	1	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	1	-
<i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv)	1	-
<i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv)	1	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	1	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	1	-
EXELDERM SOLN (<i>sulconazole nitrate</i>)	3	-
<i>ketconazole cream 2%</i> (NIZORAL CREAM Equiv)	1	-
<i>ketconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% (<i>ciclopirox olamine</i>)	3	-
LOPROX SHAMPOO 1% (<i>ciclopirox</i>)	3	-
LOTRISONE CREAM .05%-1% (<i>clotrimazole w/ betamethasone</i>)	3	-
MENTAX CREAM 1% (<i>butenafine hcl</i>)	3	-
NAFTIFINE CREAM 1% (<i>naftifine hcl</i>)	3	-
<i>naftifine cream 1%, 2%</i> (NAFTIN Equiv)	1	-
<i>naftifine gel 1%</i> (NAFTIN Equiv)	1	-
NAFTIN CREAM 2% (<i>naftifine hcl</i>)	3	-
NAFTIN GEL 1% (<i>naftifine hcl</i>)	3	-
NIZORAL A-D SHAMPOO 1% (NIZORAL Equiv) (<i>ketconazole (topical)</i>)	EXC	OTC
<i>nizoral a-d shampoo 1%</i> (NIZORAL Equiv)	EXC	OTC

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NIZORAL SHAMPOO 2% (<i>ketoconazole (topical)</i>)	3	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<i>nystatin oint 100000UNIT/GM</i>	1	-
<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	1	-
<i>oxiconazole nitrate cream 1%</i> (OXISTAT Equiv)	1	-
<i>tavaborole soln 5%</i> (KERYDIN Equiv)	1	QL-ST QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	1	OTC-QL QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH 1.3% (<i>diclofenac epolamine</i>)	3	QL QL= 30 patches/fill
VOLTAREN GEL 1% (<i>diclofenac sodium (topical)</i>)	3	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
<i>bexarotene gel 1%</i> (TARGRETIN Equiv)	1	LMSP-PA
<i>diclofenac gel 3%</i> (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days

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

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CALCITRIOL OINT 3MCG/GM (<i>calcitriol (topical)</i>)	3	-
DOVONEX CREAM .005% (<i>calcipotriene</i>)	3	-
DRITHO-SCALP CREAM 1% (<i>anthralin</i>)	3	-
METHOXSALEN CAP 10MG (<i>methoxsalen rapid</i>)	2	LMSP
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP 10MG (<i>methoxsalen rapid</i>)	3	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML (<i>risankizumab-rzaa</i>)	4	LMSP-PA-QL QL= 2 inj/84 days
STELARA INJ 90MG/ML (<i>ustekinumab</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML (<i>ixekizumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	1	-
TAZORAC CREAM .1% (<i>tazarotene</i>)	3	-
TAZORAC CREAM 0.05% .05% (<i>tazarotene</i>)	3	-
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	4	LMSP-PA-QL QL= 1 inj/56 days
ZORYVE CREAM .3% (<i>roflumilast (topical)</i>)	2	PA-QL QL= 60 grams/30 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
OVACE PLUS CREAM 10% (<i>sulfacetamide sodium</i>)	3	-

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

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

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

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

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ECZEMA AGENTS - Drugs to treat eczema		
ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG (<i>abrocitinib</i>)	4	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 200MG/1.14ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT INJ 100MG/0.67ML 100MG/0.67ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 300MG/2ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
<i>ammonium lactate lotion 12%, 5%</i> (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM (<i>lactic acid (ammonium lactate)</i>)	3	-
LAC-HYDRIN LOTION 12% (<i>lactic acid (ammonium lactate)</i>)	3	-
LACTIC ACID LOTION 10%, 5% (<i>lactic acid (ammonium lactate)</i>)	1	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM (<i>collagenase</i>)	2	QL QL= 90gm/30 days

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

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<i>podofilox soln .5%</i> (CONDYLOX Equiv)	1	-
SALEX SHAMPOO 2%, 3% (<i>salicylic acid</i>)	3	-
SALEX SHAMPOO 6% (<i>salicylic acid</i>)	3	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel 2%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint</i>	1	QL QL= 107gm/30 days
<i>lidocaine patch 4%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine patch 5% 5%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% (<i>lidocaine</i>)	3	QL QL= 3 patches/day
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	1	-
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% (<i>fluocinolone-hydroquinone-tretinoin</i>)	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	1	-

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

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

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

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

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

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

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

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

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

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CARNITOR SOLN 1GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	3	-
CARNITOR TAB 330MG (<i>levocarnitine (metabolic modifiers)</i>)	3	-
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	4	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	1	-
HECTOROL CAP (<i>doxercalciferol</i>)	3	-
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	1	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	1	-
PALYNZIQ INJ 20MG/ML (<i>pegvaliase-pqpz</i>)	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	1	-
PHEBURANE ORAL PELLETS 483MG/GM (<i>sodium phenylbutyrate</i>)	4	LD Only available through Accredo 800-803-2523
ROCALTROL CAP .25MCG, .5MCG (<i>calcitriol</i>)	3	-
ROCALTROL SOLN 1MCG/ML (<i>calcitriol</i>)	3	-
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	1	LMSP-PA

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>mifepristone tab 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG (<i>mifepristone</i>)	EXC	-
PROLACTIN INHIBITORS - Drugs to regulate hormones		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	1	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	1	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML (<i>octreotide acetate</i>)	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML (<i>pasireotide diaspertate</i>)	4	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG (<i>tolvaptan</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG (<i>tolvaptan</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		

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

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

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

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

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

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

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

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

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

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

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>)	4	LD-PA Only available through CVS Specialty 800-238-7828
IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease		
FILSPARI TAB 200MG, 400MG (<i>sparsentan</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	2	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-
AVODART CAP .5MG (<i>dutasteride</i>)	3	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG (<i>tamsulosin hcl</i>)	3	-
PROSCAR TAB (<i>finasteride tab</i>)	3	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG (<i>alfuzosin hcl</i>)	3	-
URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIDIUM Equiv)	1	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
LITHOSTAT TAB 250MG (<i>acetohydroxamic acid</i>)	3	-

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

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

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

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

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<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	4	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	4	LMSP
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML (<i>filgrastim-aafi</i>)	4	LMSP
NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>)	4	LMSP
PROMACTA POWDER 12.5MG, 25MG (<i>eltrombopag olamine</i>)	4	LMSP-PA-QL QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG (<i>eltrombopag olamine</i>)	4	LMSP-PA-QL QL= 1 tab/day
PROMACTA TAB 50MG 50MG (<i>eltrombopag olamine</i>)	4	LMSP-PA-QL QL= 2 tabs/day
PROMACTA TAB 75MG 75MG (<i>eltrombopag olamine</i>)	4	LMSP-PA-QL QL= 2 tabs/day
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa-epbx</i>)	4	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>)	4	LMSP

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

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HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG (<i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i>)	3	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG (<i>fe asparto gly-fe polysaccharide-succ acid-c-threonic acid-b12-fa</i>)	1	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i>)	1	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i>)	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>)	1	-

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MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG <i>(iron-vitamin c-vitamin b12-folic acid)</i>	3	-
<i>multivitamin tab 1MG-25MCG-100MG-250MG</i>	1	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG <i>(ferrous fumarate w/ fa-dss-b complex-vit c)</i>	2	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	1	-
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
AMICAR SOLN .25GM/ML <i>(aminocaproic acid)</i>	3	-
AMICAR TAB 1000MG, 500MG <i>(aminocaproic acid)</i>	3	-
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	1	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	1	-
LYSTEDA TAB 650MG <i>(tranexamic acid)</i>	3	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia		

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<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
BUTISOL TAB (<i>butobarbital sodium</i>)	3	-
<i>phenobarbital elixir 20MG/5ML</i>	1	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	1	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
AMBIEN CR TAB 12.5MG, 6.25MG (<i>zolpidem tartrate</i>)	3	QL QL= 1 tab/day
AMBIEN TAB (<i>zolpidem tartrate tab</i>)	3	QL QL= 1 tab/day
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	1	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	1	QL QL= 1 tab/day
HALCION TAB .25MG (<i>triazolam</i>)	3	-
LUNESTA TAB 1MG, 2MG, 3MG (<i>eszopiclone</i>)	3	QL QL= 1 tab/day
<i>midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML</i> (MIDAZOLAM Equiv)	1	RS Restricted to Neurology Specialist
RESTORIL CAP 15MG 15MG (<i>temazepam</i>)	3	-
RESTORIL CAP 22.5MG 22.5MG (<i>temazepam</i>)	3	-
RESTORIL CAP 30MG 30MG (<i>temazepam</i>)	3	-

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

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

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

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

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CLARITHROMYCIN SUSP 125MG/5ML, 250MG/5ML (<i>clarithromycin</i>)	2	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	1	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN EC CAP 250MG (<i>erythromycin base</i>)	2	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	1	-
<i>erythromycin tab 250MG, 500MG</i> (ERYTHROMYCIN Equiv)	1	all forms except PCE
PCE TAB (<i>erythromycin base (coated)</i>)	3	-
FIDAXOMICIN - Drugs to treat infections		
DIFICID SUSP 40MG/ML (<i>fidaxomicin</i>)	2	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB 200MG (<i>fidaxomicin</i>)	2	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		

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

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

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OMNIPOD 5 PACK PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD DASH PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD GO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD STARTER KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
ONETOUCH DELICA LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH DELICA PLUS LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH DELICA ULTRASOFT LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO FLEX METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO IQ METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO REFLECT METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC

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V-GO INJ KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% (<i>alcohol swabs</i>)	1	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
B-D AUTOSHIELD DUO PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
B-D INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	1	-
CARETOUCH MIS (<i>needle (disp) 27 g</i>)	1	OTC
TECHLITE INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	1	OTC
TECHLITE PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	1	OTC
TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>spacer/aerosol-holding chamber supplies - masks</i>)	2	OTC
AEROCHAMBER SUPPLIES (<i>spacer/aerosol-holding chamber supplies - bags</i>)	2	-
PEAK FLOW METER (<i>peak flow meter</i>)	1	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		

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CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		
UBRELVY TAB 100MG, 50MG (<i>ubrogepant</i>)	2	PA-QL QL= 10 tabs/30 days, 6 fills/year
ZAVZPRET NASAL SPRAY 10MG/ACT (<i>zavegepant hcl</i>)	2	PA-QL QL= 6 units/fill; 60 units/365 days
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
<i>ergotamine tartrate/caffeine tab 1MG-100MG</i> (CAFERGOT Equiv)	1	-
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
<i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv)	1	QL QL= 10 inj/14 days
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ (<i>erenumab-aooe</i>)	2	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML (<i>fremanezumab-vfrm</i>)	2	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	2	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML (<i>galcanezumab-gnlm</i>)	2	PA-QL QL= 3 inj/fill, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
IMITREX INJ 4MG/0.5ML (<i>sumatriptan succinate</i>)	3	QL QL= 4 inj/fill, 2 fills/30 days

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

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

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<i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv)	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-
<i>potassium chloride micro tab 10MEQ, 15MEQ, 20MEQ</i> (K-DUR Equiv)	1	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	1	-
<i>potassium chloride soln 10%, 20%</i>	1	-
POTASSIUM CHLORIDE TAB ER 8MEQ (<i>potassium chloride</i>)	3	-
SODIUM - Drugs to treat electrolyte disorders		
SOD CHLORIDE INJ .9%, 4MEQ/ML (<i>sodium chloride</i>)	M	M
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	2	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
DEPEN TITRATAB 250MG (<i>penicillamine</i>)	3	-
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	1	LMSP-PA
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		

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

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

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

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

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

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

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Last Updated 4/5/2024

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MYNATAL-Z TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	-
NEONATAL 19 TAB (<i>prenatal vitamin-folic acid</i>)	3	-
NEONATAL FE TAB (<i>prenatal multivitamins w/ iron-folic acid</i>)	3	-
PRENATABS RX TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	3	-
PRENATAL 19 CHEW TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	-
PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	3	-
PRENATAL VITAMINS (NON-PREFERRED) (<i>prenatal without a w/fe fum-fe polysacch complex-fa-dha</i>)	3	-
VITAFOL STRIPS (<i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i>)	3	-
VP-PNV-DHA CAP (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
BACLOFEN ORAL SOLN 10 MG/5ML 10MG/5ML (<i>baclofen</i>)	3	PA Prior Authorization Required for members age 9 and older

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

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

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ROBAXIN TAB 750MG (<i>methocarbamol</i>)	3	-
SKELAXIN TAB 800MG (<i>metaxalone</i>)	3	-
SOMA TAB 350MG (<i>carisoprodol</i>)	3	QL QL=120 tabs/30 days
<i>tizanidine tab</i> (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG (<i>tizanidine hcl</i>)	3	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
DANTRIUM CAP 25MG, 50MG (<i>dantrolene sodium</i>)	3	-
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	1	-
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS ***		
SOHONOS CAP 1.5MG 1.5MG (<i>palovarotene</i>)	4	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 10MG 10MG (<i>palovarotene</i>)	4	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 1MG 1MG (<i>palovarotene</i>)	4	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 2.5MG 2.5MG (<i>palovarotene</i>)	4	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828

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SOHONOS CAP 5MG 5MG (<i>palovarotene</i>)	4	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>)	1	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	1	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	1	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
BECONASE AQ NASAL SPRAY 42MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT (<i>triamcinolone acetonide (nasal)</i>)	3	OTC-QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	1	OTC-QL QL= 2 bottles/fill

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ZETONNA NASAL SPRAY 37MCG/ACT (<i>ciclesonide (nasal)</i>)	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
RADICAVA ORS STARTER KIT 105MG/5ML (<i>edaravone</i>)	4	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP 105MG/5ML (<i>edaravone</i>)	4	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
RELYVRIO PAK 1GM-3GM (<i>sodium phenylbutyrate-aurursodiol</i>)	4	LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	1	-
FRIEDRICH'S ATAXIA AGENTS ***		
SKYCLARYS CAP 50MG (<i>omaveloxolone</i>)	4	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
RETT SYNDROME AGENTS ***		
DAYBUE SOLN 200MG/ML (<i>trofinetide</i>)	4	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007

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SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		
EVRYSDI SOLN .75MG/ML (<i>risdiplam</i>)	4	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
NUTRIENTS - Drugs to treat nutrient disorders		
LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN (<i>medium chain triglycerides</i>)	2	OTC-PA
MCT OIL (<i>medium chain triglycerides</i>)	2	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG (<i>creatine</i>)	2	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET (<i>citrulline</i>)	2	OTC-PA
NUTRITIONAL SUPPLEMENT LIQUID (<i>protein</i>)	2	OTC-PA
<i>phlexy-10 tab</i>	1	OTC-PA
<i>pro-stat liquid</i>	1	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
BETAGAN OPHTH SOLN (<i>levobunolol hcl</i>)	3	-
<i>brimonidine/timolol ophth soln .2%-.5%</i> (COMBIGAN Equiv)	1	-
COSOPT OPHTH SOLN 6.8MG/ML-22.3MG/ML (<i>dorzolamide hcl-timolol maleate</i>)	3	-

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<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	1	-
LEVOBUNOLOL OPHTH SOLN .5% (<i>levobunolol hcl</i>)	1	-
<i>levobunolol ophth soln</i>	1	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	1	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	1	-
TIMOPTIC OPHTH SOLN .25%, .5% (<i>timolol maleate (ophth)</i>)	3	-
TIMOPTIC-XE OPHTH GEL .25%, .5% (<i>timolol maleate (ophth)</i>)	3	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
<i>atropine ophth oint 1%</i>	1	-
<i>atropine ophth soln 1%</i> (ISOPTO ATROPINE Equiv)	1	-
ATROPINE SUL SOLN 1% OPHTH 1% (<i>atropine sulfate (ophthalmic)</i>)	1	-
ATROPINE SULFATE OPHTH OINT 1% (<i>atropine sulfate (ophthalmic)</i>)	1	-
CYCLOGYL OPHTH SOLN .5%, 2% (<i>cyclopentolate hcl</i>)	3	-
CYCLOGYL OPHTH SOLN 1% (<i>cyclopentolate hcl</i>)	3	-

