



L.A. Care
HEALTH PLAN®

L.A. Care Covered *Direct*TM
Formulary



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

INTRODUCTION

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 monthly, updated documents are available online at: <http://www.lacare.org>.

How to Use the Formulary

The formulary drug listing begins on Page 4. 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.

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 3.

Non-Formulary Medications

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

A prescriber may request an exception to coverage for a non-formulary drug if the prescriber determines that there is a documented medical need. This type of request for coverage may be made using the 'Medication Request Process' described on Page 3.

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.

The formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. Any specific questions regarding their coverage should be directed to L.A. Care Health Plan Member Services at 1-888-839-9909 (TTY: 711).

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
SP	Specialty Pharmacy Availability	Drug is considered a specialty drug and is available through the specialty pharmacy vendor, however they are not restricted to a specific pharmacy
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
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

Please refer to the formulary listing beginning on Page 4 for details regarding specific agents.

Medication Request Process

Formulary Agents

- A. Prior Authorization (PA): These drugs require approval prior to being dispensed at a network pharmacy. Requests are reviewed with specific Prior Authorization guidelines. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the 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. Approval will be given if a documented medical need exists.

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.

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

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 e-mail to PharmacyandFormulary@lacare.org.

Search Tip:

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

L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Alphabetical Index
Last Updated 2/1/2020

Drug Name	Special Code	Tier	Category
8-MOP CAP	KMSP	2	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	-	4	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	4	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	4	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	4	ANTIVIRALS
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY SOLN	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	KMSP-PA-QL-SF	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTI-DIABETICS
ACCOLATE TAB	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
ACCUNEB NEB SOLN	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ACCUPRIL TAB	-	3	ANTI-HYPERTENSIVES
ACCURETIC TAB	-	3	ANTI-HYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACEON TAB	-	NC	ANTI-HYPERTENSIVES
acetaminophen/cafeine/dihydrocodeine tab (PANLOR SS equiv)	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine soln (QL=240ml/30 days)	QL	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL=180 tabs/30 days)	QL	1	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	3	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1	DIURETICS
acetazolamide tab	-	1	DIURETICS

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

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

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acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	2	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC CS
ACIPHEX TAB	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv)	KMSP	4	DERMATOLOGICALS
ACLOVATE CREAM	-	3	DERMATOLOGICALS
ACLOVATE OINT	-	3	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIGALL CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE (QL= 120 units/30 days)	PA-QL	3	ANALGESICS - OPIOID
ACTIVELLA TAB	-	3	ESTROGENS
ACTONEL TAB (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACTOS TAB	-	3	ANTIDIABETICS
ACULAR (LS) OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	1	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ACZONE GEL 7.5%, DAPSONE GEL 7.5%	-	NC	DERMATOLOGICALS
ADAGEN INJ	M	M	BIOLOGICALS MISC
ADALAT CC TAB	-	3	CALCIUM CHANNEL BLOCKERS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
ADAPALENE LOTION	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDERALL TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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

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ADDERALL XR CAP	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	KMSP	4	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ADIPEX-P CAP	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADIPEX-P TAB	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADMELOG INJ, INSULIN LISPRO INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
ADOXA PAK	-	NC	TETRACYCLINES
ADOXA TAB	-	3	TETRACYCLINES
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADVAIR DISKUS INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADZENYS ER SUSP, AMPHETAMINE ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	2	MEDICAL DEVICES AND SUPPLIES
AEROSPAN HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB 10MG (QL= 1 tab/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB 2.5MG, 5MG, 7.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AGGRENOX CAP	-	3	HEMATOLOGICAL AGENTS - MISC.
AGRYLIN CAP	-	3	HEMATOLOGICAL AGENTS - MISC.
AIMOVIK INJ	-	NC	MIGRAINE PRODUCTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ	-	NC	MIGRAINE PRODUCTS
AKLIEF CREAM	-	NC	DERMATOLOGICALS
AKNE-MYCIN OINT	-	3	DERMATOLOGICALS

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AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
ALA SCALP LOTION	-	NC	DERMATOLOGICALS
ALAMAST OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALBATUSIN LIQUID	-	3	COUGH/COLD/ALLERGY
albendazole tab (ALBENZA equiv)	-	1	ANTHELMINTICS
ALBENZA TAB	-	3	ANTHELMINTICS
ALBUTEROL HFA INHALER, PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALCAINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
alclometasone cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	1	DERMATOLOGICALS
ALCOHOL SWABS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL	-	NC	DERMATOLOGICALS
ALDACTAZIDE TAB	-	3	DIURETICS
ALDACTAZIDE TAB 50-50MG	-	3	DIURETICS
ALDACTONE TAB	-	3	DIURETICS
ALDARA CREAM	-	3	DERMATOLOGICALS
ALDURAZYME INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALENDRONATE SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ	KMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	3	ANTIHYPERTENSIVES
ALKERAN TAB	KMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALLEGRA ODT	OTC	EXC	ANTIHISTAMINES
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS

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ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOGLIPTIN TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	2	OPHTHALMIC AGENTS
ALPHAGAN P OPHTH SOLN 0.15%	-	3	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	NC	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	NC	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv) (QL= 5 tabs/day)	QL	1	ANTIANKXIETY AGENTS
ALREX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTACE CAP	-	3	ANTIHYPERTENSIVES
ALTACE TAB	-	3	ANTIHYPERTENSIVES
ALTOPREV TAB	-	3	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
aluminum chloride soln (DRYSOL equiv)	-	1	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine tab	-	1	ANTIPARKINSON AGENTS
AMARYL TAB	-	3	ANTIDIABETICS
AMBIEN CR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
AMBIEN TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
AMCINONIDE OINT	-	NC	DERMATOLOGICALS
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
AMICAR SOLN	-	3	HEMOSTATICS
AMICAR SYRUP	-	3	HEMOSTATICS
AMICAR TAB	-	3	HEMOSTATICS

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

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Drug Name	Special Code	Tier	Category
amikacin inj (KANAMYCIN equiv)	M	M	AMINOGLYCOSIDES
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid syrup (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	1	HEMOSTATICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	PA	3	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	1	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	1	ANTIHYPERTENSIVES
AMMONIUM CHLORIDE INJ	M	M	MINERALS & ELECTROLYTES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv)	-	1	DERMATOLOGICALS
AMOXAPINE TAB	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab 250-125mg (AUGMENTIN equiv)	-	NC	PENICILLINS
amoxicillin/clavulanate tab 500-125mg, 875-125mg (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
AMPICILLIN CAP	-	1	PENICILLINS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin/sulbactam inj	M	M	PENICILLINS
AMPYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
AMTURNIDE TAB	-	3	ANTIHYPERTENSIVES
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
ANADROL TAB	-	3	ANDROGENS-ANABOLIC

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ANAFRANIL CAP	-	3	ANTIDEPRESSANTS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	NC	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AGENTS
ANAPROX TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ANASPAZ ODT	-	3	ULCER DRUGS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANCOBON CAP	-	3	ANTIFUNGALS
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROID CAP, TESTRED CAP	PA	3	ANDROGENS-ANABOLIC
ANDROXY TAB	-	2	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	3	ESTROGENS
ANNOVERA RING	-	NC	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA CAP	-	NC	ANTIHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANUSOL-HC CREAM	-	3	ANORECTAL AGENTS
ANUSOL-HC SUPP	-	NC	ANORECTAL AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL-SP	4	ANTIEMETICS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ (Step Therapy requires trial of NOVLOG)	ST	3	ANTIDIABETICS
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVLOG)	ST	3	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	4	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	1	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	1	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	1	ANTIEMETICS
apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	4	ANTIVIRALS
APTIVUS SOLN	-	4	ANTIVIRALS
ARAKODA TAB	-	NC	ANTIMALARIALS

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ARALEN TAB	-	3	ANTIMALARIALS
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	KMSP-ST	4	HEMATOPOIETIC AGENTS
ARAVA TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ARICEPT ODT (QL= 1 tab/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB (QL= 2 tabs/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIKAYCE SUSP	-	NC	AMINOGLYCOSIDES
ARIMIDEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	PA	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARIXTRA INJ	PA	3	ANTICOAGULANTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ARMONAIR RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AROMASIN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARTHROTEC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASMANEX HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	NC	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT TAB	-	NC	ANTIHYPERTENSIVES
ATACAND TAB	-	NC	ANTIHYPERTENSIVES