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

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

Last Updated 4/5/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYCLOMYDRIL OPHTH SOLN .2%-1% <i>(cyclopentolate w/ phenylephrine)</i>	2	-
<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	1	-
HOMATROPINE OPHTH SOLN 5% <i>(homatropine hbr)</i>	2	-
MYDRIACYL OPHTH SOLN <i>(tropicamide ophth soln)</i>	3	-
<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	1	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	1	-
MIOTICS - Drugs to treat eye conditions		
ISOPTO CARBACHOL OPHTH SOLN <i>(carbachol ophth)</i>	2	-
ISOPTO CARPINE OPHTH SOLN 1%, 2%, 4% <i>(pilocarpine hcl)</i>	3	-
<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	1	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
ALPHAGAN P OPHTH SOLN 0.15% .1%, .15% <i>(brimonidine tartrate)</i>	3	-
APRACLONIDINE OPHTH SOLN .5% <i>(apraclonidine hcl)</i>	2	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	1	-

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

Last Updated 4/5/2024

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<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	1	-
<i>brimonidine ophth soln 0.2% .2%</i>	1	-
<i>brimonidine tartrate ophth soln 0.1% .1%</i> (ALPHAGAN Equiv)	1	-
IOPIDINE OPHTH SOLN 1% (<i>apraclonidine hcl</i>)	2	-
IOPIDINE OPHTH SOLN (<i>apraclonidine hcl</i>)	3	-
SIMBRINZA OPHTH SUSP .2%-1% (<i>brinzolamide-brimonidine tartrate</i>)	2	-
OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections		
AZASITE SOLN 1% (<i>azithromycin (ophth)</i>)	2	-
BACITRACIN OPHTH OINT 500UNIT/GM (<i>bacitracin (ophthalmic)</i>)	2	-
<i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv)	1	-
<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	1	-
BLEPH-10 OPHTH SOLN 10% (<i>sulfacetamide sodium (ophth)</i>)	3	-
CILOXAN OPHTH OINT .3% (<i>ciprofloxacin hcl (ophth)</i>)	3	-

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

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

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

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

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

Last Updated 4/5/2024

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<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	1	QL-RS QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
ALCAINE OPHTH SOLN .5% (<i>proparacaine hcl</i>)	3	-
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	1	-
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
ALREX OPHTH SUSP 0.2% .2% (<i>loteprednol etabonate</i>)	3	-
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	1	-
BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% (<i>sulfacetamide sod-prednisolone</i>)	3	-
DEXAMETHASONE OPHTH SOLN .1% (<i>dexamethasone sodium phosphate (ophth)</i>)	2	-
<i>difluprednate ophth emulsion .05%</i> (DUREZOL Equiv)	1	-
DUREZOL OPHTH EMULSION .05% (<i>difluprednate</i>)	3	-
FLAREX OPHTH SUSP .1% (<i>fluorometholone acetate</i>)	3	-
<i>fluorometholone ophth soln</i> (FML LIQUIFILM Equiv)	1	-

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

Last Updated 4/5/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FML FORTE OPHTH SUSP .25% (<i>fluorometholone (ophth)</i>)	3	-
FML LIQUIFLIM OPHTH SUSP .1% (<i>fluorometholone (ophth)</i>)	3	-
FML S.O.P. OPHTH OINT .1% (<i>fluorometholone (ophth)</i>)	3	-
LOTEMAX OPHTH OINT .5% (<i>loteprednol etabonate</i>)	2	-
LOTEMAX OPHTH SUSP .5% (<i>loteprednol etabonate</i>)	3	-
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	1	-
<i>loteprednol ophth susp .2%, .5%</i> (LOTEMAX Equiv)	1	-
MAXIDEX OPHTH SOLN .1%, 9% (<i>dexamethasone (ophth)</i>)	2	-
MAXITROL OPHTH OINT .1%-3.5MG/GM-10000UNIT/GM (<i>neomycin-polymy-dexameth</i>)	3	-
MAXITROL OPHTH SUSP .1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymy-dexameth</i>)	3	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv)	1	-

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

Last Updated 4/5/2024

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NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN 1%-3.5MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-hc (ophth))</i>	1	-
PRED FORTE OPTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	3	-
PRED FORTE OPTH SUSP <i>(prednisolone acetate (ophth))</i>	3	-
PRED MILD OPTH SOLN .12% <i>(prednisolone acetate (ophth))</i>	2	-
PRED-G OPTH SOLN .3%-1% <i>(gentamicin-prednisolone acetate)</i>	2	-
PREDNISOLONE OPTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	1	-
PREDNISOLONE OPTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	1	-
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN 1% <i>(prednisolone sodium phosphate (ophth))</i>	2	-
<i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPTH SOLN .23%-10% <i>(sulfacetamide sod-prednisolone)</i>	1	-
TOBRADEX OPTH OINT .1%-.3% <i>(tobramycin-dexamethasone)</i>	2	-

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

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

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

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BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) <i>(bromfenac sodium (ophth))</i>	1	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	1	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-
CROMOLYN SODIUM OPHTH SOLN 4% <i>(cromolyn sodium (ophth))</i>	1	-
CYSTADROPS SOLN .37% <i>(cysteamine hcl)</i>	4	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN .44% <i>(cysteamine hcl)</i>	4	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	1	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	1	-
ELESTAT OPHTH SOLN <i>(epinastine hcl (ophth))</i>	3	-
EMADINE OPHTH SOLN <i>(emedastine difumarate)</i>	3	-
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-
FLURBIPROFEN OPHTH SOLN .03% <i>(flurbiprofen sodium)</i>	2	-

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ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>)	2	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	1	OTC OTC covered only
LASTACAFT OPHTH SOLN .25% (<i>alcaftadine</i>)	3	QL QL= 3ml/30 days
NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>)	2	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	1	OTC
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	1	OTC-QL QL= 2.5ml/30 days
PATANOL OPHTH SOLN .1% (<i>olopatadine hcl</i>)	3	-
PROLENSA OPHTH SOLN .07% (<i>bromfenac sodium (ophth)</i>)	3	-
TRUSOPT OPHTH SOLN 2% (<i>dorzolamide hcl</i>)	3	-
UPNEEQ SOLN .1% (<i>oxymetazoline hcl (blepharoptosis)</i>)	EXC	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
<i>bimatoprost ophth soln .03%</i>	1	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% (<i>bimatoprost</i>)	2	QL QL= 2.5ml/30 days

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TRAVATAN Z DROPS .004% (<i>travoprost</i>)	3	QL QL= 2.5ml/30 days
<i>travoprost ophth soln .004%</i> (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days
XALATAN OPTH SOLN .005% (<i>latanoprost</i>)	3	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	1	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
CIPROFLOXACIN OTIC SOLN .2% (<i>ciprofloxacin hcl (otic)</i>)	2	-
<i>ofloxacin otic soln .3%</i> (FLOXIN Equiv)	1	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
CIPRO HC OTIC SUSP .2%-1% (<i>ciprofloxacin-hydrocortisone</i>)	3	-
CIPRODEX OTIC SUSP .1%-.3% (<i>ciprofloxacin-dexamethasone</i>)	3	-
<i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv)	1	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML (<i>neomycin-colistin-hc-thonzonium</i>)	2	-

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

Last Updated 4/5/2024

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

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	4	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	2	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human)-klhw</i>)	4	LD-PA Only available through Diplomat Pharmacy 877-977-9118
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG (<i>amoxicillin</i>)	1	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	1	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		

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

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

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

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<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG (<i>progesterone</i>)	3	-
PROVERA TAB 10MG, 2.5MG, 5MG (<i>medroxyprogesterone acetate</i>)	3	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
ANTABUSE TAB 250MG, 500MG (<i>disulfiram</i>)	3	-
<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	1	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM (<i>sodium oxybate</i>)	4	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523
SODIUM OXYBATE SOLN 500MG/ML (<i>sodium oxybate</i>)	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		

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ARICEPT TAB 10MG, 5MG (<i>donepezil hydrochloride</i>)	3	QL QL= 2 tabs/day
ARICEPT TAB 23MG 23MG (<i>donepezil hydrochloride</i>)	3	QL QL= 1 tab/day
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (<i>rivastigmine</i>)	3	ST Step Therapy requires trial of rivastigmine cap
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	1	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	1	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
NAMENDA TAB 10MG, 5MG (<i>memantine hcl</i>)	3	-

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

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RAZADYNE ER CAP 16MG, 24MG, 8MG <i>(galantamine hydrobromide)</i>	3	-
RAZADYNE TAB 12MG, 4MG, 8MG <i>(galantamine hydrobromide)</i>	3	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG <i>(chlordiazepoxide-amitriptyline)</i>	1	-
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	1	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG <i>(perphenazine-amitriptyline)</i>	1	-
SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG <i>(olanzapine-fluoxetine hcl)</i>	3	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK <i>(milnacipran hcl)</i>	2	-

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SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>)	2	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
INGREZZA CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
INGREZZA PACK 40-80MG (<i>valbenazine tosylate</i>)	4	LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	1	LMSP
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>)	4	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	1	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	1	LMSP
EXTAVIA INJ .3MG (<i>interferon beta-1b</i>)	4	MSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	1	LMSP
GILENYA CAP 0.25MG .25MG (<i>fingolimod hcl</i>)	4	LMSP-QL QL= 1 cap/day

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<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	1	LMSP
KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</i>)	4	LMSP
MAVENCLAD PAK 10MG (<i>cladribine (multiple sclerosis)</i>)	4	LD Only available through Walgreens 888-347-3416
MAYZENT TAB .25MG, 1MG, 2MG (<i>siponimod fumarate</i>)	4	LMSP
MAYZENT TAB STARTER PACK .25MG (<i>siponimod fumarate</i>)	4	LMSP
PLEGRIDY INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	LMSP
<i>teriflunomide tab 14MG, 7MG</i> (AUBAGIO TAB Equiv)	1	LMSP
ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>)	4	LMSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK (<i>ozanimod hcl</i>)	4	LMSP-PA-QL QL= 1 cap/day
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>)	2	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		

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ERGOLOID MESYLATES TAB 1MG (<i>ergoloid mesylates</i>)	3	-
ORAP TAB (<i>pimozide</i>)	3	-
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	2	-
SMOKING DETERRENENTS - Drugs to treat smoking urges		
<i>bupropion SR tab</i> (ZYBAN Equiv)	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
NICOTINE KIT (<i>nicotine</i>)	\$0	OTC-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
NICOTROL INHALER 10MG (<i>nicotine</i>)	\$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>)	\$0	SMKG
VARENICLINE TAB .5MG, 1MG (<i>varenicline tartrate</i>)	\$0	SMKG
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	SMKG
<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	SMKG
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
TEGSEDI INJ 284MG/1.5ML (<i>inotersen sodium</i>)	4	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523

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RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG (<i>ivacaftor</i>)	4	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG (<i>ivacaftor</i>)	4	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG (<i>lumacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML (<i>dornase alfa</i>)	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG (<i>tezacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 84 tabs/28 days
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	4	LMSP-PA-QL-SF QL= 9 caps/day

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ESBRIET TAB 267MG 267MG (<i>pirfenidone</i>)	4	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG (<i>pirfenidone</i>)	4	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG (<i>nintedanib esylate</i>)	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>pirfenidone cap 267MG</i> (ESBRIET Equiv)	1	LMSP-PA-QL QL= 9 caps/day
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	1	LMSP-PA-QL QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	1	LMSP-PA-QL QL= 3 tabs/day
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
<i>sulfadiazine tab 500MG</i>	1	-
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
<i>demeclocycline tab 150MG, 300MG</i> (DECLOMYCIN Equiv)	1	-
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	1	-

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<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	1	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	1	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	1	-
MINOCIN CAP 100MG, 50MG (<i>minocycline hcl</i>)	3	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	1	-
MONODOX CAP (<i>doxycycline (monohydrate)</i>)	3	-
<i>tetracycline cap 250MG, 500MG</i>	1	-
VIBRAMYCIN CAP 100MG (<i>doxycycline hyclate</i>)	3	-
VIBRAMYCIN SUSP 25MG/5ML (<i>doxycycline (monohydrate)</i>)	3	-
VIBRAMYCIN SYRUP 50MG/5ML (<i>doxycycline calcium</i>)	3	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
<i>methimazole tab 10MG, 5MG</i> (TAPAZOLE Equiv)	1	-
<i>propylthiouracil tab 50MG</i>	1	-
TAPAZOLE TAB 10MG, 5MG (<i>methimazole</i>)	3	-

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

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

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

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACIPHEX TAB 20MG (<i>rabeprazole sodium</i>)	3	-
<i>esomeprazole cap 20MG, 40MG</i> (NEXIUM Equiv)	1	OTC
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	1	OTC
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	1	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	1	-
PREVACID CAP 30MG (<i>lansoprazole</i>)	3	OTC
PREVACID OTC CAP 15MG (<i>lansoprazole</i>)	3	OTC
<i>rabeprazole EC tab 20MG</i> (ACIPHEX Equiv)	1	-
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
CYTOTEC TAB 100MCG, 200MCG (<i>misoprostol</i>)	3	-
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
ANTISPASMODICS - Drugs to treat diarrhea		
CUVPOSA SOLN 1MG/5ML (<i>glycopyrrolate</i>)	4	MSP
<i>glycopyrrolate oral soln 1MG/5ML</i> (CUVPOSA Equiv)	4	MSP
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
NIZATIDINE CAP 150MG, 300MG (<i>nizatidine</i>)	1	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE SUSP 1GM/10ML (<i>sucralfate</i>)	3	-
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
<i>omeprazole tab 20MG</i>	1	OTC

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

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

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

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

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

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

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

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

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

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

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

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

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ALPHABETICAL LISTING OF DRUGS

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

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ALPHABETICAL LISTING OF DRUGS

ADVAIR HFA INHALER	28	ALDACTONE TAB	152	ALPHAGAN P OPHTH	201
AEROCHAMBER	184	ALDARA CREAM	145	SOLN 0.15%	
AEROCHAMBER	184	ALECENSA CAP	85	alprazolam tab	23
SUPPLIES		alendronate sodium oral	153	ALREX OPHTH SUSP	205
AFLURIA INJ	232	soln		0.2%	
AFLURIA INJ, FLUZONE	232	alendronate tab	153	ALTACE CAP	66
INJ		ALENDRONATE TAB	153	ALUNBRIG TAB 30MG	85
AGRYLIN CAP	171	40MG		ALUNBRIG TAB 90MG,	85
AIMOVIG INJ	185	alfuzosin SR tab	168	180MG	
AJOVY INJ	185	ALINIA SUSP	74	ALVESCO INHALER	27
AKYNZEO CAP	59	ALINIA TAB	74	amantadine cap	96
albendazole tab	21	aliskiren tab	72	amantadine syrup	96
ALBENZA TAB	21	ALKERAN TAB	79	amantadine tab	96
albuterol HFA inhaler	28	ALKINDI SPRINKLE CAI	127	AMARYL TAB	55
albuterol neb soln	29	0.5MG		AMBIEN CR TAB	176
ALBUTEROL	29	ALKINDI SPRINKLE CAI	127	AMBIEN TAB	176
NEBULIZER SOLN		1MG		ambrisentan tab	119
albuterol sulfate syrup	29	ALLEGRA ODT	61	amethyst tab	123
albuterol sulfate tab	29	allopurinol tab	169	AMICAR SOLN	175
albuterol/ipratropium neb	29	ALOCRILOPHTH SOLN	208	AMICAR TAB	175
soln		ALOGLIPTIN TAB	51	amikacin inj	5
ALCAINE OPHTH SOLN	205	ALOGLIPTIN-METFORM	48	amiloride tab	152
alclometasone cream	140	IN TAB		AMILORIDE/HCTZ TAB	151
alclometasone oint	140	ALOGLIPTIN-PIOGLITAZ	48	amiloride/hydrochlorothia	151
ALCOHOL SWABS	184	ONE TAB		zide tab	
ALDACTAZIDE TAB	151	ALOMIDE OPHTH SOLN	208	aminocaproic acid soln	175
ALDACTAZIDE TAB	151	ALORA PATCH	160	aminocaproic acid tab	175
50-50MG		alosetron tab	165	amiodarone tab	25