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atazanavir cap (REYATAZ equiv)	-	4	ANTIVIRALS
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
ATIVAN TAB	-	3	ANTIANKXIETY AGENTS
atomoxetine cap (STRATTERA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRALIN GEL, RETIN-A GEL	PA	3	DERMATOLOGICALS
ATRIPLA TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROPINE SULFATE OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ATROVENT NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
AUBAGIO TAB	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN ES-600 SUSP	-	3	PENICILLINS
AUGMENTIN SUSP	-	3	PENICILLINS
AUGMENTIN TAB	-	3	PENICILLINS
AUGMENTIN TAB 250-125MG	-	NC	PENICILLINS
AUGMENTIN XR TAB	-	3	PENICILLINS
AURYXIA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ	-	NC	VASOPRESSORS
AVALIDE TAB	-	3	ANTIHYPERTENSIVES
AVANDAMET TAB	-	2	ANTIDIABETICS
AVANDARYL TAB	-	2	ANTIDIABETICS
AVANDIA TAB	-	2	ANTIDIABETICS
AVAPRO TAB	-	3	ANTIHYPERTENSIVES
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	NC	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVC VAGINAL CREAM	-	2	VAGINAL PRODUCTS
AVELOX TAB	-	3	FLUOROQUINOLONES
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AVINZA CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID
AVODART CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS

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AXID CAP	-	NC	ULCER DRUGS
AXIRON SOLN (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
AYGESTIN TAB	-	3	PROGESTINS
AYVAKIT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASAN TAB	-	NC	ASSORTED CLASSES
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	1	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCO TAB	-	NC	MULTIVITAMINS
AZILECT TAB	-	3	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP	-	2	OPHTHALMIC AGENTS
AZOR TAB	-	3	ANTIHYPERTENSIVES
AZULFIDINE EN TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AZULFIDINE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen tab 10mg, 20mg	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTRIM DS TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BACTROBAN OINT	-	3	DERMATOLOGICALS
BALCOLTRA TAB	-	NC	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	2	ANTICONVULSANTS
BANZEL TAB	PA	2	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUDE SOLN	-	NC	ANTIVIRALS
BARACLUDE TAB	-	NC	ANTIVIRALS
BASAGLAR INJ	-	2	ANTIDIABETICS
BAXDELA TAB	-	NC	FLUOROQUINOLONES
B-D AUTOSHIELD DUO PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES

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B-D INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
B-D INSULIN SYRINGE U-500	-	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC CS
BELSOMRA TAB	-	NC	HYPNOTICS
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	3	ANTIHYPERTENSIVES
BENICAR TAB	-	NC	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
BENTYL CAP	-	3	ULCER DRUGS
BENTYL SYRUP	-	3	ULCER DRUGS
BENTYL TAB	-	3	ULCER DRUGS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZACLIN GEL	-	3	DERMATOLOGICALS
BENZAMYCIN GEL	-	3	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB	PA	2	ANTHELMINTICS
benzonatate cap 100mg, 200mg (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
benztropine tab	-	1	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BERINERT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BETAGAN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETAPACE AF TAB	-	3	BETA BLOCKERS
BETAPACE TAB	-	3	BETA BLOCKERS
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol ophth soln (BETOPTIC-S equiv)	-	NC	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	NC	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv)	KMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEYAZ TAB	-	NC	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
BIAXIN SUSP	-	3	MACROLIDES
BIAXIN TAB	-	3	MACROLIDES
BIAXIN XL TAB	-	3	MACROLIDES
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB (QL= 1 tab/ day)	QL	4	ANTIVIRALS
BILTRICIDE TAB	-	3	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPH-10 OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BLEPHAMIDE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
BONIVA TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB	KMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAVELLE INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	1	OPHTHALMIC AGENTS

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brimonidine ophth soln 0.2%	-	1	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	1	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	1	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BRONCOPECTOL SYRUP	-	3	COUGH/COLD/ALLERGY
BROVANA NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROVEX PEB LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
BRUKINSA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC	DERMATOLOGICALS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	1	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv)	-	1	CORTICOSTEROIDS
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
BUPHENYL POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	1	ANALGESICS - OPIOID
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	3	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv)	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
BUSPAR TAB	-	3	ANTIANKXIETY AGENTS
bupirone tab (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
bupirone tab 30mg (BUSPAR equiv)	-	NC	ANTIANKXIETY AGENTS
busulfan inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUSULFEX INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC

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BUTISOL ELIXIR	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
BUTISOL TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	1	ANALGESICS - OPIOID
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days)	QL	3	ANTIDIABETICS
BYSTOLIC TAB	-	2	BETA BLOCKERS
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CADUET TAB	-	3	CARDIOVASCULAR AGENTS - MISC.
CAFICIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
caffeine citrate soln (CAFICIT equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CALAN SR TAB	-	3	CALCIUM CHANNEL BLOCKERS
CALAN TAB	-	3	CALCIUM CHANNEL BLOCKERS
calcipotriene cream (DOVONEX CREAM equiv)	-	1	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	1	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	1	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	1	DERMATOLOGICALS
CALCIPOTRIENE/BETAMETHASONE SUSP, TACLONEX SCALP SUSP	-	3	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	LMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	LMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	3	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC	MIGRAINE PRODUCTS
CAMPRAL TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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candesartan tab (ATACAND equiv)	-	NC	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
CANTIL TAB	-	3	ULCER DRUGS
capecitabine tab (XELODA equiv)	KMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	3	DERMATOLOGICALS
CAPITAL/CODEINE SUSP (QL=240ml/30 days)	QL	3	ANALGESICS - OPIOID
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC
CARAFATE TAB	-	3	ULCER DRUGS
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
CARBATROL CAP	-	3	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbinoxamine soln (PALGIC equiv)	-	1	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	1	ANTIHISTAMINES
CARDENE SR CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM CD CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM LA TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA TAB	-	3	ANTIHYPERTENSIVES
CARDURA XL TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
carisoprodol tab (SOMA equiv) (QL=120 tabs/30 days)	QL	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CARMOL-HC CREAM	-	3	DERMATOLOGICALS
CARNITOR SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CARNITOR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.

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CAROSPIR SUSP	-	NC	DIURETICS
CARTEOLOL OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	NC	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	1	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CASODEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CATAFLAM TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
CATAPRES TAB	-	3	ANTIHYPERTENSIVES
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAVERJECT INJ (QL= 6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN	KMSP-RS	4	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP	-	3	CEPHALOSPORINS
ceftazidime cap (CECLOR equiv)	-	1	CEPHALOSPORINS
CEFAZOLIN ER TAB	-	3	CEPHALOSPORINS
CEFAZOLIN SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	NC	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	NC	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	NC	CEPHALOSPORINS
cefazolin inj	M	M	CEPHALOSPORINS
CEFAZOLIN INJ	M	M	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	1	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	1	CEPHALOSPORINS
CEFOTAXIME INJ	M	M	CEPHALOSPORINS
cefotaxime inj (CLAFORAN equiv)	M	M	CEPHALOSPORINS
cefoxitin inj	M	M	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	1	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	NC	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	NC	CEPHALOSPORINS
CEFTIN SUSP	-	3	CEPHALOSPORINS
CEFTIN TAB	-	3	CEPHALOSPORINS
ceftriaxone inj	M	M	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP (QL= 2 caps/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
CELEXA SOLN	-	3	ANTIDEPRESSANTS
CELEXA TAB	-	3	ANTIDEPRESSANTS
CELLCEPT CAP	-	NC	ASSORTED CLASSES
CELLCEPT SUSP	-	NC	ASSORTED CLASSES
CELLCEPT TAB	-	NC	ASSORTED CLASSES
CELONTIN CAP	-	2	ANTICONSULTANTS
CENESTIN TAB	-	3	ESTROGENS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS

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cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CERDELGA CAP	MSP-PA	4	HEMATOPOIETIC AGENTS
CEREZYME INJ	M	M	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
CETROTIDE INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANKXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CHLORPROPAMIDE TAB	-	1	ANTIDIABETICS
chlorpropamide tab (DIABINESE equiv)	-	1	ANTIDIABETICS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOAZONE TAB 500MG	-	2	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol cap 50000 unit	OTC	1	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
CHROMAGEN FA TAB	-	3	HEMATOPOIETIC AGENTS
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1	DERMATOLOGICALS

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ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	3	OPHTHALMIC AGENTS
CILOXAN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CIMDUO TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
CIMETIDINE SOLN	-	NC	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	NC	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	LMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRO SUSP 5%	-	3	FLUOROQUINOLONES
CIPRO TAB	-	3	FLUOROQUINOLONES
CIPRO XR TAB	-	3	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	2	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
CIPROFLOXACIN ER TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CLARIFOAM EF FOAM	-	NC	DERMATOLOGICALS
CLARINEX REDITAB	-	EXC	ANTIHISTAMINES
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
clarithromycin ER tab (BIAXIN XL equiv)	-	1	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES
CLARITHROMYCIN SUSP	-	2	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
demastine syrup (TAVIST equiv)	-	1	ANTIHISTAMINES
CLEMASTINE TAB	-	NC	ANTIHISTAMINES
demastine tab (TAVIST equiv)	-	NC	ANTIHISTAMINES
CLENPIQ SOLN	-	2	LAXATIVES
CLEOCIN CAP	-	3	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLEOCIN-T GEL	-	3	DERMATOLOGICALS
CLEOCIN-T LOTION	-	3	DERMATOLOGICALS
CLEOCIN-T PAD	-	3	DERMATOLOGICALS
CLEOCIN-T SOLN	-	3	DERMATOLOGICALS
CLIMARA PATCH	-	3	ESTROGENS
CLIMARA PRO PATCH	-	3	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS

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CLINDAGEL	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	1	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	1	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	1	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
CLINORIL TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
clobazam susp (ONFI equiv)	-	NC	ANTICONSULSANTS
clobazam tab (ONFI equiv)	PA	1	ANTICONSULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	PA	1	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	PA	1	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	PA	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	PA	1	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	PA	1	DERMATOLOGICALS
CLOBEX LOTION	PA	3	DERMATOLOGICALS
CLOBEX SHAMPOO	PA	3	DERMATOLOGICALS
CLOBEX SPRAY	PA	3	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	3	DERMATOLOGICALS
CLODERM CREAM	-	3	DERMATOLOGICALS
CLOMIPHENE CITRATE POWDER	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE CITRATE TAB	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomiphene citrate tab (CLOMID equiv)	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	1	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	1	ANTICONSULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONSULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	1	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	NC	ANTIAXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS

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clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	1	DERMATOLOGICALS
CLOZAPINE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT 12.5MG	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZARIL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COARTEM TAB	-	3	ANTIMALARIALS
CODEINE SULFATE SOLN	-	NC	ANALGESICS - OPIOID
codeine sulfate tab 60mg (QL=180 tabs/30 days)	QL	1	ANALGESICS - OPIOID
codeine sulfate tablet 15mg, 30mg (QL= 240 tabs/30 days)	QL	1	ANALGESICS - OPIOID
COLAZAL CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	PA	1	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	1	ANTIHYPERTENSIVES
colesevelam tab (WELCHOL equiv)	-	1	ANTIHYPERTENSIVES
COLESTID GRANULE	-	3	ANTIHYPERTENSIVES
COLESTID POWDER PACK	-	3	ANTIHYPERTENSIVES
COLESTID TAB	-	3	ANTIHYPERTENSIVES
colestipol granule (COLESTID equiv)	-	1	ANTIHYPERTENSIVES
colestipol powder packet (COLESTID equiv)	-	1	ANTIHYPERTENSIVES
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERTENSIVES
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COLYTE SOLN	-	2	LAXATIVES
COMBIGAN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
COMBIVIR TAB	-	NC	ANTIVIRALS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
COMTAN TAB	-	3	ANTIPARKINSON AGENTS
CONCEPT DHA CAP	-	3	MULTIVITAMINS
CONCEPTROL GEL	OTC	\$0	VAGINAL PRODUCTS
CONCERTA TAB, RITALIN SR TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONDYLOX SOLN	-	3	DERMATOLOGICALS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS

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CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
COPAXONE INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPEGUS TAB	KMSP	4	ANTIVIRALS
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDARONE TAB	-	3	ANTIARRHYTHMICS
CORDRAN CREAM	-	NC	DERMATOLOGICALS
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN LOTION	-	NC	DERMATOLOGICALS
CORDRAN OINT	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
COREG CR CAP	-	3	BETA BLOCKERS
COREG TAB	-	3	BETA BLOCKERS
CORGARD TAB	-	3	BETA BLOCKERS
CORLANOR SOLN	-	NC	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B AQUEOUS OTIC SOLN	-	3	OTIC AGENTS
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	3	CORTICOSTEROIDS
CORTENEMA	-	3	ANORECTAL AGENTS
CORTIFOAM	-	NC	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORTISPORIN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CORTISPORIN OTIC SOLN	-	3	OTIC AGENTS
CORZIDE TAB	-	3	ANTIHYPERTENSIVES
CORZIDE TAB 80-5MG	-	3	ANTIHYPERTENSIVES
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
COSOPT OPHTH SOLN	-	3	OPHTHALMIC AGENTS
COSOPT PF OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
COUMADIN TAB	-	3	ANTICOAGULANTS
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
COZAAR TAB	-	3	ANTIHYPERTENSIVES
CPM CAP	-	3	ANTIHISTAMINES
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB (QL= 1 tab/day)	QL	3	ANTIHYPERLIPIDEMICS
CRESTOR TAB 20MG (QL= 1.5 tabs/day)	QL	3	ANTIHYPERLIPIDEMICS
CRESYLATE OTIC SOLN	-	3	OTIC AGENTS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIXIVAN CAP	-	4	ANTIVIRALS
CROLOM OPHTH SOLN	-	3	OPHTHALMIC AGENTS

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cromolyn conc (GASTROCROM equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
CROTAN LOTION	-	3	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CUPRIMINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG SOLN	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE CREAM	-	3	DERMATOLOGICALS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUTIVATE OINT	-	3	DERMATOLOGICALS
CUVOSA SOLN	MSP	4	ULCER DRUGS
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
CYCLESSA TAB	-	3	CONTRACEPTIVES
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE equiv)	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	4	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	4	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	4	ASSORTED CLASSES
CYCLOSPORINE OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYKLOKAPRON INJ	M	M	HEMOSTATICS
CYMBALTA CAP	-	NC	ANTIDEPRESSANTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	4	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	OPHTHALMIC AGENTS
CYTOMEL TAB	-	3	THYROID AGENTS
CYTOTEC TAB	-	3	ULCER DRUGS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	NC	MIGRAINE PRODUCTS
DAKLINZA TAB	-	NC	ANTIVIRALS

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dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	1	ANDROGENS-ANABOLIC
DANTRIUM CAP	-	3	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	PA	1	URINARY ANTISPASMODICS
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAXBIA CAP	-	NC	CEPHALOSPORINS
DAYPRO TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
DAYTRANA PATCH	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//ANOREXIANTS
DAZIDOX TAB (QL=120 tabs/30 days)	QL	3	ANALGESICS - OPIOID
DDAVP INJ	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	-	NC	MOUTH/THROAT/DENTAL AGENTS
DECON-A ELIXIR	-	EXC	COUGH/COLD/ALLERGY
DECON-A LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
deferasirox tab (EXJADE equiv)	LMSP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	KMSP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
DELSTRIGO TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
DEMADEX TAB	-	3	DIURETICS
demeclocycline tab (DECLOMYCIN equiv)	-	1	TETRACYCLINES
DEMEROL TAB (QL=120 tabs/30 days)	QL	3	ANALGESICS - OPIOID
DENAVIR CREAM	-	2	DERMATOLOGICALS
DEPACON INJ	-	NC	ANTICONSULTANTS
DEPAKENE CAP	-	3	ANTICONSULTANTS
DEPAKENE SYRUP	-	3	ANTICONSULTANTS
DEPAKOTE ER TAB	-	3	ANTICONSULTANTS
DEPAKOTE SPRINKLE CAP	-	3	ANTICONSULTANTS
DEPAKOTE TAB	-	3	ANTICONSULTANTS
DEPEN TITRATAB	-	3	MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	EXC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG	-	EXC	CONTRACEPTIVES
DEPO-TESTOSTERONE INJ	-	3	ANDROGENS-ANABOLIC
DERMACINRX KIT	-	NC	DERMATOLOGICALS

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DERMA-SMOOTH/FS OIL	-	3	DERMATOLOGICALS
DERMATOP CREAM	-	3	DERMATOLOGICALS
DERMATOP OINT	-	3	DERMATOLOGICALS
DERMOTIC OIL	-	3	OTIC AGENTS
DESCOVY TAB	PA	4	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	1	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESOGEN TAB	-	3	CONTRACEPTIVES
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide lotion	-	NC	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	NC	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	1	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	1	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	1	DERMATOLOGICALS
DESOXYN TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
desvenlafaxine ER tab (PRISTIQ equiv)	-	1	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DETROL LA CAP	-	3	URINARY ANTISPASMODICS
DETROL TAB	-	3	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln	-	1	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
dexamethasone soln	-	1	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXCOM G6 RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER	-	NC	MEDICAL DEVICES AND SUPPLIES
DEXEDRINE CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXILANT CAP	-	NC	ULCER DRUGS

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dexamethylphenidate ER cap (FOCALIN XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexamethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DIABETA TAB	-	3	ANTIDIABETICS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	4	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	4	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvit tab (NEPHRO-VITE equiv)	-	NC	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAMOX SEQUEL CAP	-	3	DIURETICS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 5 inj/30 days)	QL	2	ANTICONVULSANTS
DIATZ ZN TAB	-	3	MULTIVITAMINS
diazepam conc (VALIUM equiv) (QL= 180ml/30 days)	QL	1	ANTIAXIETY AGENTS
DIAZEPAM SOLN (QL= 180ml/30 days)	QL	1	ANTIAXIETY AGENTS
diazepam tab 2mg, 10mg (VALIUM equiv) (QL= 4 tabs/day)	QL	1	ANTIAXIETY AGENTS
diazepam tab 5mg (VALIUM equiv) (QL= 3 tabs/day)	QL	1	ANTIAXIETY AGENTS
DIBENZYLIN CAP	KMSP	3	ANTIHYPERTENSIVES
DICLEGIS TAB	-	NC	ANTIEMETICS
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	1	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	4	ANTIVIRALS
DIFFERIN CREAM	PA	3	DERMATOLOGICALS
DIFFERIN GEL	PA	3	DERMATOLOGICALS
DIFFERIN LOTION	-	NC	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1%	OTC	NC	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	2	MACROLIDES

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DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
DIFLUCAN SUSP	-	3	ANTIFUNGALS
DIFLUCAN TAB	-	3	ANTIFUNGALS
diffunisal tab (DOLOBID equiv)	-	NC	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
DILACOR XR CAP	-	3	CALCIUM CHANNEL BLOCKERS
DILANTIN CAP 100MG	-	3	ANTICONVULSANTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
DILANTIN INFATABS	-	3	ANTICONVULSANTS
DILANTIN SUSP	-	3	ANTICONVULSANTS
DILATRATE SR CAP	-	3	ANTIANGINAL AGENTS
DILAUDID TAB 2MG (QL= 240 tabs/30 days)	QL	3	ANALGESICS - OPIOID
DILAUDID TAB 4MG (QL=180 tabs/30 days)	QL	3	ANALGESICS - OPIOID
DILAUDID TAB 8MG (QL=120 tabs/30 days)	QL	3	ANALGESICS - OPIOID
DILTIAZEM CAP	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
DIOVAN HCT TAB	-	3	ANTIHYPERTENSIVES
DIOVAN TAB	-	3	ANTIHYPERTENSIVES
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
diphenhydramine inj (BENADRYL equiv)	-	M	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPROLENE AF CREAM	-	3	DERMATOLOGICALS
DIPROLENE LOTION	-	3	DERMATOLOGICALS
DIPROLENE OINT	-	3	DERMATOLOGICALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	NC	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DITROPAN XL TAB	-	3	URINARY ANTISPASMODICS
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL GEL, ELESTRIN GEL	-	3	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	1	ANTIARRHYTHMICS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOLOPHINE TAB (QL=120 tabs/30 days)	QL	3	ANALGESICS - OPIOID
DOMETUSS-DMX LIQ	-	NC	COUGH/COLD/ALLERGY

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donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC	ULCER DRUGS
DONNATAL EXTENTABS	-	2	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTELET TAB (QL= 2 tabs/day)	KMSP-PA-QL	4	HEMATOPOIETIC AGENTS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DORIBAX INJ	M	M	ANTI-INFECTIVE AGENTS - MISC.
DORIPENEM INJ	M	M	ANTI-INFECTIVE AGENTS - MISC.
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB	-	3	TETRACYCLINES
DORYX TAB 200MG	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol pf ophth soln	-	NC	OPHTHALMIC AGENTS
DOVATO TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
DOVONEX CREAM	-	3	DERMATOLOGICALS
DOVONEX SOLN	-	3	DERMATOLOGICALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
doxercalciferol cap (HECTOROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
DOXYCYCLINE HYCLATE DR CAP	-	3	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC	ANTIEMETICS
D-PENAMINE TAB	-	2	ASSORTED CLASSES
DRISDOL CAP	-	3	VITAMINS
DRITHO-SCALP CREAM	-	3	DERMATOLOGICALS
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS

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dronabinol cap (MARINOL equiv)	PA	1	ANTIEMETICS
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DST PLUS PAK KIT	-	NC	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAC CS KIT	-	3	DERMATOLOGICALS
DUAC GEL	-	3	DERMATOLOGICALS
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUAVEE TAB	-	NC	ESTROGENS
DUETACT TAB	-	NC	ANTIDIABETICS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUONEB NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
DURAGESIC PATCH (QL=10 patches/30 days)	QL	3	ANALGESICS - OPIOID
DUREZOL OPHTH EMULSION	-	2	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUZALLO TAB	-	NC	GOUT AGENTS
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYAZIDE CAP	-	3	DIURETICS
DYMISTA NASAL SPRAY	PA	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIN TAB	-	3	TETRACYCLINES
DYNACIRC CR TAB	-	3	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	NC	DIURETICS
econazole cream (SPECTAZOLE equiv)	-	1	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	3	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	3	ANTIHYPERTENSIVES
EDECRIN TAB	-	3	DIURETICS
EDEX INJ (QL= 6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
EDURANT TAB	-	4	ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	4	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	4	ANTIVIRALS
EFFEXOR TAB	-	3	ANTIDEPRESSANTS
EFFEXOR XR CAP	-	3	ANTIDEPRESSANTS

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EFFIENT TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
EFUDEX CREAM	-	3	DERMATOLOGICALS
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELDEPYRL CAP	-	3	ANTIPARKINSON AGENTS
ELESTAT OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ELIDEL CREAM (Covered for members 2 years or older)	-	3	DERMATOLOGICALS
ELIGEN B12 TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIMITE CREAM	-	3	DERMATOLOGICALS
ELIPHOS TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCON CREAM	-	3	DERMATOLOGICALS
ELOCON OINT	-	3	DERMATOLOGICALS
ELOCON SOLN	-	3	DERMATOLOGICALS
eluryng vaginal ring (NUVARING equiv)	-	NC	CONTRACEPTIVES
EMADINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	NC	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ	-	NC	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML	-	NC	MIGRAINE PRODUCTS
EMLA CREAM	-	3	DERMATOLOGICALS
EMSAM PATCH	-	3	ANTIDEPRESSANTS
EMTRIVA CAP	-	4	ANTIVIRALS
EMTRIVA SOLN	-	4	ANTIVIRALS
EMVERM TAB	PA	2	ANTHELMINTICS
ENABLEX TAB	PA	3	URINARY ANTISPASMODICS
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENJU VIA TAB	-	3	ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	1	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
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Drug Name	Special Code	Tier	Category
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	1	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	KMSP-QL	4	ANTIVIRALS
ENTRESTO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ENVARUSUS XR TAB	-	NC	ASSORTED CLASSES
EPANED PREMIXED SOLN	PA	3	ANTIHYPERTENSIVES
EPANED SOLN	PA	3	ANTIHYPERTENSIVES
EPCLUSA TAB	-	NC	ANTIVIRALS
EPICERAM EMULSION	-	NC	DERMATOLOGICALS
EPIDIOLEX SOLN	-	NC	ANTICONVULSANTS
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	PA	3	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	1	OPHTHALMIC AGENTS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIVIR HBV SOLN	-	4	ANTIVIRALS
EPIVIR HBV TAB	-	NC	ANTIVIRALS
EPIVIR SOLN	-	NC	ANTIVIRALS
EPIVIR TAB	-	NC	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	1	ANTIHYPERTENSIVES
EPOGEN INJ	KMSP	4	HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	NC	ANTIHYPERTENSIVES
EPZICOM TAB	-	NC	ANTIVIRALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ergoloid mesylates tab (HYDERGINE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOLOID MESYLATES TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	3	MIGRAINE PRODUCTS
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	1	MIGRAINE PRODUCTS
ERIVEDGE CAP	KMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	KMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv)	KMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ertapenem inj (INVANZ equiv)	M	M	ANTI-INFECTIVE AGENTS - MISC.
ERY PAD	-	1	DERMATOLOGICALS
ERYPED SUSP	-	NC	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	1	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
erythromycin stearate tab	-	1	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	1	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	NC	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	1	DERMATOLOGICALS
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	3	MULTIVITAMINS
escitalopram soln (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	-	NC	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE TAB	-	3	ESTROGENS
ESTRACE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	1	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	1	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1	ESTROGENS
ESTRASORB EMULSION	-	3	ESTROGENS
ESTRATEST TAB	-	NC	ESTROGENS
ESTRING	-	2	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
ESTROSTEP FE TAB	-	3	CONTRACEPTIVES
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ethacrynic tab (EDECIN equiv)	-	1	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	1	ANTICONSULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONSULSANTS
etidronate disodium tab 200mg (DIDRONEL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ETIDRONATE DISODIUM TAB 400MG	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	KMSP	4	ANTINEOPLASTICS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EURAX CREAM	-	2	DERMATOLOGICALS
EURAX LOTION	-	3	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
EVAMIST SPRAY	-	3	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
EVEKEO TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVISTA TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	4	ANTIVIRALS
EVOXAC CAP	-	3	MOUTH/THROAT/DENTAL AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	3	DERMATOLOGICALS
EXELON CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXELON PATCH (Step Therapy requires trial of rivastigmine cap)	ST	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB	-	3	ANTIHYPERTENSIVES
EXFORGE TAB	-	3	ANTIHYPERTENSIVES
EXJADE TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EXTAVIA INJ	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EZALLOR SPRINKLE CAP	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	1	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC	ANTIHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FABRAZYME INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	1	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	1	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	1	ULCER DRUGS
FAMVIR TAB	-	3	ANTIVIRALS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	3	ANTIMALARIALS
FARESTON TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB	-	NC	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FASENRA PEN INJ (QL= 1 inj/56 days)	KMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FAZACLO ODT 12.5MG, 25MG, 100MG	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	1	GOUT AGENTS
felbamate susp (FELBATOL equiv)	-	1	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	1	ANTICONVULSANTS
FELBATOL SUSP	-	3	ANTICONVULSANTS
FELBATOL TAB	-	3	ANTICONVULSANTS
FELDENE CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMARA TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEMCON FE CHEW TAB	-	3	CONTRACEPTIVES
FEMHRT TAB	-	3	ESTROGENS
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	1	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
FENOGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
fenoprofen calcium tab	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	1	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv) (QL=10 patches/30 days)	QL	1	ANALGESICS - OPIOID
fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
FERREX 28 TAB	-	3	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	ANTIDOTES
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS
FEXMID TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP INJ	-	2	ANTIDIABETICS
FIASP PENFILL INJ	-	2	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS