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ALPHABETICAL LISTING OF DRUGS

amitriptyline tab	46	ampicillin/sulbactam inj	214	APTIVUS SOLN	102
amlodipine tab	114	ANAFRANIL CAP	47	aranelle tab	123
amlodipine/atorvastatin tab	117	anagrelide cap	171	arformoterol tartrate neb	29
amlodipine/benazepril cap	69	ANASPAZ ODT	227	soln	
amlodipine/olmesartan tab	69	anastrozole tab	82	ARICEPT TAB	217
amlodipine/valsartan tab	69	ANCOBON CAP	59	ARICEPT TAB 23MG	217
ammonium lactate cream	144	ANDRODERM PATCH	18	ARIMIDEX TAB	82
ammonium lactate lotion	144	ANDROGEL 1% 25MG	18	aripiprazole soln	102
amnesteem cap, claravis	133	ANDROGEL 1% 50MG,	18	aripiprazole tab	102
cap, isotretinoin cap,		TESTIM GEL 1%		ARIXTRA INJ	33
myorisan cap, zenatane cap		ANDROGEL 1.62%	18	armodafinil tab	3
amoxapine tab	47	1.25GM		ARMOUR THYROID	225
amoxicillin cap	213	ANDROGEL 1.62%	19	TAB, NATURE THROID	
AMOXICILLIN CHEW	213	2.5GM		TAB	
TAB		ANDROGEL PUMP 1%	19	ARNUITY ELLIPTA	27
amoxicillin susp	213	ANDROGEL PUMP	19	INHALER	
amoxicillin tab	213	1.62%		AROMASIN TAB	82
AMOXICILLIN/CLAVUL	214	ANNOVERA RING	126	ARTHROTEC TAB	8
ANATE ER TAB		ANORO ELLIPTA	29	asenapine maleate SL tab	100
amoxicillin/clavulanate	214	INHALER		ASMANEX HFA	27
susp		ANTABUSE TAB	216	INHALER	
amoxicillin/clavulanate tab	214	ANUSOL-HC CREAM	20	ASMANEX INHALER	27
500-125mg, 875-125mg		ANZEMET TAB	57	aspirin chew tab 81mg	12
amphetamine/dextroamphe	1	APAP/CODEINE SOLN	16	aspirin ec tab 81mg	12
tamine ER cap		APRACLONIDINE	201	ASTAMED MYO CAP	149
amphetamine/dextroamphe	1	OPHTH SOLN		atazanavir cap	103
tamine tab		aprepitant pak	59	ATELVIA TAB	154
ampicillin cap	213	APTIVUS CAP	102	atenolol tab	113

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ALPHABETICAL LISTING OF DRUGS

atenolol/chlorthalidone tab	69	AYVAKIT TAB	85	baclofen tab	195
atomoxetine cap	3	AZASITE SOLN	202	BACTRIM DS TAB	73
ATORVALIQ SUSP	64	azathioprine tab	111	BALCOLTRA TAB	123
atorvastatin tab	64	azelaic acid gel	146	balsalazide cap	164
atovaquone susp	74	azelastine nasal spray 0.1%	197	BALVERSA TAB 3MG	86
atovaquone/proguanil tab	77	azelastine ophth soln	208	BALVERSA TAB 4MG	86
ATRALIN GEL, RETIN-A GEL	133	AZILECT TAB	97	BALVERSA TAB 5MG	86
atropine ophth oint	200	azithromycin susp	179	BANZEL SUSP	35
atropine ophth soln	200	azithromycin tab	179	BAQSIMI NASAL POWDER	50
ATROPINE SUL SOLN 1% OPHTH	200	AZOPT OPHTH SUSP	208	BARACLUDGE SOLN	108
ATROPINE SULFATE OPHTH OINT	200	AZOR TAB	69	B-D AUTOSHIELD DUO PEN NEEDLE	184
ATROVENT HFA INHALER	26	AZULFIDINE EN TAB	164	B-D INSULIN SYRINGE U-500	184
AUGMENTIN ES-600 SUSP	215	AZULFIDINE TAB	164	BECONASE AQ NASAL SPRAY	197
AUGMENTIN SUSP	215	B		benazepril tab	66
AUGMENTIN TAB	215	BACITRACIN OPHTH OINT	202	benazepril/hydrochlorothiazide tab	70
AURYXIA TAB	166	bacitracin/neomycin/polymyxin b ophth oint	202	BENICAR HCT TAB	70
AVALIDE TAB	69	bacitracin/polymyxin b ophth oint	202	BENLYSTA	190
AVAPRO TAB	67	bacitracin/polymyxin/neomycin/hydrocortisone ophth oint	205	AUTO-INJECTOR	
AVELOX TAB	161	BACLOFEN ORAL SOLN 10 MG/5ML	194	BENLYSTA INJ	190
aviane tab	123	BACLOFEN ORAL SOLN 5 MG/5ML	195	BENTYL CAP	227
AVODART CAP	168	baclofen susp	195	BENTYL SYRUP	227
AVONEX INJ	219			BENZACLIN GEL	133
AYGESTIN TAB	215			BENZAMYCIN GEL	133

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ALPHABETICAL LISTING OF DRUGS

BENZNIDAZOLE TAB	21	BETAPACE TAB	113	BRILINTA TAB	171
benzonatate cap 100mg, 200mg	130	bethanechol tab	231	brimonidine ophth soln 0.15%	202
benztropine tab	95	bexarotene cap	95	brimonidine ophth soln 0.2%	202
bepotastine ophth soln	208	bexarotene gel	137	brimonidine tartrate gel	147
BEPREVE OPHTH SOLN	208	BEXSERO INJ	231	brimonidine tartrate ophth soln 0.1%	202
BETAGAN OPHTH SOLN	199	bicalutamide tab	82	brimonidine/timolol ophth soln	199
betamethasone augmented cream	140	BIKTARVY TAB	103	brinzolamide ophth susp	208
betamethasone augmented gel	140	BILTRICIDE TAB	21	bromfenac ophth soln	208
betamethasone augmented lotion	140	bimatoprost ophth soln	145	BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	209
betamethasone augmented oint	140	bisoprolol tab	113	bromfenac sodium ophth soln 0.07%	209
betamethasone dipropionate cream	141	bisoprolol/hydrochlorothia zide tab	70	bromocriptine cap	96
betamethasone dipropionate lotion	141	BLEPH-10 OPHTH SOLN	202	bromocriptine tab	96
betamethasone dipropionate oint	141	BLEPHAMIDE S.O.P. OPHTH OINT	205	BROVANA NEB SOLN	30
betamethasone valerate cream	141	BONIVA TAB 150MG	154	BROVEX PEB LIQUID	130
betamethasone valerate lotion	141	bosentan tab	119	BRUKINSA CAP	86
betamethasone valerate oint	141	BOSULIF CAP	86	budesonide ER tab	127
BETAPACE AF TAB	113	BOSULIF TAB	86	budesonide inh susp	27
		BRAFTOVI CAP 75MG	86	budesonide rectal foam	21
		BREO ELLIPTA INHALER	29	budesonide SR cap	127
		BREO ELLIPTA INHALER 50-25	29	budesonide/formoterol inhaler	30
		MCG/ACT			
		BREZTRI AEROSPHERE INHALER	29		

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ALPHABETICAL LISTING OF DRUGS

bumetanide tab	152	C		carbamazepine ER tab	35
buprenorphine patch	17	cabergoline tab	159	carbamazepine susp	35
buprenorphine SL tab	17	CABLIVI INJ KIT	171	carbamazepine tab	35
buprenorphine/naloxone sl	18	CABOMETYX TAB	86	CARBATROL CAP	35
film		CADUET TAB	117	carbidopa tab	95
buprenorphine/naloxone	18	CALAN SR TAB	114	carbidopa/levodopa ER tab	96
SL tab		calcipotriene cream	138	CARBIDOPA/LEVODOPA	96
bupropion ER tab	43	calcipotriene oint	138	ODT	
bupropion SR tab	221	calcipotriene soln	138	carbidopa/levodopa tab	96
bupropion tab	43	calcitonin nasal spray	154	carbidopa-levodopa-entaca	98
bupropion XL tab	43	calcitriol cap	156	pone tab	
bupirone tab	23	CALCITRIOL OINT	139	CARBINOXAMINE SOLN	61
busulfan inj	79	calcitriol soln	156	carbinoxamine tab	61
BUSULFEX INJ	79	calcium acetate cap	166	CARDIZEM CD CAP	115
BUTISOL TAB	176	CALIBRATION LIQUID	181	CARDIZEM TAB	115
butorphanol nasal spray	18	CALQUENCE CAP	86	CARDURA TAB	68
BUTRANS PATCH	18	CALQUENCE TAB	86	CARETOUCH MIS	184
BYDUREON BCISE	51	CAMZYOS CAP	117	carglumic acid tab	156
AUTO INJ		capecitabine tab	80	carisoprodol tab	195
BYDUREON INJ	52	CAPRELSA 300MG TAB	87	CARISPIR SUSP	152
BYDUREON PEN INJ	52	CAPRELSA TAB	87	CARNITOR SOLN	157
BYETTA INJ	52	captopril tab	66	CARNITOR TAB	157
BYLVAY CAP 1200MCG	163	CAPTOPRIL/HYDROCHL	70	carvedilol tab	112
BYLVAY CAP 400MCG	164	OROTHIAZIDE TAB		CASODEX TAB	82
BYLVAY SPRINKLE CAP	164	CARAFATE SUSP	229	CATAPRES-TTS PATCH	68
200MCG		CARAFATE TAB	228	CAVERJECT INJ	117
BYLVAY SPRINKLE CAP	164	carbamazepine chew tab	35	CAYSTON INH SOLN	75
600MCG		carbamazepine ER cap	35	CEFACTOR CAP	122

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ALPHABETICAL LISTING OF DRUGS

CEFACTOR ER TAB	122	CHEMET CAP	56	CIMDUO TAB	103
CEFACTOR SUSP	122	chlordiazepoxide cap	23	cimetidine tab	228
cefazolin inj	121	CHLORDIAZEPOXIDE/A	218	CIMZIA INJ	164
CEFAZOLIN INJ	121	MITRIPTYLINE TAB		CIMZIA STARTER INJ	164
cefdinir cap	122	chlorhexidine gluconate	191	KIT	
cefdinir susp	122	soln		cinacalcet tab	157
CEFDITOREN TAB	122	chloroquine tab	77	CINRYZE INJ	170
cefixime cap	122	CHLOROTHIAZIDE TAB	153	CIPRO HC OTIC SUSP	211
cefixime susp	122	chlorpromazine tab	101	CIPRO SUSP	161
CEFOTAXIME INJ	122	chlorthalidone tab	153	CIPRO TAB	161
cefoxitin inj	122	chlorzoxazone tab 500mg	195	CIPRODEX OTIC SUSP	211
cefpodoxime proxetil susp	122	CHOLBAM CAP	162	CIPROFLOXACIN	161
cefpodoxime proxetil tab	123	cholestyramine lite	62	100MG TAB	
ceftriaxone inj	123	powder		ciprofloxacin ophth soln	203
cefuroxime tab	122	cholestyramine lite	63	CIPROFLOXACIN OTIC	211
CELEBREX CAP	9	powder pack		SOLN	
celecoxib cap	9	cholestyramine powder	63	ciprofloxacin susp	161
CELEXA TAB	44	cholestyramine powder	63	ciprofloxacin tab	162
CELONTIN CAP	42	pack		ciprofloxacin/dexamethaso	211
CENTANY OINT	135	CIBINQO TAB	144	ne otic susp	
cephalexin cap	121	ciclopirox cream	135	citalopram soln	44
cephalexin susp	121	ciclopirox gel	136	citalopram tab	44
CERDELGA CAP	172	ciclopirox nail soln	136	CITRULLINE PACKET	199
CEREZYME INJ	172	ciclopirox shampoo	136	CLARINEX SYRUP	61
CERVICAL CAP	181	ciclopirox topical susp	136	CLARINEX TAB	61
CESAMET CAP	59	cilostazol tab	171	CLARINEX-D TAB	130
cesia tab	123	CILOXAN OPHTH OINT	202	clarithromycin ER tab	179
cevimeline cap	192	CILOXAN OPHTH SOLN	203		

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ALPHABETICAL LISTING OF DRUGS

CLARITHROMYCIN SUSP	180	clobetasol lotion	141	codeine sulfate tablet	13
clarithromycin tab	180	clobetasol propionate cream	141	15mg, 30mg	
CLARITIN CHEW TAB	61	clobetasol propionate emollient cream	141	COLAZAL CAP	164
CLEOCIN CAP	75	clobetasol propionate gel	141	colchicine tab	169
CLEOCIN SOLN	75	clobetasol propionate oint	141	colchicine/probenecid tab	169
CLEOCIN VAGINAL CREAM	237	clobetasol propionate soln	141	colesevelam pack	63
CLEOCIN VAGINAL SUPP	237	clobetasol shampoo	141	colesevelam tab	63
CLEOCIN-T LOTION	133	clobetasol spray	141	COLESTID GRANULE	63
CLEOCIN-T PAD	133	CLOBEX LOTION	141	COLESTID POWDER PACK	63
CLEOCIN-T SOLN	133	CLOBEX SHAMPOO	141	COLESTID TAB	63
CLIMARA PATCH	160	CLOBEX SPRAY	141	colestipol granule	63
clindamycin cap	75	clomipramine cap	47	colestipol powder packet	63
clindamycin gel	133	clonazepam ODT	34	colestipol tab	63
clindamycin lotion	133	clonazepam tab	34	COLY-MYCIN S OTIC SUSP	211
clindamycin pad	133	clonidine ER tab	3	COMBIVENT RESPIMAT INHALER	30
clindamycin soln	75	clonidine patch	68	COMETRIQ KIT	87
clindamycin topical soln	133	clonidine tab	68	COMIRNATY INJ	232
clindamycin vaginal cream	237	clopidogrel tab 75mg	171	COMIRNATY INJ 30MCG/0.3ML	233
clindamycin/benzoyl peroxide gel	134	clotrimazole troches	191	COMPLERA TAB	103
CLINDESSE VAGINAL CREAM	236	clotrimazole/betamethason e cream	136	COMTAN TAB	95
clobazam susp	34	clozapine tab	100	CONCEPT DHA CAP	193
clobazam tab	34	CLOZARIL TAB	100	CONCEPTROL GEL	237
clobetasol foam	141	CODEINE SULFATE TAB 15MG	12	CONTRACEPTIVE FILM	237
		codeine sulfate tab 60mg	12	CONTRACEPTIVE FOAM	237

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ALPHABETICAL LISTING OF DRUGS

CONTRACEPTIVE GEL	237	COVID-19 VACCINE	233	CUE COVID-19 TEST	148
CONTRACEPTIVE SUPP	237	BIVALENT BOOSTER INJ.		CARTRIDGE	
CONTRACEPTIVE SUPP	237	6M-5Y (MODERNA)		CUE HEALTH MONITOR	148
CONTRACEPTIVE SUPP	237	COVID-19 VACCINE INJ	233	CUVPOSA SOLN	229
CONTRACEPTIVE SUPP	237	(JANSSEN)		cyanocobalamin inj	172
CONTRACEPTIVE SUPP	237	COVID-19 VACCINE INJ	233	cyanocobalamin nasal	172
CONTRACEPTIVE SUPP	237	(NOVAVAX)		spray 500 mcg/0.1ml	
CONTRACEPTIVE SUPP	237	COVID-19 VACCINE INJ	234	cyclobenzaprine tab 10mg	195
CONTRACEPTIVE SUPP	237	5-11Y (PFIZER)		cyclobenzaprine tab 5mg	195
CONTRACEPTIVE SUPP	237	COVID-19 VACCINE INJ	234	CYCLOGYL OPHTH	200
CONTRACEPTIVE SUPP	237	6M-11Y (MODERNA)		SOLN	
CONTRACEPTIVE SUPP	237	COVID-19 VACCINE INJ	234	CYCLOMYDRIL OPHTH	201
CONTRACEPTIVE SUPP	237	6M-4Y (PFIZER)		SOLN	
CONTRACEPTIVE SUPP	237	COZAAR TAB	67	cyclopentolate ophth soln	201
CONTRACEPTIVE SUPP	237	CREATINE PACKET	199	cyclophosphamide cap	79
CONTRACEPTIVE SUPP	237	5000MG		CYCLOPHOSPHAMIDE	79
CONTRACEPTIVE SUPP	237	CREON CAP	150	TAB	
CONTRACEPTIVE SUPP	237	CRESTOR TAB	64	CYCLOSET TAB	51
CONTRACEPTIVE SUPP	237	CRINONE GEL	238	cyclosporine cap	111
CONTRACEPTIVE SUPP	237	CRIVIVAN CAP	103	cyclosporine modified cap	111
CONTRACEPTIVE SUPP	237	cromolyn conc	163	cyclosporine modified	111
CONTRACEPTIVE SUPP	237	cromolyn neb soln	25	soln	
CONTRACEPTIVE SUPP	237	cromolyn ophth soln	209	cyclosporine ophth	205
CONTRACEPTIVE SUPP	237	CROMOLYN SODIUM	209	emulsion	
CONTRACEPTIVE SUPP	237	OPHTH SOLN		cyproheptadine syrup	62
CONTRACEPTIVE SUPP	237	CROTAN LOTION	147	cyproheptadine tab	62
CONTRACEPTIVE SUPP	237	cryselle tab	123	CYSTADROPS SOLN	209
CONTRACEPTIVE SUPP	237			CYSTAGON CAP	168

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ALPHABETICAL LISTING OF DRUGS

CYSTARAN OPHTH SOLN	209	DELSTRIGO TAB	103	desmopressin acetate tab	158
CYTOMEL TAB	225	demeclocycline tab	223	desoximetasone cream	142
CYTOTEC TAB	229	DENAVIR CREAM	140	desoximetasone oint	142
CYTRA K CRYSTALS	167	DENG VAXIA SUSP	234	desvenlafaxine ER tab	46
CYTRA-3 SYRUP	167	DEPAKENE CAP	42	DETROL LA CAP	230
D		DEPAKENE SYRUP	42	DETROL TAB	230
dabigatran etexilate mesylate cap	33	DEPAKOTE ER TAB	42	DEXAMETHASONE CONC	127
dalfampridine ER tab	219	DEPAKOTE SPRINKLE CAP	42	dexamethasone elixir	127
DALIRESP TAB	27	DEPAKOTE TAB	42	DEXAMETHASONE OPHTH SOLN	205
danazol cap	19	DEPEN TITRATAB	188	dexamethasone sodium phosphate inj	128
DANTRIUM CAP	196	DEPLIN CAP	149	DEXAMETHASONE SOLN	128
dantrolene cap	196	DEPO-MEDROL INJ	127	dexamethasone tab	128
dapsone tab	75	DEPO-MEDROL INJ, METHYLPREDNISOLON E ACE INJ	127	DEXCOM G6 RECEIVER	181
darifenacin SR tab	230	DEPO-PROVERA INJ	126	DEXCOM G6 SENSOR	181
darunavir tab	103	DEPO-PROVERA SC INJ 104MG	126	DEXCOM G6 TRANSMITTER	181
DAYBUE SOLN	198	DERMA-SMOOTH/FS OIL	141	DEXCOM G7 RECEIVER	181
DDAVP NASAL SOLN	158	DERMOTIC OIL	212	DEXCOM G7 SENSOR	182
DDAVP NASAL SPRAY	158	DESCOVY TAB	103	DEXEDRINE CAP	1
DDAVP TAB	158	desipramine tab	47	dexmethylphenidate ER cap	4
deferasirox granules packet	56	DESLORATADINE ODT	61	dexmethylphenidate tab	4
deferasirox tab	56	desloratadine tab	61	dextroamphetamine ER cap	1
deferasirox tab for oral susp	57	desmopressin acetate nasal spray	158		
deferiprone tab	57				
DELESTROGEN INJ	160				

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ALPHABETICAL LISTING OF DRUGS

dextroamphetamine soln	1	diclofenac sodium XR tab	9	DILAUDID TAB 8MG	13
dextroamphetamine tab	1	diclofenac/misoprostol	9	diltiazem ER cap	115
DIACOMIT CAP	35	DR tab		diltiazem tab	115
DIACOMIT POWDER	35	dicloxacillin cap	215	dimethyl fumarate DR cap	219
PACK		dicyclomine cap	227	dimethyl fumarate DR	219
DIALYVITE TAB	192	dicyclomine soln	227	starter pack	
DIALYVITE/ZINC TAB	192	dicyclomine tab	227	DIOVAN HCT TAB	70
DIAPHRAGM	181	didanosine DR cap	103	DIOVAN TAB	67
DIASTAT ACDL GEL	34	DIFFERIN CREAM	134	DIPENTUM CAP	164
DIASTAT RECTAL GEL,	34	DIFFERIN GEL	134	diphenhydramine cap	61
DIAZEPAM RECTAL GEL		DIFICID SUSP	180	50mg	
diazepam conc	23	DIFICID TAB	180	diphenhydramine inj	61
DIAZEPAM GEL	34	DIFLUCAN SUSP	60	DIPHENOXYLATE/ATRO	55
diazepam oral soln	23	DIFLUCAN TAB	60	PINE LIQUID	
5mg/5ml		difluprednate ophth	205	diphenoxylate/atropine tab	56
diazepam rectal gel	34	emulsion		DIPROLENE AF CREAM	142
diazepam tab 2mg, 10mg	23	digoxin soln	116	DIPROLENE OINT	142
diazepam tab 5mg	23	DIGOXIN SOLN	116	DIPHTHERIA/TETANUS	226
diazoxide susp	50	0.05MG/ML		TOXOID (PEDIATRIC)	
DIBENZYLINE CAP	67	digoxin tab	116	INJ	
diclofenac gel	137	dihydroergotamine	185	dipyridamole tab	171
diclofenac gel 1%	137	mesylate inj		disopyramide cap	24
DICLOFENAC PATCH,	137	DILANTIN CAP 100MG	41	disulfiram tab	216
FLECTOR PATCH		DILANTIN CAP 30MG	41	DITROPAN XL TAB	230
diclofenac potassium tab	9	DILANTIN INFATABS	41	DIURIL SUSP	153
diclofenac sodium EC tab	9	DILANTIN SUSP	41	divalproex ER tab	42
diclofenac sodium ophth	209	DILAUDID TAB 2MG	13	divalproex sodium DR tab	42
soln		DILAUDID TAB 4MG	13	divalproex sprinkle cap	42

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ALPHABETICAL LISTING OF DRUGS

dofetilide cap	25	D-PENAMINE TAB	111	efavirenz/lamivudine/tenof	104	
DOLOPHINE TAB	13	DRISDOL CAP	239	ovir df (lo) tab		
donepezil ODT	217	DRITHO-SCALP CREAM	139	EFFEXOR XR CAP	46	
donepezil tab	217	dronabinol cap	59	EFFIENT TAB	171	
donepezil tab 23mg	217	drosiprenone/ethinyl	123	EFUDEX CREAM	138	
DOPTELET TAB	173	estradiol/levomefolate tab		EGRIFTA INJ	155	
dorzolamide ophth soln	209	DROXIA CAP	172	ELDEPYRL CAP	97	
dorzolamide/timolol ophth soln	200	DRYSOL SOLN	146	ELESTAT OPHTH SOLN	209	
DOVATO TAB	103	DUAC GEL	134	ELIDEL CREAM	145	
DOVONEX CREAM	139	DULERA INHALER	30	ELIGEN B12 TAB	149	
doxazosin tab	68	duloxetine EC cap	46	ELIMITE CREAM	147	
doxepin cap	47	DUPIXENT INJ	144	ELIQUIS TAB, ELIQUIS STARTER PACK	33	
doxepin conc	47	DUPIXENT INJ 100MG/0.67ML	144	ELIXOPHYLLIN ELIXIR	32	
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	138	DUPIXENT PEN INJ	144	ELLA TAB	126	
DOXEPIN HCL CREAM	138	DURAGESIC PATCH	13	ELMIRON CAP	168	
doxercalciferol cap	157	DUREZOL OPHTH EMULSION	205	ELOCON CREAM	142	
doxycycline hyclate cap	223	dutasteride cap	168	ELOCON OINT	142	
doxycycline hyclate tab	224	E			EMADINE OPHTH SOLN	209
doxycycline monohydrate cap 100mg	224	econazole cream	136	EMCYT CAP	82	
doxycycline monohydrate cap 50mg	224	EDECRIN TAB	152	EMEND CAP	59	
doxycycline monohydrate tab	224	EDEX INJ	117	EMGALITY INJ	185	
doxycycline susp	224	EDURANT TAB	103	EMGALITY INJ 100MG/ML	185	
		EFAVIRENZ CAP	103	EMPAVELI INJ	170	
		efavirenz tab	103	EMSAM PATCH	44	
		efavirenz/emtricitabine/tenofovir df tab	104	emtricitabine cap	104	

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ALPHABETICAL LISTING OF DRUGS

emtricitabine/tenofovir	104	epinephrine pen inj	238	ESBRIET CAP	222
disoproxil fumarate tab		0.15mg, 0.3mg		ESBRIET TAB 267MG	223
EMTRIVA SOLN	104	EPIVIR HBV SOLN	108	ESBRIET TAB 801MG	223
EMVERM TAB	21	eplerenone tab	72	ESCAVITE CHEW TAB	193
ENABLEX TAB	230	EPRONTIA SOLN	36	escitalopram soln	44
enalapril maleate oral soln	66	EQUETRO CAP	98	escitalopram tab	44
enalapril tab	66	ERGOLOID MESYLATES	221	esomeprazole cap	229
enalapril/hydrochlorothiazide tab	70	TAB		estazolam tab	176
ENBREL INJ 25MG	11	ergotamine	185	ESTRACE TAB	161
ENBREL INJ 50MG	11	tartrate/caffeine tab		ESTRACE VAGINAL	238
ENBREL MINI INJ	11	ERIVEDGE CAP	82	CREAM	
ENBREL SURECLICK	12	ERLEADA TAB	82	estradiol cream	238
INJ 50MG		ERLEADA TAB 240MG	83	estradiol patch	161
ENDARI POWDER PACK	172	erlotinib tab	81	estradiol tab	161
ENDOMETRIN INSERT	238	erlotinib tab 25mg	81	estradiol vaginal tab,	238
ENGERIX-B INJ,	234	ertapenem inj	74	yuvafem vaginal tab	
RECOMBIVAX-HB INJ		ERY PAD	134	estradiol valerate inj	161
enoxaparin inj	33	ERYTHROMYCIN EC	180	estradiol/norethindrone tab	160
enpresse tab	124	CAP		ESTRING	238
ENSPRYNG INJ	189	erythromycin	180	eszopiclone tab	176
entacapone tab	95	ethylsuccinate susp		ethacrynic tab	152
entecavir tab	108	erythromycin gel	134	ethambutol tab	78
EPIDIOLEX SOLN	35	erythromycin ophth oint	203	ethosuximide cap	42
EPIDUO GEL 0.1-2.5%	134	erythromycin pad	134	ethosuximide soln	42
EPIFOAM AEROSOL	142	erythromycin soln	134	etodolac cap	9
epinastine ophth soln	209	erythromycin tab	180	etodolac ER tab	9
		erythromycin/benzoyl	134	etodolac tab	9
		peroxide gel		ETOPOSIDE CAP	95

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ALPHABETICAL LISTING OF DRUGS

etravirine tab	104	FARXIGA TAB	54	fesoterodine fumarate ER	230
EULEXIN CAP	83	FASENRA PEN INJ	25	tab	
everolimus tab	87	febuxostat tab	169	FILSPARI TAB	168
everolimus tab	189	felbamate susp	40	FINACEA GEL	147
(ZORTRESS equiv)		felbamate tab	40	finasteride tab	145
everolimus tab for oral	87	FELBATOL SUSP	40	finngolimod hcl cap 0.5mg	219
susp		FELBATOL TAB	40	FINTEPLA SOLN	36
EVISTA TAB	156	FELDENE CAP	9	FIRDAPSE TAB	77
EVOTAZ TAB	104	felodipine ER tab	115	FIRST	73
EVOXAC CAP	192	FEM PH GEL	236	METRONIDAZOLE SUSP	
EVRYSDI SOLN	199	FEMALE CONDOMS	181	FIRST MOUTHWASH	191
EXELDERM SOLN	136	FEMARA TAB	83	BLM	
EXELON PATCH	217	FEMHRT TAB	160	FIRVANQ SOLN	74
exemestane tab	83	FEMRING	238	FIRVANQ SOLN	74
EXFORGE TAB	70	fenofibrate cap 67mg,	63	50MG/ML	
EXTAVIA INJ	219	134mg, 200mg		FLAGYL TAB	73
EZALLOR SPRINKLE	64	fenofibrate tab 48mg,	63	FLAREX OPHTH SUSP	205
CAP		54mg, 145mg, 160mg		flecainide tab	24
ezetimibe tab	65	fenofibric acid DR cap	64	FLEQSUVY SUSP	195
<hr/>					
F		FENOFIBRIC TAB,	64	FLOLIPID SUSP	64
FALESSA TAB	149	FIBRICOR TAB		FLOMAX CAP	168
famciclovir tab	110	fentanyl citrate lollipop	13	FLORIVA PLUS DROPS	193
famotidine susp	228	fentanyl patch	13	FLUAD INJ	234
famotidine tab	228	FENTORA TAB,	13	FLUAD QUAD INJ	234
FANAPT TAB	99	FENTANYL BUCCAL TAI		FLUBLOK QUAD PF INJ	234
FANAPT TITRATION	99	ferrex 150 forte cap	174	FLUCELVAX QUAD INJ	234
PACK		FERREX 28 TAB	174	fluconazole susp	60
FARESTON TAB	83	FERRIPROX SOLN	56	fluconazole tab	60