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FINACEA FOAM	-	2	DERMATOLOGICALS
FINACEA GEL	-	3	DERMATOLOGICALS
FINACEA PLUS KIT	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRAZYR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST ATENOLOL SOLN	-	NC	BETA BLOCKERS
FIRST BACLOFEN SUSP KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FIRST DUKES MOUTHWASH	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST MARYS MOUTHWASH	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST METOPROLOL ORAL SOLN	-	NC	BETA BLOCKERS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS
FIRVANQ SOLN	-	1	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL ER TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLEXERIL TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP	-	NC	ANTIHYPERLIPIDEMICS
FLOMAX CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	2	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	\$0	VACCINES
FLUBLOK INJ	VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ	VAC	\$0	VACCINES
FLUCELVAX INJ	VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUMADINE TAB	-	3	ANTIVIRALS
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0	VACCINES

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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Drug Name	Special Code	Tier	Category
FLUNISOLIDE NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	1	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	1	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	2	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	2	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab 60mg	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
FLUPHENAZINE TAB	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	1	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	1	ASTHMA AND BRONCHODILATOR AGENTS

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fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	NC	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	\$0	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	1	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ	VAC	\$0	VACCINES
FLUZONE QUADRIVALENT INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML LIQUIFLIM OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
FOCALIN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
FOCALIN XR CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLLISTIM AQ INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
folvite-d tab (GENICIN equiv)	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	PA	1	ANTICOAGULANTS
FORADIL AEROLIZER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTEO INJ	KMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTICAL NASAL SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	4	ANTIVIRALS
FOSCARNET INJ	M	M	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ	-	3	ANTICOAGULANTS

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FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	MIGRAINE PRODUCTS
FULPHILA INJ	KMSP	4	HEMATOPOIETIC AGENTS
FURADANTIN SUSP	-	NC	URINARY ANTI-INFECTIVES
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	-	4	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONVULSANTS
FYCOMPA SUSP	-	NC	ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONVULSANTS
GABITRIL TAB	-	3	ANTICONVULSANTS
GALAFOLD CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GAMASTAN INJ	M	M	PASSIVE IMMUNIZING AGENTS
GAMMAGARD INJ	M	M	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR CAP	-	4	ANTIVIRALS
GASTROCROM CONC	-	3	GASTROINTESTINAL AGENTS - MISC.
gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	1	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
gavilyte-h kit	-	NC	LAXATIVES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	NC	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERLIPIDEMICS

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GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	KMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	1	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB	-	4	ANTIVIRALS
GEODON CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP (QL= 1 cap/day)	LMSP-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredio 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GILTUSS LIQUID	-	3	COUGH/COLD/ALLERGY
GILTUSS TR TAB	-	3	COUGH/COLD/ALLERGY
glatiramer inj (COPAXONE equiv)	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN	-	NC	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ	-	NC	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCOPHAGE TAB	-	3	ANTIDIABETICS
GLUCOPHAGE XR TAB	-	3	ANTIDIABETICS
GLUCOTROL TAB	-	3	ANTIDIABETICS
GLUCOTROL XL TAB	-	3	ANTIDIABETICS
GLUCOVANCE TAB	-	3	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC
glycopyrrolate tab (ROBINUL equiv)	-	1	ULCER DRUGS

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GLYGEST PAK	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYNASE TAB	-	3	ANTIDIABETICS
GLYSET TAB	-	3	ANTIDIABETICS
GLYXAMBI TAB	-	NC	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY PACKET	-	1	LAXATIVES
GOLYTELY SOLN	-	NC	LAXATIVES
GONAL-F RFF INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
GORDON'S UREA OINT 40%	-	NC	DERMATOLOGICALS
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL-SP	4	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL-SP	4	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
GRIFULVIN V TAB	-	3	ANTIFUNGALS
griseofulvin micro tab (GRIFULVIN V equiv)	-	1	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	1	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	1	ANTIFUNGALS
GRIS-PEG TAB	-	3	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
guaifenesin/codeine soln (BRONTEX equiv)	OTC	1	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	3	ANTIHYPERTENSIVES
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//ANOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GYNAZOLE CREAM	-	NC	VAGINAL PRODUCTS
HAEGARDA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALCION TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HALFLYTELY BOWEL PREP KIT	-	NC	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	PA	1	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI TAB	-	NC	ANTIVIRALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS

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HECTOROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	LMSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	M	M	ANTICOAGULANTS
HEPSERA TAB	-	NC	ANTIVIRALS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HEXALEN CAP	KMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIPREX TAB	-	3	URINARY ANTI-INFECTIVES
HIZENTRA INJ	KMSP	3	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ (Step Therapy requires trial of NOVLOG)	ST	3	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ (Step Therapy requires trial of NOVLOG)	ST	3	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCAMTIN CAP	KMSP-PA	4	ANTINEOPLASTICS
HYCET SOLN (QL=1800ml/30 days)	QL	3	ANALGESICS - OPIOID
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCODAN SYRUP	-	3	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
HYDREA CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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Drug Name	Special Code	Tier	Category
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL=1800ml/30 days)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv) (QL=120 tabs/30 days)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL=120 tabs/30 days)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	1	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	QL	1	COUGH/COLD/ALLERGY
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv) (QL= 120 tabs/30 days)	QL	1	ANALGESICS - OPIOID
hydrocortisone 1% in abso ointment	-	NC	DERMATOLOGICALS
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	1	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
hydromorphone ER tab (EXALGO equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab 2mg (DILAUDID equiv) (QL= 240 tabs/30 days)	QL	1	ANALGESICS - OPIOID
hydromorphone tab 4mg (DILAUDID equiv) (QL=180 tabs/30 days)	QL	1	ANALGESICS - OPIOID
hydromorphone tab 8mg (DILAUDID equiv) (QL=120 tabs/30 days)	QL	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone inj (MAKENA equiv)	LMSP-PA	4	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANSIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	1	ANTIANSIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANSIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANSIETY AGENTS

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Drug Name	Special Code	Tier	Category
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYOPHEN TAB	-	NC	URINARY ANTI-INFECTIVES
hyoscyamine inj (LEVSIN equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC CS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	URINARY ANTISPASMODICS
HYPER-SAL NEB SOLN	-	3	COUGH/COLD/ALLERGY
HYSINGLA ER TAB	-	NC	ANALGESICS - OPIOID
HYTRIN CAP	-	3	ANTIHYPERTENSIVES
HYZAAR TAB	-	3	ANTIHYPERTENSIVES
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	KMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx covered Only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	M	M	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv) (QL= 3 tabs/day)	KMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMDUR TAB	-	3	ANTIANGINAL AGENTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	1	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMITREX VIAL INJ	-	NC	MIGRAINE PRODUCTS
IMPAVIDO CAP	PA	4	ANTI-INFECTIVE AGENTS - MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	EXC	CONTRACEPTIVES
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMURAN TAB	-	3	ASSORTED CLASSES
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS

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INBRIJA INH POWDER	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCIVEK TAB	MSP-PA-SF	4	ANTIVIRALS
INCRELEX INJ	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL LA CAP	-	3	BETA BLOCKERS
INDERAL XL CAP, INNOPRAN XL CAP	-	3	BETA BLOCKERS
INDOCIN SUPP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFANT FORMULA LIQUID	OTC-PA	2	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFANT FORMULA POWDER	OTC-PA	2	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFLAMMA-K KIT	-	NC	DERMATOLOGICALS
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSPRA TAB	-	3	ANTIHYPERTENSIVES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	4	ANTIVIRALS
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	KMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTUNIV TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
INVANZ INJ	M	M	ANTI-INFECTIVE AGENTS - MISC.
INVEGA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
INVIRASE CAP	-	4	ANTIVIRALS
INVIRASE TAB	-	4	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS