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ALPHABETICAL LISTING OF DRUGS

flucytosine cap	59	fluorometholone ophth soln	205	FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT	28
fludrocortisone tab	130	fluorouracil cream	138	fluticasone propionate oint	143
FLULAVAL QUAD INJ,	235	FLUOROURACIL CREAM 0.5%	138	fluticasone/salmeterol inhaler, wixela inhaler	30
FLUZONE QUAD INJ		fluorouracil soln	138	FLUTICASONE-SALMET EROL INHALER 113-14 MCG/ACT	30
FLUMADINE TAB	110	fluoxetine cap	44	FLUTICASONE-SALMET EROL INHALER 232-14 MCG/ACT	30
FLUMIST	235	fluoxetine soln	44	FLUTICASONE-SALMET EROL INHALER 55-14 MCG/ACT	31
QUADRIVALENT NASAL SUSP		FLUOXETINE TAB 60MG	44	fluvastatin ER tab	64
FLUOCINOLONE ACET CREAM	142	fluphenazine tab	101	fluvoxamine ER cap	45
fluocinolone acetonide cream	142	FLURBIPROFEN OPHTH SOLN	209	fluvoxamine tab	45
fluocinolone acetonide oil	142	FLURBIPROFEN TAB	9	FLUZONE HD PF INJ	235
fluocinolone acetonide oint	142	FLUTAMIDE CAP	83	FLUZONE HIGH DOSE PF INJ	235
fluocinolone acetonide soln	142	FLUTICASONE DISKUS INHALER	28	FLUZONE/FLUARIX QUAD INJ	235
fluocinolone otic oil	212	FLUTICASONE HFA INHALER	28	FML FORTE OPHTH SUSP	206
fluocinonide cream 0.05%	142	fluticasone nasal spray	197	FML LIQUIFLIM OPHTH SUSP	206
fluocinonide cream 0.1%	142	fluticasone propionate cream	142	FML S.O.P. OPHTH OINT	206
fluocinonide emollient cream	142	FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT	28		
fluocinonide gel	142	FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT	28		
fluocinonide oint	142				
fluocinonide soln	142				
FLUORIDEX	191				
SENSITIVITY PASTE					

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ALPHABETICAL LISTING OF DRUGS

FOCALIN TAB	4	FREESTYLE LIBRE 3	182	gefitinib tab	81
FOCALIN XR CAP	4	READER		gemfibrozil tab	64
FOLBEE PLUS CZ TAB	192	FREESTYLE LIBRE 3	182	GENOTROPIN INJ	155
folbee tab	174	SENSOR		GENTAK OPHTH OINT	203
folic acid tab 1mg	172	FREESTYLE LIBRE	182	gentamicin ophth soln	203
folic acid tab 400mcg	173	RECEIVER		gentamicin sulfate cream	135
folic acid tab 800mcg	173	FREESTYLE LIBRE	182	gentamicin sulfate oint	135
FOLTANX TAB	149	SENSOR (14-DAY)		GENVOYA TAB	104
fondaparinux inj	33	FULPHILA INJ	173	GEODON CAP	98
formoterol fumarate neb	31	FUROSCIX KIT	152	gianvi tab, ocella tab	124
soln		FUROSEMIDE SOLN	152	GILENYA CAP 0.25MG	219
FOSAMAX TAB	154	furosemide tab	152	GILOTRIF TAB	81
fosamprenavir tab	104	FUZEON INJ	104	glatiramer inj	220
foscarnet sodium inj	108			GLEOSTINE/LOMUSTIN	80
FOSCAVIR INJ	108	G		E CAP	
fosinopril tab	66	gabapentin cap	36	glimepiride tab	55
fosinopril/hydrochlorothia	70	gabapentin soln	36	glipizide ER tab	55
zide tab		gabapentin tab 600mg	36	glipizide tab	55
FOSRENOL CHEW TAB	166	gabapentin tab 800mg	36	glipizide/metformin tab	48
FOSRENOL POWDER	166	GABITRIL TAB	41	GLOPERBA SOLN	169
PACK		galantamine ER cap	217	GLUCAGEN HYPOKIT	50
FOTIVDA CAP	87	galantamine tab	217	INJ	
FRAGMIN INJ	33	GALZIN CAP	188	GLUCAGON (RDNA)	50
FREESTYLE LIBRE 2	182	GAMASTAN INJ	212	FOR INJ KIT	
RECEIVER		GAMMAGARD INJ	212	GLUCAGON EMR INJ	50
FREESTYLE LIBRE 2	182	GASTROCROM CONC	163	GLUCAGON INJ KIT	50
SENSOR		gatifloxacin ophth soln	203	GLUCOPHAGE TAB	49
		GAVILYTE-C SOLN	177	GLUCOPHAGE XR TAB	49
		GAVRETO CAP	87		

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ALPHABETICAL LISTING OF DRUGS

GLUCOTROL TAB	55	HADLIMA PUSH INJ	7	HUMIRA INJ 20MG	7
GLUCOTROL XL TAB	55	HADLIMA PUSH INJ	7	HUMIRA INJ 40MG	7
GLYBURID MCR TAB	55	40MG/0.8ML		HUMIRA INJ 80MG	7
glyburide tab	55	HALCION TAB	176	HUMIRA INJ	7
glyburide/metformin tab	48	halobetasol propionate	143	CROHNS/UC/HIDRADEN	
glycopyrrolate oral soln	229	cream		ITIS STARTER PACK	
glycopyrrolate tab	227	halobetasol propionate	143	HUMIRA INJ PEDIATRIC	7
GLYGEST PAK	149	oint		CROHNS STARTER PACK	
GLYNASE TAB	55	haloperidol lactate conc	100	HUMIRA INJ PEDIATRIC	7
GOLYTELY SOLN	178	haloperidol tab	100	UC STARTER PACK	
granisetron tab	57	HECTOROL CAP	157	HUMIRA INJ	8
GRANISOL SOLN	58	HEMLIBRA INJ	170	PSORIASIS/UVEITIS	
griseofulvin micro tab	59	HEPLISAV-B INJ	235	STARTER PACK	
griseofulvin susp	59	HEXALEN CAP	80	HUMIRA PEN INJ 40MG	8
griseofulvin tab	60	HIPREX TAB	76	HUMULIN MIX INJ	53
GRIS-PEG TAB	60	HIZENTRA INJ	212	HUMULIN MIX PEN INJ	53
guaifenesin/codeine soln	131	HOMATROPINE OPHTH	201	HUMULIN N INJ	53
guaifenesin/codeine syrup	131	SOLN		HUMULIN N PEN INJ	53
guanfacine ER tab	3	HUMALOG JR	53	HUMULIN R INJ	53
guanfacine IR tab	68	KWIKPEN INJ		HUMULIN R INJ U-500	53
GUANIDINE TAB	78	HUMALOG KWIKPEN	53	HUMULIN R U-500	53
GVOKE INJ	50	INJ		KWIKPEN INJ	
GVOKE INJ KIT	50	HUMALOG MIX INJ	53	HYCANTIN CAP	79
GVOKE PFS INJ	50	HUMALOG MIX	53	HYCODAN SYRUP	130
H		KWIKPEN, INSULIN		HYD POL/CPM SUSP	131
HADLIMA INJ	7	LISPRO MIX KWIKPEN		hydralazine tab	72
HADLIMA INJ	7	HUMALOG PEN INJ	53	HYDREA CAP	95
40MG/0.8ML		HUMIRA INJ 10MG	7	hydrochlorothiazide cap	153

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ALPHABETICAL LISTING OF DRUGS

hydrochlorothiazide tab	153	hydroxyzine pamoate cap	23	IMBRUVICA TAB	88	
hydrocodone/acetaminoph en soln	16	HYDROXYZINE PAMOATE CAP 100MG	23	420MG, 560MG		
hydrocodone/acetaminoph en soln 10-325 mg/15ml	16	hydroxyzine syrup	23	IMCIVREE INJ	2	
hydrocodone/acetaminoph en tab	16	hydroxyzine tab	23	imipramine pamoate cap	47	
hydrocodone/acetaminoph en tab 2.5-325mg	16	HYFTOR GEL	145	imipramine tab	47	
hydrocodone/chlorpheniramine CR susp	131	hyoscyamine sulfate CR tab	227	imiquimod cream	145	
hydrocodone/chlorpheniramine/pseudoephedrine liquid	131	hyoscyamine sulfate elixir	227	IMITREX INJ	185	
hydrocodone/homatropine syrup	130	hyoscyamine sulfate ODT	228	IMITREX TAB	186	
hydrocortisone cream	143	hyoscyamine sulfate SL tab	228	IMOVAX INJ	235	
hydrocortisone enema	20	hyoscyamine tab	228	IMPAVIDO CAP	73	
hydrocortisone lotion	143	HYPER-SAL NEB SOLN	132	IMURAN TAB	111	
hydrocortisone oint	143	HYQVIA INJ	213	INBRIJA INH POWDER	98	
hydrocortisone tab	128	HYZAAR TAB	70	INCRELEX INJ	156	
hydromorphone tab 2mg	13	I			INCRUSE ELLIPTA	26
hydromorphone tab 4mg	14	ibandronate tab 150mg	154	INHALER		
hydromorphone tab 8mg	14	ibuprofen susp (Rx ONLY)	9	indapamide tab	153	
hydroquinone cream	146	ibuprofen tab	9	INDERAL LA CAP	113	
hydroxychloroquine tab	77	icatibant inj	170	indomethacin cap	9	
hydroxyprogesterone inj	215	ICLUSIG TAB	88	indomethacin CR cap	10	
hydroxyurea cap	95	IDHIFA TAB	88	INFANT FORMULA LIQUID	150	
		ILEVRO OPHTH SUSP	210	INFANT FORMULA POWDER	150	
		imatinib tab	88	INGREZZA CAP	219	
		IMBRUVICA CAP 140MG	88	INGREZZA PACK	219	
		IMBRUVICA CAP 70MG	88	40-80MG		
		IMBRUVICA SUSP	88	INLYTA TAB	80	
				INQOVI TAB	85	

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ALPHABETICAL LISTING OF DRUGS

INSPIRA TAB	72	ISENTRESS POWDER	105	JARDIANCE TAB	55
INSULIN GLARGINE	54	PACK		JAYPIRCA TAB	88
SOLN PEN-INJ		isibloom tab, enskyce tab,	124	jinteli tab	160
INSULIN LISPRO INJ	54	apri tab		JOENJA TAB	189
INSULIN LISPRO JR	54	isoniazid syrup	78	jolessa tab, amethia tab	124
KWIKPEN INJ		ISONIAZID TAB	78	JULUCA TAB	105
INSULIN LISPRO	54	ISOPTO CARBACHOL	201	JYLAMVO SOLN,	80
KWIKPEN INJ		OPHTH SOLN		XATMEP SOLN	
INTELENCE TAB 25MG	104	ISOPTO CARPINE	201	JYNARQUE PAK	159
INTRON-A INJ	95	OPHTH SOLN		JYNARQUE TAB	159
INTUNIV TAB	3	ISORDIL TITRADOSE	21		
INVANZ INJ	74	TAB		K	
INVEGA TAB	99	isosorbide dinitrate tab	22	KALYDECO PAK	222
INVIRASE CAP	104	isosorbide dinitrate tab	22	KALYDECO TAB	222
INVIRASE TAB	104	40mg		KAPVAY TAB	3
IOPIDINE OPTH SOLN	202	isosorbide mononitrate ER	22	KATERZIA SUSP	115
IPOL INJ	235	tab		KEFLEX CAP	122
ipratropium nasal spray	197	ISOSORBIDE	22	kelnor tab	124
ipratropium neb soln	26	MONONITRATE TAB		KENALOG INJ	128
irbesartan tab	68	ISOXSUPRINE TAB	118	KEPPRA SOLN	36
irbesartan/hydrochlorothia	71	itraconazole cap	60	KEPPRA TAB	36
zide tab		itraconazole soln	60	KEPPRA XR TAB	36
IRON	174	ivermectin tab	21	KESIMPTA INJ	220
POLYSACCH/THREONIC				ketoconazole cream	136
ACID/B12/FA CAP		J		ketoconazole shampoo	136
ISENTRESS (HD) TAB	104	JAKAFI TAB	88	ketoconazole tab	60
ISENTRESS CHEW TAB	104	JANUMET TAB	48	KETO-DIASTIX TEST	149
		JANUMET XR TAB	49	STRIP	
		JANUVIA TAB	51	ketorolac inj 15mg/ml	10

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ALPHABETICAL LISTING OF DRUGS

ketorolac inj 30mg/ml	10	labetalol tab	112	LANCET DEVICE	182
ketorolac inj 60mg/2ml	10	LAC-HYDRIN CREAM	144	LANCET KIT	182
ketorolac ophth soln	210	LAC-HYDRIN LOTION	144	LANCETS	182
ketorolac tab	10	lacosamide oral solution	36	LANOXIN TAB	116
KETOSTIX	149	lacosamide tab	36	lansoprazole cap	229
ketotifen ophth soln	210	LACTIC ACID LOTION	144	lanthanum carbonate chew	166
KEVZARA INJ	8	lactulose soln	165	tab	
KINERET INJ	8	LAGEVRIO CAP (EUA)	111	lapatinib ditosylate tab	89
KINRIX INJ,	226	LAGEVRIO CAP 200MG	111	LASIX TAB	152
QUADRACEL DTAP-IPV		LAMICTAL CHEW TAB	36	LASTACAFT OPHTH	210
INJ		LAMICTAL ODT	37	SOLN	
KINRIX PREF SYRINGE,	227	LAMICTAL ODT KIT	37	latanoprost ophth soln	210
QUADRACEL PREF		LAMICTAL ODT KIT,	37	LAZANDA NASAL	14
SYRINGE		LAMICTAL XR KIT		SPRAY	
KISQALI PAK	85	LAMICTAL STARTER KI	37	LEDIPASVIR/SOFOSBUV	109
KISQALI TAB	88	LAMICTAL TAB	37	IR TAB	
KLARON LOTION	134	LAMICTAL XR TAB	37	leflunomide tab	11
KLONOPIN TAB	34	LAMISIL TAB	60	lenalidomide cap	189
KLOXXADO NASAL	57	lamivudine soln	105	LENVIMA CAP	81
SPRAY		lamivudine tab	105	LESCOL XL TAB	64
KOSELUGO CAP	89	lamivudine tab 100mg	109	letrozole tab	83
KOSELUGO CAP 10MG	89	lamivudine/zidovudine tab	105	leucovorin tab	95
K-PHOS NEUTRAL TAB	187	lamotrigine chew tab	37	LEVALBUTEROL	31
K-PHOS TAB	187	lamotrigine ER tab	37	INHALER, XOPENEX	
KRAZATI TAB	89	lamotrigine ODT	37	HFA INHALER	
KRINTAFEL TAB	77	lamotrigine ODT kit	37	levalbuterol neb soln	31
K-TAB	187	lamotrigine tab	37	LEVAQUIN TAB	162
		LAMPIT TAB	74	LEVBIID TAB	228

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ALPHABETICAL LISTING OF DRUGS

levetiracetam ER tab	37	lidocaine/hydrocortisone cream	20	L-METHYLFOLATE TAB	149
levetiracetam soln	37	lidocaine/prilocaine cream	146	LO LOESTRIN TAB	124
levetiracetam tab	38	LIDODERM PATCH	146	LODOSYN TAB	95
LEVOBUNOLOL OPHTH SOLN	200	LIKMEZ SUSP	73	loestrin tab	124
levocarnitine soln	157	LINDANE SHAMPOO	147	lohist liquid	131
levocarnitine tab	157	linezolid susp	75	LOKELMA PAK	190
levofloxacin ophth soln	203	linezolid tab	75	LOMOTIL TAB	56
LEVOFLOXACIN OPHTH SOLN 0.5%	203	LINZESS CAP	165	LONSURF TAB	85
levofloxacin soln	162	liothyronine tab	225	LOPID TAB	64
levofloxacin tab	162	LIPITOR TAB	65	lopinavir/ritonavir soln	105
levonorgestrel tab	126	LIQUIGEN	199	lopinavir/ritonavir tab	105
levonorgestrel-ethinyl estradiol-fe tab	124	lisdexamfetamine dimesylate cap	1	LOPRESSOR TAB	113
levothyroxine tab	225	lisdexamfetamine dimesylate chew tab	1	LOPROX CREAM	136
LEVSIN SL TAB	228	lisinopril tab	67	LOPROX SHAMPOO	136
LEVSIN TAB	228	lisinopril/hydrochlorothiazide tab	71	loratadine cap	61
LEXAPRO TAB	45	LITFULO CAP	145	lorazepam conc	24
LEXIVA SUSP	105	lithium carbonate cap	98	lorazepam tab	24
lidocaine cream 3%	146	lithium carbonate ER tab	98	LORBRENA TAB 100MG	89
lidocaine gel	146	lithium carbonate tab	98	LORBRENA TAB 25MG	89
lidocaine oint	146	LITHOBID TAB	98	LORTAB	17
lidocaine patch	146	LITHOSTAT TAB	168	LORTAB ELIXIR	17
lidocaine patch 5%	146	LIVALO TAB	65	losartan tab	68
lidocaine soln	146	LIVMARLI SOLN	164	losartan/hydrochlorothiazide tab	71
lidocaine viscous soln	191	LIVTENCITY TAB	108	LOTEMAX OPHTH OINT	206
				LOTEMAX OPHTH SUSP	206
				LOTENSIN HCT TAB	71
				LOTENSIN TAB	67

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ALPHABETICAL LISTING OF DRUGS

loteprednol etabonate	206	LYUMJEV KWIKPEN INJ	54	meclizine chew tab	58
ophth gel		LYVISPAH GRANULE	195	meclizine tab	58
loteprednol ophth susp	206	PACKET		MEDROL DOSE PACK	128
LOTREL CAP	71			MEDROL TAB	128
LOTRISONE CREAM	136	M		medroxyprogesterone inj	126
LOTRONEX TAB	165	MACROBID CAP	76	medroxyprogesterone tab	216
lovastatin tab	65	MACRODANTIN CAP	76	mefenamic acid cap	10
LOVAZA CAP	62	MALARONE TAB	77	mefloquine tab	77
LOVENOX INJ	33	malathion lotion	147	megestrol susp	83
loxapine cap	100	MALE CONDOMS	181	megestrol tab	83
lubiprostone cap	163	MAPROTILINE TAB	43	MEKINIST SOLN	90
LUMAKRAS TAB	89	maraviroc tab	105	MEKINIST TAB 0.5MG	90
LUMAKRAS TAB 320MG	89	MARINOL CAP	59	MEKINIST TAB 2MG	90
LUMIGAN OPHTH SOLN	210	MARPLAN TAB	44	MEKTOVI TAB	90
LUMRYZ PACK	216	MATULANE CAP	95	meloxicam tab	10
LUNESTA TAB	176	MAVENCLAD PAK	220	MELPHALAN TAB	80
LUPKYNIS CAP	189	MAVYRET PAK	109	memantine ER cap	217
LUPRON DEPOT INJ	83	MAVYRET TAB	109	memantine sol	217
LUPRON DEPOT-PED	156	MAXALT MLT TAB	186	memantine tab	217
INJ		MAXALT TAB	186	MENEST TAB	161
lurasidone hcl tab	99	MAXIDEX OPHTH SOLN	206	MENTAX CREAM	136
LUVIRA CAP	149	MAXITROL OPHTH OIN	206	MENVEO INJ	231
LYNPARZA TAB	89	MAXITROL OPHTH	206	MEPHYTON TAB	239
LYSODREN TAB	83	SUSP		MEPRON SUSP	74
LYSTEDA TAB	175	MAXZIDE TAB	151	mercaptapurine tab	80
LYTGOBI THERAPY	90	MAYZENT TAB	220	meropenem inj	74
PACK		MAYZENT TAB STARTEI	220	mesalamine DR tab	164
LYUMJEV INJ	54	PACK		mesalamine enema	165
		MCT OIL	199		

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ALPHABETICAL LISTING OF DRUGS

mesalamine ER cap	165	methotrexate tab	80	METROCREAM	147
mesalamine supp	165	METHOXSALEN CAP	139	METROGEL 1%	147
MESALAMINE TAB DR	165	methscopolamine tab	228	METROGEL VAGINAL	237
MESNEX TAB	95	methsuximide cap	42	GEL	
MESTINON TAB	78	methyldopa tab	68	METROLOTION	147
MESTINON TIMESPAN	78	methylergonovine tab	212	metronidazole cream	147
TAB		METHYLIN SOLN	4	metronidazole gel	147
METANX CAP	149	methylphenidate CD cap	4	metronidazole gel 0.75%	147
metaxalone tab	195	methylphenidate chew tab	4	metronidazole lotion	147
METAXALONE TAB	195	methylphenidate ER cap	4	metronidazole tab	73
400MG		methylphenidate ER tab	4	metronidazole vaginal gel	237
metformin ER tab	50	methylphenidate soln	4	mexiletine hcl cap	24
metformin soln	50	methylphenidate tab	5	MICARDIS TAB	68
metformin tab	50	methylprednisolone	128	MICONAZOLE 3 SUPP	237
methadone conc	14	acetate inj		200MG	
METHADONE SOLN	14	methylprednisolone dose	128	midazolam inj	176
10MG/5ML		pack		midodrine tab	239
METHADONE SOLN	14	methylprednisolone tab	128	mifepristone tab	51
5MG/5ML		methylprenisolone sod	128	MIFIPREX TAB	159
methadone tab	14	succinate inj		miglitol tab	48
methadone tab 10mg	14	methyltestosterone cap	19	miglustat cap	172
METHADOSE CONC	14	metoclopramide soln	163	MINIPRESS CAP	68
methazolamide tab	151	metoclopramide tab	163	MINOCIN CAP	224
methenamine hippurate tab	76	metolazone tab	153	minocycline cap	224
methimazole tab	224	metoprolol ER tab	113	minoxidil tab	72
METHITEST TAB	19	metoprolol tab	113	MIRALAX	179
methocarbamol tab	195	metoprolol/hydrochlorothi	71	MIRAPEX TAB	96
methotrexate inj	80	azide tab		MIRENA IUD	126

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ALPHABETICAL LISTING OF DRUGS

mirtazapine ODT	43	MULTIGEN TAB	174	nadolol tab	113
mirtazapine tab	43	multivitamin tab	175	nafcillin inj	215
MIRVASO GEL	147	MULTIVITAMIN/FLOURI	193	naftifine cream	136
misoprostol tab	229	DE CHEW 0.25MG		naftifine gel	136
MOBIC TAB	10	MULTIVITAMIN/FLOURI	193	NAFTIN CREAM	136
modafinil tab	5	DE CHEW 1MG		NAFTIN GEL	136
mometasone cream	143	MULTIVITAMIN/FLUORI	193	naloxone hcl nasal spray	57
mometasone oint	143	DE CHEW TAB		naloxone inj	56
mometasone soln	143	multivitamin/minerals tab	193	NALOXONE PREFILLED	57
MONODOX CAP	224	mupirocin oint	135	INJ	
montelukast chew tab	26	MUSE SUPP	117	naltrexone tab	56
montelukast granule pack	26	MYAMBUTOL TAB	78	NAMENDA TAB	217
montelukast tab	26	MYCOBUTIN CAP	78	NAPROSYN EC TAB	10
MORPHINE SULF SOLN	14	mycophenolate DR tab	111	NAPROSYN TAB	10
10MG/5ML		mycophenolate mofetil	112	naproxen EC tab	10
morphine sulfate ER tab	15	cap		naproxen tab	10
morphine sulfate soln	15	mycophenolate mofetil	112	NARCAN NASAL SPRAY	57
morphine sulfate tab	15	susp		NARDIL TAB 15MG	44
MOTEGRITY TAB	162	mycophenolate mofetil tab	112	NASACORT OTC NASAL	197
MOTOFEN TAB	56	MYDRIACYL OPHTH	201	SPRAY	
MOTRIN SUSP	10	SOLN		NASCOBAL SPRAY	172
MOUNJARO INJ	52	MYFEMBREE TAB	160	NATACYN OPHTH SUSP	203
MOVANTIK TAB	165	MYLERAN TAB	80	NATAZIA TAB	124
moxifloxacin ophth soln	203	MYNATAL-Z TAB	194	nateglinide tab	54
moxifloxacin tab	162	MYRBETRIQ TAB	231	NATPARA INJ	154
MULTAQ TAB	25	MYSOLINE TAB	38	NATROBA SUSP	147
MULTIGEN FOLIC TAB	174			NAYZILAM SPRAY	34
MULTIGEN PLUS TAB	174	N		nebivolol hcl tab	113
		nabumetone tab	10		

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ALPHABETICAL LISTING OF DRUGS

NEBUSAL NEB SOLN	132	NEURONTIN CAP	38	nifedipine ER tab	115
NEFAZODONE TAB	46	NEURONTIN SOLN	38	nilutamide tab	83
nefazodone tab 50mg, 250mg	46	NEURONTIN TAB	38	nimodipine cap	115
neomycin tab	5	600MG		NINLARO CAP	90
NEOMYCIN/POLYMIXIN	203	NEURONTIN TAB	38	nitazoxanide tab	74
/GRAMICIDIN OPHTH		800MG		NITRO-BID OINT	22
SOLN		NEVANAC OPHTH SUSP	210	NITRO-DUR PATCH	22
neomycin/polymixin/hydro	212	nevirapine ER tab	105	NITRO-DUR PATCH	22
coritison e otic soln		NEVIRAPINE SUSP	105	0.3MG/HR, 0.8MG/HR	
neomycin/polymixin/hydro	212	nevirapine tab	105	nitrofurantoin	76
coritison e otic susp		NEXLETOL TAB	62	macrocrystals cap	
neomycin/polymyxin/dexa	206	NEXLIZET TAB	62	nitrofurantoin	76
methasone ophth oint		NEXPLANON IMPLANT	126	monohydrate cap	
neomycin/polymyxin/dexa	206	NEXTSTELLIS TAB	124	nitroglycerin lingual spray	22
methasone ophth soln		niacin cap	239	nitroglycerin patch	22
NEOMYCIN/POLYMYXI	207	niacin CR tab	239	nitroglycerin SL tab	22
N/HYDROCORTISONE		niacin ER tab	65	NITROLINGUAL PUMP	22
OPHTH SOLN		niacin tab	239	SPRAY	
NEONATAL 19 TAB	194	NIACIN TR TAB	240	NITROSTAT SL TAB	22
NEONATAL FE TAB	194	niacinamide tab	240	NIVESTYM INJ	173
NEOSPORIN OPHTH	203	nicotine gum	221	NIZATIDINE CAP	228
SOLN		NICOTINE KIT	221	NIZATIDINE SOLN	228
NEPHROCAP	192	nicotine lozenge	221	nizoral a-d shampoo	136
NEPHRON FA TAB	175	nicotine patch	221	NIZORAL SHAMPOO	137
NEPTAZANE TAB	151	NICOTROL INHALER	221	norethindrone ace-ethinyl	124
NERLYNX TAB	90	NICOTROL NASAL	221	estradiol-fe cap	
NEUPRO PATCH	96	SPRAY			
		nifedipine cap	115		

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ALPHABETICAL LISTING OF DRUGS

norethindrone	124	NUEDEXTA CAP	220	ofloxacin otic soln	211
acetate/ethinyl estradiol FE		NULYTELY SOLN	178	ofloxacin tab	162
chew tab		NUTRITIONAL	150	olanzapine ODT	100
norethindrone	125	SUPPLEMENT LIQUID		olanzapine tab	100
acetate/ethinyl estradiol		NUTRITIONAL	150	olanzapine/fluoxetine cap	218
tab		SUPPLEMENT POWDER		OLLIZAC POWDER	150
norethindrone tab	127	NUVARING	126	olmesartan tab	68
norethindrone/ethinyl	125	NUVIGIL TAB	5	olmesartan/hydrochlorothi	71
estradiol FE tab		nystatin cream	137	azide tab	
NORLIQVA ORAL SOLN	115	nystatin oint	137	olopatadine ophth soln	210
NORPACE CAP	24	nystatin powder	60	0.1%	
NORPRAMIN TAB	47	nystatin susp	191	olopatadine ophth soln	210
nortrel tab	125	nystatin tab	60	0.2%	
nortriptyline cap	47	nystatin topical powder	137	OLUMIANT TAB	6
nortriptyline oral soln	47	nystatin/triamcinolone	137	OLUX FOAM	143
NORVASC TAB	115	cream		omega-3-acid ethyl esters	62
NORVIR CAP	105	nystatin/triamcinolone oint	137	cap	
NORVIR POWDER PACK	105	NYVEPRIA INJ	173	omeprazole DR cap	229
NORVIR SOLN	105			omeprazole tab	229
NORVIR TAB	105	O		OMNICEF SUSP	123
NOXAFIL PAK	60	OCALIVA TAB	162	OMNIPOD 5 G7 KIT	182
NOXAFIL SUSP	60	octreotide inj	159	INTRO	
NOXAFIL TAB	60	OCTREOTIDE INJ	159	OMNIPOD 5 G7 MIS	182
np thyroid tab	225	100MCG		PODS	
NUBEQA TAB	83	OCUFLOX OPHTH SOLN	203	OMNIPOD 5 INTRO KIT	182
NUCALA INJ	25	ODEFSEY TAB	106	OMNIPOD 5 PACK PODS	183
NUCORT LOTION	143	ODOMZO CAP	82	OMNIPOD DASH INTRO	183
NUCYNTA TAB	15	OFEV CAP	223	KIT	
		ofloxacin ophth soln	204		

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ALPHABETICAL LISTING OF DRUGS

OMNIPOD DASH PODS	183	OPVEE NASAL SPRAY	57	OVIDE LOTION	147
OMNIPOD GO KIT	183	ORACIT SOLN	167	oxacillin inj	215
OMNIPOD STARTER KIT	183	ORAP TAB	221	OXBRYTA TAB FOR	172
OMNITROPE INJ	155	ORAPRED ODT TAB	129	ORAL SUSP	
ondansetron ODT	58	ORAPRED SOLN	129	oxcarbazepine susp	38
ondansetron soln	58	ORENCIA CLICK INJ	11	oxcarbazepine tab	38
ONDANSETRON TAB	58	ORENCIA SC INJ	11	oxiconazole nitrate cream	137
ONETOUCH DELICA	183	125MG/ML		OXSORALEN ULTRA	139
LANCETS		ORENCIA SC INJ	11	CAP	
ONETOUCH DELICA	183	50MG/0.4ML		oxybutynin ER tab	230
PLUS LANCETS		ORENCIA SC INJ	11	oxybutynin syrup	230
ONETOUCH DELICA	183	87.5MG/0.7ML		oxybutynin tab	230
ULTRASOFT LANCETS		ORENITRAM TAB	118	oxycodone soln	15
ONETOUCH METER	183	ORGOVYX TAB	84	oxycodone tab	15
ONETOUCH TEST STRIP	149	ORIAHNN CAP	160	oxycodone/acetaminophen	17
ONETOUCH VERIO	183	ORILISSA TAB 150MG	155	tab	
FLEX METER		ORILISSA TAB 200MG	155	OXYCODONE/ASPIRIN	17
ONETOUCH VERIO IQ	183	ORKAMBI GRANULES	222	TAB	
METER		PACKET		OXYTROL PATCH (OTC)	230
ONETOUCH VERIO	183	ORKAMBI TAB	222	OZEMPIC INJ	51
METER		ORSERDU TAB	84		
ONETOUCH VERIO	183	ORSERDU TAB 345MG	84	P	
REFLECT METER		oseltamivir cap	110	paliperidone ER tab	99
ONETOUCH VERIO TEST	149	oseltamivir cap 30mg	110	PALYNZIQ INJ	157
STRIP		oseltamivir susp	110	PAMELOR CAP	47
ONFI SUSP	34	OTEZLA STARTER PACK	11	pantoprazole EC tab	229
ONFI TAB	34	OTEZLA TAB	11	PARAGARD IUD	126
OPSUMIT TAB	119	OVACE PLUS CREAM	139	paricalcitol cap	157
				PARLODEL CAP	96