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INVOKANA TAB	-	NC	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
IOPIDINE OPHTH SOLN 1%	-	2	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1	HEMATOPOIETIC AGENTS
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	3	ANTIVIRALS
ISENTRESS CHEW TAB	-	3	ANTIVIRALS
ISENTRESS POWDER PACK	-	3	ANTIVIRALS
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO ATROPINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISOPTO CARPINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	2	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISORDIL TITRADOSE TAB	-	3	ANTIANGINAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE ER TAB	-	NC	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isoxsuprine tab	-	1	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	NC	CALCIUM CHANNEL BLOCKERS
itraconazole cap (SPORANOX equiv)	PA	1	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	1	ANTIFUNGALS
ivermectin cream (SOOLANTRA equiv)	-	NC	DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv)	-	1	ANTHELMINTICS
JADENU SPRINKLE	KMSP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 180MG	KMSP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 90MG, 360MG	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS

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JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JATENZO CAP	-	NC	ANDROGENS-ANABOLIC
JENTADUETO TAB	-	NC	ANTIDIABETICS
JENTADUETO XR TAB	-	NC	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) (3 copays per Rx)	-	\$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB (QL= 1 tab/ day)	QL	4	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTIHYPERTENSIVES
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KADIAN CAP	-	NC	ANALGESICS - OPIOID
KALETRA SOLN	-	NC	ANTIVIRALS
KALETRA TAB	-	4	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	KMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	KMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
KANAMYCIN INJ	M	M	AMINOGLYCOSIDES
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
KATERZIA SUSP	-	NC	CALCIUM CHANNEL BLOCKERS
KAYEXALATE POWDER	-	3	ASSORTED CLASSES
KAZANO TAB	-	NC	ANTIDIABETICS
KEFLEX CAP	-	3	CEPHALOSPORINS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KENALOG SPRAY	-	3	DERMATOLOGICALS
KEPPRA SOLN	-	3	ANTICONVULSANTS
KEPPRA TAB	-	3	ANTICONVULSANTS
KEPPRA XR TAB	-	3	ANTICONVULSANTS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERLONE TAB	-	NC	BETA BLOCKERS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
KETEK TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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ketoprofen cap (ORUDIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KHEDEZLA ER TAB	-	NC	ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLARON LOTION	-	3	DERMATOLOGICALS
KLONOPIN TAB	-	3	ANTICONVULSANTS
KLOR-CON M15 TAB	-	2	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET	-	3	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	3	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	4	ANTIDIABETICS
K-PHOS NEUTRAL TAB	-	3	MINERALS & ELECTROLYTES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRINTAFEL TAB	-	2	ANTIMALARIALS
KRISTALOSE PACK	-	NC	LAXATIVES
KRISTALOSE PACKET	-	NC	LAXATIVES
K-TAB	-	1	MINERALS & ELECTROLYTES
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERLIPIDEMICS
KYTRIL TAB (QL= 9 tabs/fill)	QL-SP	4	ANTIEMETICS
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LAC-HYDRIN CREAM	-	3	DERMATOLOGICALS
LAC-HYDRIN LOTION	-	3	DERMATOLOGICALS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
lactulose soln	-	1	LAXATIVES
LAMICTAL CHEW TAB	-	3	ANTICONVULSANTS
LAMICTAL CHEW TAB 2MG	-	2	ANTICONVULSANTS
LAMICTAL ODT	-	3	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONVULSANTS

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
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Drug Name	Special Code	Tier	Category
LAMICTAL STARTER KIT	-	3	ANTICONVULSANTS
LAMICTAL TAB	-	3	ANTICONVULSANTS
LAMICTAL XR TAB	-	3	ANTICONVULSANTS
LAMISIL TAB	-	3	ANTIFUNGALS
lamivudine soln (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	4	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	4	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	1	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	1	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LANCET DEVICE	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN TAB	-	3	CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	1	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC CS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	1	ULCER DRUGS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	NC	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	NC	ANTIDIABETICS
LARIAM TAB	-	3	ANTIMALARIALS
LASIX TAB	-	3	DIURETICS
LASTACRAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day)	KMSP-PA-QL	4	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL CAP	-	NC	ANTIHYPERTENSIVES
LESCOL XL TAB	-	3	ANTIHYPERTENSIVES
LETAIRIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVORIN TAB	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	KMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	KMSP-PA	4	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVAQUIN SOLN	-	3	FLUOROQUINOLONES
LEVAQUIN TAB	-	3	FLUOROQUINOLONES
LEVATOL TAB	-	3	BETA BLOCKERS
LEVBID TAB	-	3	ULCER DRUGS
LEVEMIR FLEXTOUCH INJ	-	NC	ANTIDIABETICS
LEVEMIR INJ	-	NC	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	NC	ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEVSIN INJ	-	NC	ULCER DRUGS
LEVSIN SL TAB	-	3	ULCER DRUGS
LEVSIN TAB	-	3	ULCER DRUGS
LEVSINEX CAP	-	3	ULCER DRUGS
LEXAPRO SOLN	-	3	ANTIDEPRESSANTS
LEXAPRO TAB	-	3	ANTIDEPRESSANTS
LEXETTE FOAM	-	NC	DERMATOLOGICALS
LEXIVA SUSP	-	4	ANTIVIRALS
LEXIVA TAB	-	NC	ANTIVIRALS
LIALDA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIBRAX CAP	-	NC	ULCER DRUGS
LIBRIUM CAP	-	3	ANTIANKXIETY AGENTS
LIDAMANTLE LOTION	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE GEL	-	1	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
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Drug Name	Special Code	Tier	Category
LIDOCAINE ORAL SOLN 4%	-	2	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	1	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine viscous soln	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDODERM PATCH (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTRAL CREAM	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIMBITROL TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
lindane lotion	-	1	DERMATOLOGICALS
LINDANE LOTION	-	3	DERMATOLOGICALS
lindane shampoo	-	1	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	PA	2	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPITOR TAB	-	3	ANTIHYPERLIPIDEMICS
LIPTRUZET TAB	-	3	ANTIHYPERLIPIDEMICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOBID TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3	ANTIHYPERLIPIDEMICS
L-METHYLFOLATE TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LMR PLUS KIT	-	NC	DERMATOLOGICALS
LO LOESTRIN TAB	-	3	CONTRACEPTIVES
LO MINASTRIN 24 FE CHEW TAB	-	3	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID LOTION	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOSYN TAB	-	3	ANTIPARKINSON AGENTS
LOESTRIN 24 FE TAB	-	3	CONTRACEPTIVES
LOESTRIN FE TAB	-	3	CONTRACEPTIVES
LOESTRIN TAB	-	3	CONTRACEPTIVES
lohist liquid (DECON-A equiv)	OTC	EXC	COUGH/COLD/ALLERGY
LOKELMA PAK	KMSP-PA	4	MISCELLANEOUS THERAPEUTIC CLASSES

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LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
LOMOTIL LIQUID	-	3	ANTIDIARRHEALS
LOMOTIL TAB	-	3	ANTIDIARRHEALS
LONHALA MAGNAIR SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap	-	NC	ANTIDIARRHEALS
LOPID TAB	-	3	ANTIHYPERTENSIVES
lopinavir/ritonavir soln (KALETRA equiv)	-	4	ANTIVIRALS
LOPRESSOR HCT TAB	-	3	ANTIHYPERTENSIVES
LOPRESSOR TAB	-	3	BETA BLOCKERS
LOPROX CREAM	-	3	DERMATOLOGICALS
LOPROX GEL	-	3	DERMATOLOGICALS
LOPROX SHAMPOO	-	3	DERMATOLOGICALS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORTAB (QL=120 tabs/30 days)	QL	3	ANALGESICS - OPIOID
LORTAB ELIXIR (QL=1800ml/30 days)	QL	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS
LOTENSIN HCT TAB	-	3	ANTIHYPERTENSIVES
LOTENSIN TAB	-	3	ANTIHYPERTENSIVES
loteprednol ophth susp (LOTEMAX equiv)	-	1	OPHTHALMIC AGENTS
LOTREL CAP	-	3	ANTIHYPERTENSIVES
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
LOTRISONE CREAM	-	3	DERMATOLOGICALS
LOTRISONE LOTION	-	3	DERMATOLOGICALS
LOTRONEX TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERTENSIVES
LOVAZA CAP	-	3	ANTIHYPERTENSIVES
LOVENOX INJ (QL= 17 days supply)	QL	3	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LOXITANE CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LTA 360 KIT	-	3	MOUTH/THROAT/DENTAL AGENTS
LUCEMYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUFYLLIN TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMIFY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUNESTA TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
LUPANETA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
LUVIRA CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUVOX CR CAP (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3	ANTIDEPRESSANTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	NC	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	NC	ANTICONVULSANTS
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB	-	3	HEMOSTATICS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MACROBID CAP	-	3	URINARY ANTI-INFECTIVES
MACRODANTIN CAP	-	3	URINARY ANTI-INFECTIVES
MACRODANTIN CAP 25MG	-	NC	URINARY ANTI-INFECTIVES
magnesium sulfate inj	M	M	MINERALS & ELECTROLYTES
MALARONE TAB	-	3	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	1	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
MARINOL CAP	PA	3	ANTIEMETICS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVIK TAB	-	NC	ANTIHYPERTENSIVES
MAVYRET TAB (QL= 3 tabs/day)	KMSP-PA-QL	4	ANTIVIRALS
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3	MIGRAINE PRODUCTS