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ALPHABETICAL LISTING OF DRUGS

PARLODEL TAB	96	PEG-INTRON INJ	109	PHENELZINE SULFATE	44
PARNATE TAB	44	PEMAZYRE TAB	90	TAB	
paromomycin cap	5	PENBRAYA INJ	232	phenelzine tab	44
paroxetine ER tab	45	penciclovir cream	140	phenobarbital elixir	176
paroxetine oral susp	45	penicillamine tab	188	phenobarbital tab	176
paroxetine tab	45	PENICILLIN G	214	phenoxybenzamine cap	67
PATANOL OPHTH SOLN	210	PROCAINE INJ		phentermine cap	2
PAXIL CR TAB	45	PENICILLIN G SODIUM	214	phentermine tab	2
PAXIL ORAL SUSP	45	INJ		phenylephrine ophth soln	201
PAXIL TAB	45	PENICILLIN VK SOLN	214	phenytoin cap	41
PAXLOVID TAB	108	penicillin vk tab	214	phenytoin chew tab	41
150-100MG		PENTACEL INJ	227	phenytoin susp	42
PAXLOVID TAB	108	pentamidine neb soln	73	PHEXXI GEL	236
300-100MG		pentoxifylline ER tab	170	phlexy-10 tab	199
pazopanib tab	90	PEPCID SUSP	228	PHOSLO CAP	166
PCE TAB	180	PEPCID TAB	228	PHOSLYRA SOLN	166
PEAK FLOW METER	184	PERCOCET TAB	17	phospha 250 neutral tab	187
pediatric multiple	193	PERFOROMIST NEB	31	phytonadione tab	239
vitamins/fluoride chew tab		SOLN		PICATO GEL	138
pediatric multiple	193	PERIDEX SOLN	191	PIFELTRO TAB	106
vitamins/fluoride soln		permethrin cream	147	pilocarpine ophth soln	201
pediatric multiple	193	perphenazine tab	101	pilocarpine tab	192
vitamins/fluoride/iron soln		PERPHENAZINE/ AMITRIPTYLINE TAB	218	pimecrolimus cream	145
PEDVAXHIB INJ	231	pfizerpen g inj	214	PIMOZIDE TAB	221
peg 3350 soln (100 gram Moviprep equiv)	178	PHEBURANE ORAL	157	pindolol tab	113
peg 3350/electrolytes soln	178	PELLETS		pioglitazone tab	54
PEGASYS INJ	109	phenazopyridine tab	168	piperacillin/tazobactam inj	215
				PIQRAY TAB	91

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ALPHABETICAL LISTING OF DRUGS

pirfenidone cap	223	POTABA POWDER	240	PRECOSE TAB	48
pirfenidone tab 267mg	223	PACKET		PRED FORTE OPHTH	207
pirfenidone tab 801mg	223	potassium bicarbonate	188	SUSP	
piroxicam cap	10	effer tab		PRED MILD OPHTH	207
pitavastatin calcium tab	65	potassium chloride ER cap	188	SOLN	
PLAN B TAB	126	potassium chloride ER tab	188	PRED-G OPHTH SOLN	207
PLAQUENIL TAB	77	potassium chloride micro	188	prednisolone ODT	129
PLAVIX TAB 75MG	171	tab		PREDNISOLONE ODT	129
PLEGRIDY INJ	220	potassium chloride powder	188	TAB	
PLEGRIDY PEN INJ	220	packet		PREDNISOLONE OPHTH	207
PNEUMOVAX INJ	232	potassium chloride soln	188	SUSP	
PODIAPN CAP	150	POTASSIUM CHLORIDE	188	PREDNISOLONE	207
PODOCON SOLN	145	TAB ER		SODIUM PHOSPHATE	
podofilox soln	145	potassium citrate CR tab	167	OPHTH SOLN	
polyethylene glycol 3350	179	potassium citrate/citric	167	prednisolone soln	129
powder		acid powder pack		PREDNISONE SOLN	129
POLYETHYLENE	215	potassium citrate/citric	167	prednisone tab	129
GLYCOL 8000		acid soln		PREFEST TAB	160
GRANULES		potassium phosphate	187	pregabalin cap	38
polymyxin b/trimethoprim	204	monobasic tab		pregabalin cap 225mg	38
ophth soln		PRADAXA CAP	33	pregabalin cap 300mg	38
POLYTRIM OPHTH	204	pramipexole tab	96	pregabalin soln	38
SOLN		pramoxine/hydrocortisone	20	PREHEVBRIO SUSP	235
POMALYST CAP	84	cream		PREMARIN TAB	161
posaconazole DR tab	60	prasugrel tab	171	PREMARIN VAGINAL	238
posaconazole susp	60	pravastatin tab	65	CREAM	
POTABA CAP	240	praziquantel tab	21	PREMPHASE TAB,	160
		prazosin cap	68	PREMPRO TAB	

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ALPHABETICAL LISTING OF DRUGS

PRENATABS RX TAB	194	prochlorperazine tab	101	propranolol oral soln	114
PRENATAL 19 CHEW TAB	194	PROCTOCORT CREAM	143	20mg/5ml	
PRENATAL 19 TAB	194	proctosol HC cream	20	PROPRANOLOL SOLN	114
PRENATAL VITAMINS (NON-PREFERRED)	194	progesterone cap	216	propranolol tab	114
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	239	PROGESTERONE SUPP	238	propylthiouracil tab	224
PRETOMANID TAB	78	PROGLYCEM SUSP	51	PROSCAR TAB	168
PREVACID CAP	229	PROLENSA OPHTH SOLN	210	pro-stat liquid	199
PREVACID OTC CAP	229	PROMACTA POWDER	173	PROTOPIC OINT	145
PREVIDENT SOLN	191	PROMACTA TAB	173	protriptyline tab	47
PREVNAR 13 INJ	232	12.5MG, 25MG		PROVERA TAB	216
PREVNAR 20 INJ	232	PROMACTA TAB 50MG	173	PROVIGIL TAB	5
PREVYMIS TAB	108	PROMACTA TAB 75MG	173	PROZAC CAP	45
PREZCOBIX TAB	106	promethazine DM syrup	131	PULMICORT INH SUSP	28
PREZISTA SUSP	106	promethazine supp	62	PULMOZYME INH SOLN	222
PREZISTA TAB	106	promethazine syrup	62	PURIXAN SUSP	80
PRIFTIN TAB	79	promethazine tab	62	pyrazinamide tab	79
primaquine tab	77	promethazine VC syrup	131	pyridostigmine CR tab	78
primidone tab	38	promethazine VC/codeine syrup	131	pyridostigmine tab	78
PRIMSOL SOLN	73	promethazine/codeine syrup	132	pyridostigmine soln	78
PRINIVIL TAB, ZESTRIL TAB	67	PROMETHEGAN SUPP	62	pyrimethamine tab	77
PRISTIQ TAB	46	PROMETRIUM CAP	216	PYRUKYND TAB	171
probenecid tab	169	propafenone ER cap	24	PYRUKYND TAPER	171
prochlorperazine supp	101	propafenone tab	24	PACK	
		proparacaine ophth soln	205		
		propranolol ER cap	114		

Q

QBRELIS SOLN	67
QINLOCK TAB	91
QSYMIA CAP	2

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ALPHABETICAL LISTING OF DRUGS

QUESTRAN LITE POWDER	63	RAZADYNE ER CAP	218	REYATAZ POWDER	106
QUESTRAN POWDER	63	RAZADYNE TAB	218	PACK	
QUESTRAN POWDER PACK	63	REBETOL SOLN	109	REYVOW TAB	186
quetiapine tab	101	REGLAN TAB	163	REZLIDHIA CAP	91
quetiapine XR tab	101	REGRANEX GEL	148	REZUROCK TAB	189
QUFLORA PEDIATRIC CHEW TAB	193	RELENZA DISKHALER	110	RHEUMATREX TAB	6
quinapril tab	67	RELYVRIO PAK	198	RHOFADE CREAM	147
QUINAPRIL/HCTZ TAB	71	REMERON SOLUTAB	43	ribavirin cap	109
quinapril/hydrochlorothiazide tab	71	REMERON TAB	43	RIBAVIRIN TAB	109
quinidine gluconate CR tab	24	renaphro cap	192	RIDAURA CAP	8
quinidine sulfate tab	24	RENOVA CREAM	135	rifabutin cap	79
QVAR REDIHALER	28	REVELA TAB	166	RIFADIN CAP	79
R		repaglinide tab	54	RIFAMATE CAP	78
RABAVERT INJ	235	REPATHA INJ	66	rifampin cap	79
rabeprazole EC tab	229	REPATHA PUSHTRONEX INJ	66	RIFATER TAB	78
RADICAVA ORS STARTER KIT	198	REQUIP TAB	96	riluzole tab	198
RADICAVA ORS SUSP	198	RESCRIPTOR TAB	106	RIMANTADINE TAB	110
raloxifene tab	156	RESTORIL CAP 15MG	176	RINVOQ ER TAB	6
ramelteon tab	177	RESTORIL CAP 22.5MG	176	RIOMET SOLN	50
ramipril cap	67	RESTORIL CAP 30MG	176	risedronate DR tab	154
RANEXA TAB	21	RESTORIL CAP 7.5MG	177	risedronate tab	154
ranolazine tab	21	RETACRIT INJ	173	RISPERDAL M ODT	99
rasagiline tab	97	RETEVMO CAP	91	RISPERDAL SOLN	99
		RETIN-A CREAM	134	RISPERDAL TAB	99
		REVATIO SUSP	120	risperidone microspheres inj	99
		REVATIO TAB	120	risperidone ODT	99
		REVLIMID CAP	189	risperidone soln	100

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ALPHABETICAL LISTING OF DRUGS

risperidone tab	100	RYDAPT CAP	91	SEMGLEE INJ, INSULIN	54
RITALIN LA CAP	5	RYTHMOL SR CAP	25	GLARGINE-YFGN INJ	
RITALIN TAB	5	<hr/>			
ritonavir tab	106	S		SEMGLEE PEN, INSULIN	54
rivastigmine cap	218	SALAGEN TAB	192	GLARGINE-YFGN PEN	
rivastigmine patch	218	SALEX SHAMPOO	146	SEMPREX-D CAP	132
RIVIVE SPRAY	57	salsalate tab	12	SEREVENT DISKUS	31
rizatriptan ODT	186	SANCUSO PATCH	58	INHALER	
rizatriptan tab	186	SANDIMMUNE SOLN	112	SEROQUEL TAB	101
ROBAXIN TAB	196	100MG/ML		SEROQUEL XR TAB	101
ROBINUL TAB	228	SANTYL OINT	144	sertraline conc	45
ROCALTROL CAP	157	SAPHRIS SL TAB	101	sertraline tab	45
ROCALTROL SOLN	157	sapropterin	157	sevelamer powder pak	166
roflumilast tab	27	dihydrochloride powder		sevelamer tab	166
ropinirole ER tab	96	packet		SFROWASA ENEMA	165
ropinirole tab	97	sapropterin	158	SHINGRIX INJ	236
rosuvastatin tab	65	dihydrochloride soluble		SIGNIFOR INJ	159
ROTARIX SUSP	235	tab		sildenafil susp	120
ROTATEQ INJ	235	SAVELLA PAK	218	sildenafil tab	117
ROXICODONE TAB	15	SAVELLA TAB	219	sildenafil tab 20mg	120
ROZEREM TAB	177	SAXENDA INJ	2	SILVADENE CREAM	140
ROZLYTREK CAP	91	scopolamine patch	58	silver sulfadiazine cream	140
ROZLYTREK PAK	91	selegiline cap	97	SIMBRINZA OPHTH	202
RUBRACA TAB	91	selegiline tab	97	SUSP	
rufinamide susp	39	selenium sulfide lotion	140	SIMPONI	8
rufinamide tab	39	selenium sulfide shampoo	140	AUTO-INJECTOR 100MG	
RUKOBIA ER TAB	106	SELZENTRY SOLN	106	SIMPONI INJ 100MG	8
RYBELSUS TAB	52	SELZENTRY TAB	106	simvastatin tab	65
				SINEMET CR TAB	97

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ALPHABETICAL LISTING OF DRUGS

SINEMET TAB	97	sodium fluoride paste	192	SOHONOS CAP 10MG	196
SINGULAIR CHEW TAB	26	sodium fluoride rinse	192	SOHONOS CAP 1MG	196
SINGULAIR GRANULE PACK	26	sodium fluoride soln	187	SOHONOS CAP 2.5MG	196
SINGULAIR TAB	27	SODIUM FLUORIDE TAB	187	SOHONOS CAP 5MG	197
sirolimus soln	189	sodium fluoride/potassium nitrate paste	192	solifenacin tab	230
sirolimus tab	112	SODIUM OXYBATE	216	SOLU-CORTEF INJ	129
SIVEXTRO TAB	76	SOLN		SOLU-CORTEF INJ 100MG	129
SKELAXIN TAB	196	sodium polystyrene	112	SOLU-MEDROL INJ	129
SKYCLARYS CAP	198	powder		SOLU-MEDROL INJ 2GM	129
SKYRIZI INJ 150MG/ML	139	sodium polystyrene susp	112	SOLU-MEDROL PF INJ	130
SKYRIZI INJ 180 MG/1.2ML	165	sodium sulfacetamide	134	SOMA TAB	196
SKYRIZI INJ	165	lotion		SOMAVERT INJ	155
360MG/2.4ML		sodium	134	sorafenib tosylate tab	91
SKYRIZI INJ	139	sulfacetamide/sulfur cleanser 10-5%		sotalol AF tab	114
75MG/0.83ML		sodium	134	sotalol tab	114
SKYTROFA INJ	155	sulfacetamide/sulfur cleanser 9-4.5%		SOTYLIZE SOLN 5MG/ML	114
SLO-NIACIN TAB	240	sodium	134	SPECTRACEF TAB	123
SLYND TAB	127	sulfacetamide/sulfur emulsion 10-5%		SPIKEVAX INJ	236
smz/tmp (DS) tab	73	sodium/magnesium/potassi um soln	178	SPIKEVAX INJ	236
smz/tmp susp	74	SOFOSBUVIR/VELPATAS VIR TAB	109	50MCG/0.5ML	
SOD CHLORIDE INJ	188	SOGROYA INJ	156	SPINOSAD SUSP	147
sodium chloride neb soln	132	SOHONOS CAP 1.5MG	196	SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	26
sodium citrate/citric acid soln	167			spironolactone susp	152
sodium fluoride cream	191			spironolactone tab	152
sodium fluoride gel	191				

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ALPHABETICAL LISTING OF DRUGS

spironolactone/hydrochlor othiazide tab	151	SULFACETAMIDE/PRED NISOLONE OPHTH	207	SYNJARDY TAB	49
SPORANOX CAP	60	SOLN		SYNJARDY XR TAB	49
SPORANOX SOLN	61	sulfadiazine tab	223	10-1000MG, 25-1000MG	
sprintec 28 tab	125	SULFAMYLON CREAM	140	SYNJARDY XR TAB	49
SPRYCEL TAB	91	sulfasalazine EC tab	165	5-1000MG,	
SPS SUSP	190	sulfasalazine tab	165	12.5-1000MG	
STALEVO TAB	98	sulindac tab	10	SYNTHROID TAB	225
STAVUDINE CAP	106	SUMADAN WASH	135	T	
STELARA INJ	139	9-4.5%		TABLOID TAB	80
STENDRA TAB	118	SUMATRIPTAN INJ	186	TABRECTA TAB	92
STIMATE NASAL SOLN	158	SUMATRIPTAN INJ	186	tacrolimus cap	112
STIOLTO INHALER	31	6MG/0.5ML		tacrolimus oint	145
STIVARGA TAB	91	sumatriptan tab	186	tadalafil tab	118
STRENSIQ INJ	158	sunitinib malate cap	91	tadalafil tab (PAH)	120
STRIBILD TAB	106	SUNOSI TAB	3	tadalafil tab 2.5mg, 5mg	118
STRIVERDI RESPIMAT INHALER	31	SUPRAX CAP	123	TADLIQ SUSP	120
STROMECTOL TAB	21	SUPRAX CHEW TAB	123	TAFINLAR CAP	92
SUBOXONE SL FILM	18	SUPRAX SUSP	123	TAFINLAR TAB	92
sucralfate susp	229	SUPRAX SUSP	123	TAGRISO TAB	82
sucralfate tab	228	500MG/5ML		TAKHZYRO INJ	170
SUFLAVE SOLN	179	SURMONTIL CAP	47	TAKHZYRO INJ	170
sulfacetamide sodium ophth soln	204	SYMAX DUOTAB	228	150MG/ML	
sulfacetamide	207	SYMBYAX CAP	218	TALTZ INJ	139
sodium/prednisolone ophth soln		SYMDEKO TAB	222	TALZENNA CAP 0.25MG	92
		SYMPROIC TAB	166	TALZENNA CAP 0.5MG,	92
		SYMTUZA TAB	107	0.75MG, 1MG	
		SYNAREL NASAL SOLN	156	TAMIFLU CAP	110
				TAMIFLU CAP 30MG	111

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ALPHABETICAL LISTING OF DRUGS

tamoxifen tab	84	tenofovir disoproxil fumarate tab	107	testosterone gel 1.62% 2.5gm	20
tamsulosin cap	168	TENORETIC TAB	71	TESTOSTERONE GEL PUMP	20
TAPAZOLE TAB	224	TENORMIN TAB	113	testosterone gel pump 1.62%	20
TASIGNA CAP	92	TEPMETKO TAB	92	testosterone soln	20
TASMAR TAB	95	TERAZOL CREAM	237	TETANUS/DIPHThERIA	227
tavaborole soln	137	terazosin cap	69	TOXOID INJ	
TAVNEOS CAP	170	terbinafine tab	60	tetrabenazine tab	219
tazarotene cream 0.1%	139	terbutaline sulfate tab	31	tetracycline cap	224
TAZORAC CREAM	139	terconazole cream	237	TEZSPIRE INJ	25
TAZORAC CREAM 0.05%	139	TERCONAZOLE CREAM 0.8%	237	THALOMID CAP	111
TAZVERIK TAB	92	terconazole supp	237	THEO-24 CAP	32
TECHLITE INSULIN SYRINGE	184	teriflunomide tab	220	theophylline ER tab	32
TECHLITE PEN NEEDLE	184	TERIPARATIDE INJ 620MCG/2.48ML	154	theophylline soln	32
TEGRETOL SUSP	39	TESSALON CAP	130	theophylline tab er	32
TEGRETOL TAB	39	testosterone cypionate inj	19	thioridazine tab	102
TEGRETOL XR TAB	39	TESTOSTERONE ENANTHATE INJ 200MG/ML	19	thiothixene cap	102
TEGSEDI INJ	221	TESTOSTERONE GEL 1% 25MG	19	THYROLAR TAB	225
TEKTRUNA HCT TAB	71	testosterone gel 1% 50mg	19	tiagabine tab	41
TEKTRUNA TAB	72	testosterone gel 1% pump	19	TIAZAC CAP	115
telmisartan tab	68	testosterone gel 1.62% 1.25gm	19	TIBSOVO TAB	92
temazepam cap 15mg	177			TIGAN CAP	58
temazepam cap 22.5mg	177			TIKOSYN CAP	25
temazepam cap 30mg	177			timolol maleate ophth gel	200
temazepam cap 7.5mg	177			timolol maleate ophth soln	200
TEMOVATE CREAM	143			timolol maleate tab	114
TEMOVATE OINT	143				
temozolomide cap	80				

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ALPHABETICAL LISTING OF DRUGS

TIMOPTIC OPHTH SOLN	200	TOLMETIN TAB	10	TRELEGY ELLIPTA	32
TIMOPTIC-XE OPHTH GEL	200	tolterodine SR cap	230	INHALER	
TINDAMAX TAB	73	tolterodine tab	230	TREMFYA INJ	139
tinidazole tab	73	TOPAMAX SPRINKLE CAP	39	tretinoin cap	79
tiopronin tab	169	TOPAMAX TAB	39	tretinoin cream	135
TIROSINT-SOL	226	TOPICORT CREAM	143	tretinoin gel	135
TIVICAY PD TAB	107	TOPICORT OINT	143	tretinoin gel 0.08%	135
TIVICAY TAB	107	topiramate sprinkle cap	39	triamcinolone acetate inj	130
tizanidine tab	196	topiramate tab	39	triamcinolone cream	143
TOBI PODHALER	5	TOPROL XL TAB	113	triamcinolone in orabase paste	192
TOBRADEX OPHTH OINT	207	toremifene tab	84	triamcinolone lotion	143
TOBRADEX OPHTH SOLN	208	torsemide tab	152	triamcinolone oint	143
TOBRADEX ST OPHTH SUSP	208	TOVIAZ TAB	230	triamcinolone OTC nasal spray	197
tobramycin neb soln	5	TRACLEER TAB 32MG	120	triamterene/hydrochlorothiazide cap	151
tobramycin ophth soln	204	tramadol ER tab	15	triamterene/hydrochlorothiazide tab	151
tobramycin/dexamethasone ophth soln	208	TRAMADOL HCL ER TAB	15	triazolam tab	177
TOBREX OPHTH OINT	204	tramadol tab	15	tricitrates soln	167
TOBREX OPHTH SOLN	204	tramadol/acetaminophen tab	17	tricon cap	175
TODAY SPONGE	237	tranexamic acid tab	175	TRICOR TAB	64
TOFRANIL TAB	47	TRANSDERM-SCOP PATCH	58	trientine cap	188
TOLAZAMIDE TAB	55	tranylcypromine tab	44	trifluoperazine tab	102
TOLBUTAMIDE TAB	55	TRAVATAN Z DROPS	211	TRIFLURIDINE OPHTH SOLN	204
tolcapone tab	95	travoprost ophth soln	211	trihexyphenidyl elixir	97
		trazodone tab	46		
		TRECATOR TAB	79		

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ALPHABETICAL LISTING OF DRUGS

TRIHXYPHENIDYL SOLN	97	TRUSOPT OPHTH SOLN	210	UPNEEQ SOLN	210
trihexyphenidyl tab	95	TUKYSA TAB	81	UPTRAVI TAB	120
TRIKAFTA TAB	222	TURALIO CAP	92	URECHOLINE TAB	231
TRIKAFTA THERAPY PACK	222	tussigon tab	130	UROCIT-K TAB	167
tri-legest tab	125	TWIRLA PATCH	125	UROXATRAL TAB	168
TRILEPTAL SUSP	39	TYBLUME TAB	125	URSO FORTE TAB	163
TRILEPTAL TAB	39	TYLENOL/CODEINE TAF	17	ursodiol cap	163
TRI-LUMA CREAM	146	TYMLOS INJ	154	ursodiol tab	163
trimethobenzamide cap	58	TYVASO DPI POWDER	118	<hr/>	
trimethoprim tab	73	TYVASO DPI POWDER	118	V	
trimipramine cap	48	MAINTENANCE KIT		VAGIFEM TAB	238
TRINTELLIX TAB	46	32-48MCG		valacyclovir tab	110
tri-sprintec tab	125	TYVASO DPI POWDER	119	VALCHLOR GEL	138
TRIUMEQ PD TAB	107	TITRATION KIT		VALCYTE TAB	108
TRIUMEQ TAB	107	16-32-48MCG		valganciclovir soln	108
TRIZIVIR TAB	107	TYVASO DPI POWDER	119	valganciclovir tab	108
tropicamide ophth soln	201	TITRATION KIT		VALIUM TAB 2MG,	24
trosipium chloride SR cap	231	16-32MCG		10MG	
trosipium tab	231	TYVASO INH SOLN 0.6	119	VALIUM TAB 5MG	24
TRUEPLUS INSULIN SYRINGE	184	MG/ML		valproic acid cap	42
TRUEPLUS PEN	184	<hr/>		valproic acid syrup	43
NEEDLE		U		valsartan tab	68
TRULANCE TAB	162	UBRELVY TAB	185	valsartan/hydrochlorothiazide tab	72
TRULICITY INJ	52	UCERIS RECTAL FOAM	21	VALTOCO NASAL SPRAY	35
TRUMENBA INJ	232	UCERIS TAB	130	VALTRESX TAB	110
		ULORIC TAB	169	VANCOGIN CAP	75
		ULTRAM TAB	16	vancomycin cap	75
		ULTRAVATE CREAM	143	VANFLYTA TAB	93
		ULTRAVATE OINT	143		

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ALPHABETICAL LISTING OF DRUGS

VANFLYTA TAB 26.5MG	93	verapamil SR cap	116	VIRACEPT TAB	107
VANIQA CREAM	145	VERAPAMIL SR CAP	116	VIREAD TAB 150MG,	107
varденаfil ODT	118	360mg		200MG, 250MG	
varденаfil tab	118	verapamil SR tab	116	VISTARIL CAP	23
VARENICLINE TAB	221	verapamil tab	116	VITAFOL STRIPS	194
varenicline tartrate tab	221	VERELAN CAP	116	vitamin D cap	239
varenicline tartrate tab	221	VERELAN PM CAP	116	vitamin D cap 1000unit	239
starter pack		VERELAN PM ER CAP	116	vitamin D cap 400unit	239
VARIVAX INJ	236	200MG, 300MG		VITAMIN D TAB	239
VARUBI TAB	59	VERELAN SR CAP	116	400UNIT	
VASERETIC TAB	72	360mg		VITRAKVI CAP 100MG	93
VASOTEC TAB	67	VERZENIO TAB	93	VITRAKVI CAP 25MG	93
VAXNEUVANCE INJ	232	VESICARE TAB	231	VITRAKVI SOLN	93
v-c forte cap	193	VFEND SUSP	61	VIVELLE-DOT PATCH	161
VELIVET PAK	125	VFEND TAB	61	VIZIMPRO TAB	82
VELPHORO CHEW TAB	166	V-GO INJ KIT	184	VOLTAREN GEL	137
VEMLIDY TAB	109	VIBRAMYCIN CAP	224	VONJO CAP	93
VENCLEXTA STARTER	81	VIBRAMYCIN SUSP	224	voriconazole susp	61
PACK		VIBRAMYCIN SYRUP	224	voriconazole tab	61
VENCLEXTA TAB	81	VICTOZA INJ	52	VOSEVI TAB	109
VENELEX OINT	148	VIDEX SOLN	107	VOWST CAP	165
venlafaxine ER cap	46	vigabatrin powder pack	41	VOXZOGO INJ	158
venlafaxine tab	46	vigabatrin tab	41	VP-PNV-DHA CAP	194
VENTAVIS INH SOLN	119	vigadrone powder pack	41	VYNDAMAX CAP	121
VENTOLIN HFA	32	VIGAMOX OPHTH SOLN	204	VYNDAQEL CAP	121
INHALER		VIJOICE TAB	190		
VERAPAMIL ER CAP,	116	VIJOICE TAB 250MG	190	W	
VERELAN CAP		viorele tab, kariva tab	125	WAKIX TAB	3
				warfarin tab	32

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

ALPHABETICAL LISTING OF DRUGS

WEGOVY INJ	2	XCOPRI TAB 50MG,	40	XTAMPZA ER CAP	16
WEGOVY INJ	2	100MG		XYZBAC TAB	150
1.7MG/0.75ML		XCOPRI TITRATION PAK	40	Z	
WEGOVY INJ	2	12.5-25MG		zafemy patch	125
2.4MG/0.75ML		XCOPRI TITRATION PAK	40	zafirlukast tab	27
WELIREG TAB	84	150-200MG		zaleplon cap	177
WELLBUTRIN SR TAB	43	XCOPRI TITRATION PAK	40	ZANAFLEX TAB	196
WELLBUTRIN XL TAB	43	50-100MG		ZANOSAR INJ	80
wymzya FE tab	125	XDEMVI OPTH SOLN	204	ZARONTIN CAP	42
X		XELJANZ SOLN	6	ZARONTIN SOLN	42
XACIATO GEL	236	XELJANZ TAB	6	ZARXIO INJ	173
XADAGO TAB	97	XELJANZ XR TAB	6	ZAVZPRET NASAL	185
XALATAN OPTH SOLN	211	XEMBIFY INJ	213	SPRAY	
XALKORI CAP	93	XENLETA TAB	76	ZEGALOGUE INJ	51
XALKORI SPRINKLE	94	XIFAXAN TAB 200MG	73	ZEGERID CAP OTC	230
CAP		XIFAXAN TAB 550MG	73	ZEJULA CAP	94
XAQUIL XR TAB	150	XIGDUO XR TAB	49	ZEJULA TAB	94
XARELTO STARTER	33	XIGDUO XR TAB	49	ZELAPAR ODT	97
PACK		10-1000MG		ZELBORAF TAB	94
XARELTO SUSP	33	XIGDUO XR TAB	49	ZEMPLAR CAP	158
XARELTO TAB	33	2.5-1000MG, 5-1000MG		ZEPBOUND INJ	3
XCOPRI PAK	40	XIGDUO XR TAB	49	ZEPOSIA CAP	220
100-150MG		5-500MG, 10-500MG,		ZEPOSIA STARTER PACK	220
XCOPRI PAK	40	10-1000MG		ZESTORETIC TAB	72
150-200MG		XOPENEX NEB SOLN	32	ZETONNA NASAL SPRA	198
XCOPRI PAK 50-200MG	40	XOSPATA TAB	94	ZIAC TAB	72
XCOPRI TAB 150MG,	40	XPHOZAH TAB	158	zidovudine cap	107
200MG		XPOVIO PAK	85	zidovudine syrup	107

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ALPHABETICAL LISTING OF DRUGS

zidovudine tab	107	ZUTRIPRO LIQUID	132
ZIMHI SOLN	57	ZYDELIG TAB	94
ziprasidone cap	99	ZYKADIA CAP	94
ZIRGAN OPHTH GEL	204	ZYKADIA TAB	94
ZITHROMAX POWDER	179	ZYLET OPHTH SUSP	208
PACK		ZYLOPRIM TAB	169
ZITHROMAX SUSP	179	ZYMAXID OPHTH SOLN	204
ZITHROMAX TAB	179	ZYPREXA TAB	101
ZOCOR TAB	65	ZYPREXA ZYDIS TAB	101
ZOFRAN ODT	58	ZYRTEC CHILD CHEW	61
ZOFRAN SOLN	58	TAB	
ZOFRAN TAB	58	ZYVOX SUSP	76
ZOKINVY CAP	190	ZYVOX TAB	76
ZOLINZA CAP	94		
zolmitriptan tab	186		
ZOLOFT CONC	45		
ZOLOFT TAB	45		
zolpidem ER tab	177		
zolpidem tab	175		
ZONEGRAN CAP	39		
ZONISADE SUSP	39		
zonisamide cap	39		
ZONTIVITY TAB	171		
ZORYVE CREAM	139		
ZOVIRAX CAP	110		
ZOVIRAX SUSP	110		
ZOVIRAX TAB	110		
ZTALMY SUSP	40		

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