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MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAXITROL OPHTH OINT	-	3	OPHTHALMIC AGENTS
MAXITROL OPHTH SUSP	-	3	OPHTHALMIC AGENTS
MAXZIDE TAB	-	3	DIURETICS
MAYZENT TAB	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MCT OIL	OTC-PA	2	NUTRIENTS
mebendazole chew tab (VERMOX equiv)	-	1	ANTHELMINTICS
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
MEDROL DOSE PACK	-	3	CORTICOSTEROIDS
MEDROL TAB	-	2	CORTICOSTEROIDS
MEDROL TAB	-	3	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv)	-	EXC	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	1	ANTIMALARIALS
MEFLOQUINE TAB	-	2	ANTIMALARIALS
MEGACE ES SUSP	-	NC	PROGESTINS
MEGACE SUSP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol ES susp (MEGACE ES equiv)	-	NC	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	KMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	KMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan inj (ALKERAN equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
melphalan tab (ALKERAN equiv)	KMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv) (Step Therapy requires trial of memantine tab)	ST	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine sol (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENEST TAB	-	3	ESTROGENS

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MENOPUR INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MENOSTAR PATCH	-	3	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
MEPERIDINE TAB (QL=120 tabs/30 days)	QL	1	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv) (QL=120 tabs/30 days)	QL	1	ANALGESICS - OPIOID
MEPHYTON TAB	-	3	VITAMINS
meprobamate tab (MILTOWN equiv)	-	NC	ANTI-ANXIETY AGENTS
MEPRON SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
mercaptapurine tab (PURINETHOL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	M	M	ANTI-INFECTIVE AGENTS - MISC.
mesalamine DR cap (DELZICOL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	KMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
MESTINON TIMESPAN TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
METADATE CD CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METAGLIP TAB	-	3	ANTIDIABETICS
METANX CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	3	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
methadone conc (QL=600ml/30 days)	QL	1	ANALGESICS - OPIOID
METHADONE SOLN 10MG/5ML (QL=600ml/30 days)	QL	1	ANALGESICS - OPIOID
METHADONE SOLN 5MG/5ML (QL=1200ml/30 days)	QL	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv) (QL=120 tabs/30 days)	QL	1	ANALGESICS - OPIOID
methadone tab 10mg (DOLOPHINE equiv) (QL= 240 tabs/30 days)	QL	1	ANALGESICS - OPIOID
METHADOSE CONC (QL=600ml/30 days)	QL	3	ANALGESICS - OPIOID
methadose tab	-	NC	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	1	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	NC	URINARY ANTI-INFECTIVES
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	PA	3	ANDROGENS-ANABOLIC

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methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (OXSORALEN ULTRA equiv)	KMSP	1	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	1	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	1	DIURETICS
methylidopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methylidopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	1	OXYTOCICS
METHYLIN CHEW TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLIN SOLN	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate CD cap (METADATE CD equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB 72MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
METHYLTESTOSTERONE CAP	PA	3	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metoprolol tab 37.5mg, 75mg (LOPRESSOR equiv)	-	NC	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1	ANTIHYPERTENSIVES
METOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
METROCREAM	-	3	DERMATOLOGICALS
METROGEL 1%	-	3	DERMATOLOGICALS
METROGEL VAGINAL GEL	-	3	VAGINAL PRODUCTS
METROLOTION	-	3	DERMATOLOGICALS
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS

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metronidazole gel (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
MEVACOR TAB	-	3	ANTIHYPERLIPIDEMICS
MEXILETINE CAP	-	2	ANTIARRHYTHMICS
MIACALCIN INJ	KMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIACALCIN NASAL SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	1	CONTRACEPTIVES
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICARDIS TAB	-	3	ANTIHYPERTENSIVES
MICONAZOLE 3 SUPP 200MG	-	3	VAGINAL PRODUCTS
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICRO-K CAP	-	3	MINERALS & ELECTROLYTES
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
MICROZIDE CAP	-	3	DIURETICS
MIDAMOR TAB	-	3	DIURETICS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIGERGOT SUPP	-	2	MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	1	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376)	LD-PA	4	HEMATOPOIETIC AGENTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	3	CORTICOSTEROIDS
MINASTRIN CHEW TAB	-	3	CONTRACEPTIVES
MINIPRESS CAP	-	3	ANTIHYPERTENSIVES
MINOCIN CAP	-	3	TETRACYCLINES
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	1	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX PACKET	-	NC	LAXATIVES
MIRALAX POWDER	-	NC	LAXATIVES
MIRAPEX ER TAB	-	NC	ANTIPARKINSON AGENTS
MIRAPEX TAB	-	3	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRCETTE TAB	-	3	CONTRACEPTIVES
MIRENA IUD	-	EXC	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	NC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP	-	2	GOUT AGENTS
MOBIC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	NC	ANTIHYPERTENSIVES

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MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	NC	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	NC	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
MONODOX CAP	-	3	TETRACYCLINES
MONOPRIL HCT TAB	-	3	ANTIHYPERTENSIVES
MONOPRIL TAB	-	3	ANTIHYPERTENSIVES
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	NC	URINARY ANTI-INFECTIVES
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 90 tabs/ 30 days)	QL	1	ANALGESICS - OPIOID
morphine sulfate soln (QL=120ml/30 days)	QL	1	ANALGESICS - OPIOID
morphine sulfate supp	-	NC	ANALGESICS - OPIOID
morphine sulfate tab (QL=180 tabs/30 days)	QL	1	ANALGESICS - OPIOID
MOTEGRITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	3	ANTIDIARRHEALS
MOTRIN SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
MOVANTIK TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	1	FLUOROQUINOLONES
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB (QL= 7 tabs/fill)	KMSP-PA-QL	4	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	2	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	1	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	1	HEMATOPOIETIC AGENTS
multivitamin tab	-	1	HEMATOPOIETIC AGENTS
MULTIVITAMIN TAB	-	3	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
MUPIROCIN CREAM	-	NC	DERMATOLOGICALS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MUSE SUPP (QL= 6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.

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MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYAMBUTOL TAB	-	3	ANTIMYCOBACTERIAL AGENTS
MYCELEX TROCHES	-	3	MOUTH/THROAT/DENTAL AGENTS
MYCOBUTIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
mycophenolate DR tab (MYFORTIC equiv)	-	4	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	4	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	4	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	4	ASSORTED CLASSES
MYDAYIS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDFRIN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
MYDRIACYL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
MYFORTIC TAB	-	NC	ASSORTED CLASSES
MYLERAN TAB	KMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	3	MULTIVITAMINS
MYRBETRIQ TAB	-	2	URINARY ANTISPASMODICS
MYSOLINE TAB	-	3	ANTICONVULSANTS
MYTELASE TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	1	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	1	ANTIHYPERTENSIVES
nafcillin inj	M	M	PENICILLINS
naftifine cream (NAFTIN equiv)	-	1	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	1	DERMATOLOGICALS
NAFTIN CREAM	-	3	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
naloxone inj	-	1	ANTIDOTES
NALOXONE PREFILLED INJ	-	\$0	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA SOL	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naphazoline ophth soln	-	1	OPHTHALMIC AGENTS
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
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Drug Name	Special Code	Tier	Category
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB	-	3	ANTIDEPRESSANTS
NASACORT AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
NATAZIA TAB	-	3	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	1	ANTIDIABETICS
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NAVANE CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NAYZILAM SPRAY	-	NC	ANTICONVULSANTS
NEBUPENT NEB SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	\$0	CONTRACEPTIVES
necon tab 1-50 (NORYNIL equiv)	-	\$0	CONTRACEPTIVES
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1	ANTIDEPRESSANTS
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMXIN/GRAMICIDIN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
NEORAL CAP	-	NC	ASSORTED CLASSES
NEORAL SOLN	-	NC	ASSORTED CLASSES
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSPORIN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS-D LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHROCAP	-	3	MULTIVITAMINS
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NEPHRO-VITE TAB	-	NC	MULTIVITAMINS
NEPTAZANE TAB	-	3	DIURETICS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NESINA TAB	-	NC	ANTIDIABETICS
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUMEGA INJ	KMSP	4	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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Drug Name	Special Code	Tier	Category
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEURONTIN CAP	-	3	ANTICONVULSANTS
NEURONTIN SOLN	-	3	ANTICONVULSANTS
NEURONTIN TAB	-	3	ANTICONVULSANTS
NEVANAC OPTH SUSP	-	2	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	4	ANTIVIRALS
NEVIRAPINE ER TAB	ST--	NC	ANTIVIRALS
NEVIRAPINE SUSP	-	4	ANTIVIRALS
nevirapine susp (VIRAMUNE equiv)	-	4	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	3	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	3	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	NC	ULCER DRUGS
NEXIUM CAP	-	NC	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
niacin cap	OTC	1	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	1	VITAMINS
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERTENSIVES
niacin tab	OTC	1	VITAMINS
NIACIN TR TAB	OTC	1	VITAMINS
niacinamide tab	OTC	1	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERTENSIVES
NIASPAN ER TAB	-	NC	ANTIHYPERTENSIVES
nicardipine cap (CARDENE equiv)	-	NC	CALCIUM CHANNEL BLOCKERS
NICODERM PATCH	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	KMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NIMOTOP CAP	-	3	CALCIUM CHANNEL BLOCKERS

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NINJACOF-XG LIQUID	OTC	1	COUGH/COLD/ALLERGY
NINLARO CAP	KMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NIRAVAM ODT	-	NC	ANTIANKXIETY AGENTS
nisoldipine ER tab (SULAR equiv)	-	NC	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	NC	CALCIUM CHANNEL BLOCKERS
nitisinone cap (ORFADIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS
NITRO-DUR PATCH	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	NC	URINARY ANTI-INFECTIVES
NITROGLYCERIN ER CAP	-	NC	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NITROLINGUAL PUMP SPRAY	-	3	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	NC	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	3	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	KMSP	4	HEMATOPOIETIC AGENTS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC	DERMATOLOGICALS
NIZORAL SHAMPOO	-	3	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NON-PREFERRED CGM RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
NON-PREFERRED CGM SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
NON-PREFERRED CGM TRANSMITTER	-	NC	MEDICAL DEVICES AND SUPPLIES
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
NORGESIC TAB FORTE	-	3	MUSCULOSKELETAL THERAPY AGENTS
NORINYL TAB 1-50	-	3	CONTRACEPTIVES
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3	DERMATOLOGICALS
NOROXIN TAB	-	3	FLUOROQUINOLONES
NORPACE CAP	-	3	ANTIARRHYTHMICS
NORPACE CR CAP	-	NC	ANTIARRHYTHMICS
NORPRAMIN TAB	-	3	ANTIDEPRESSANTS
NOR-QD TAB	-	3	CONTRACEPTIVES
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS

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nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	1	ANTIDEPRESSANTS
NORVASC TAB	-	3	CALCIUM CHANNEL BLOCKERS
NORVIR CAP	-	3	ANTIVIRALS
NORVIR POWDER PACK	-	3	ANTIVIRALS
NORVIR SOLN	-	3	ANTIVIRALS
NORVIR TAB	-	3	ANTIVIRALS
NOURIANZ TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN INJ	OTC	2	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP	-	2	ANTIFUNGALS
NOXAFIL TAB	-	3	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS
NUBEQA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCORT LOTION	-	3	DERMATOLOGICALS
NUCYNTA ER TAB	-	NC	ANALGESICS - OPIOID
NUCYNTA TAB (QL= 180 tabs/30 days)	QL	3	ANALGESICS - OPIOID
NUDERMRXPAK PAK	-	NC	DERMATOLOGICALS
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULYTELY SOLN	-	NC	LAXATIVES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	2	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	2	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUVARING	-	\$0	CONTRACEPTIVES
NUVIGIL TAB (QL= 1 tab/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
NUZYRA TAB	-	NC	TETRACYCLINES
NYATA KIT	-	NC	DERMATOLOGICALS
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS

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nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	1	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	KMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUFEN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
OCUFLOX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ODACTRA SL TAB	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
ODOMZO CAP	KMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGESTREL TAB	-	3	CONTRACEPTIVES
olanzapine ODT (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	3	ANTIDEPRESSANTS
OLLIZAC POWDER	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	-	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
OLUMIANT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLUX FOAM	PA	3	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
omedia otic soln (AMERICAINE equiv)	-	1	OTIC AGENTS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole tab	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC

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omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNICEF SUSP	-	3	CEPHALOSPORINS
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 PACK PODS	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONDANSETRON TAB	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONEXTON GEL	-	NC	DERMATOLOGICALS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	PA	3	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIIDIABETICS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB	-	NC	ANALGESICS - OPIOID
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	NC	ANTIIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
OPTIVAR OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAP TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT	-	2	CORTICOSTEROIDS
ORAPRED ODT	-	3	CORTICOSTEROIDS
ORAPRED SOLN	-	3	CORTICOSTEROIDS
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORAXYL CAP	-	3	TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	KMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	KMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORTHO TRI-CYCLEN (LO) TAB	-	3	CONTRACEPTIVES
ORTHO-CYCLEN TAB	-	3	CONTRACEPTIVES
ORTHO-EVRA PATCH	-	3	CONTRACEPTIVES
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	1	ANTIVIRALS
OSENI TAB	-	NC	ANTIDIABETICS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	3	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OTOZIN OTIC DROPS	-	3	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS GEL	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	3	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVACE WASH	-	NC	DERMATOLOGICALS
OVCON 35 TAB	-	3	CONTRACEPTIVES
OVIDE LOTION (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
OVIDREL INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxacillin inj	M	M	PENICILLINS
OXANDRIN TAB	-	3	ANDROGENS-ANABOLIC
oxandrolone tab (OXANDRIN equiv)	-	1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
OXAZEPAM CAP	-	2	ANTI-ANXIETY AGENTS
OXBRYTA TAB	-	NC	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXERVATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
oxiconazole nitrate cream (OXISTAT equiv)	-	1	DERMATOLOGICALS
OXISTAT CREAM	-	3	DERMATOLOGICALS
OXISTAT LOTION	-	3	DERMATOLOGICALS
OXSORALEN ULTRA CAP	KMSP	3	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv) (QL=120 caps/30 days)	QL	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	NC	ANALGESICS - OPIOID
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (QL=240ml/30 days)	QL	1	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv) (QL=120 tabs/30 days)	QL	1	ANALGESICS - OPIOID

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oxycodone/acetaminophen cap (TYLOX equiv)	-	NC	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv) (QL=120 tabs/30 days)	QL	1	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB (QL= 120 tabs/30 days)	QL	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv) (QL=120 tabs/30 days)	QL	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	NC	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYIR CAP (QL=120 caps/30 days)	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL PATCH (OTC)	OTC	1	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2	ANTIDIABETICS
OZOBAX SOLN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
Pacerone 200mg	-	NC	ANTIARRHYTHMICS
PALGIC SOLN	-	3	ANTIHISTAMINES
PALGIC TAB	-	3	ANTIHISTAMINES
paliperidone ER tab (INVEGA equiv)	PA	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMELOR CAP	-	3	ANTIDEPRESSANTS
PAMINE TAB	-	3	ULCER DRUGS
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANCRELIPASE CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	3	DERMATOLOGICALS
PANRETIN GEL	KMSP-PA	4	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
PARAFON FORTE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
PARAGARD IUD	-	EXC	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PARCOPA ODT	-	3	ANTIPARKINSON AGENTS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARLODEL CAP	-	3	ANTIPARKINSON AGENTS
PARLODEL TAB	-	3	ANTIPARKINSON AGENTS
PARNATE TAB	-	3	ANTIDEPRESSANTS
PAROMOMYCIN CAP	-	1	AMINOGLYCOSIDES
paromomycin cap (HUMATIN equiv)	-	1	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	1	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PASER GRANULE	-	NC	ANTIMYCOBACTERIAL AGENTS
PATADAY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PATANASE NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
PATANOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
PAXIL CR TAB	-	3	ANTIDEPRESSANTS
PAXIL SUSP	-	3	ANTIDEPRESSANTS
PAXIL TAB	-	3	ANTIDEPRESSANTS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS

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PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
PEDIATEX TDM SUSP	-	3	COUGH/COLD/ALLERGY
pediatric multiple vitamins/fluoride chew tab	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
PEGANONE TAB	-	NC	ANTICONSULSANTS
PEGASYS INJ	KMSP	4	ANTIVIRALS
PEG-INTRON INJ	KMSP	4	ANTIVIRALS
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penicillamine tab (DEPEN TITRATAB equiv)	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PENICILLIN G PROCAINE INJ	M	M	PENICILLINS
PENICILLIN G SODIUM INJ	M	M	PENICILLINS
PENICILLIN VK SOLN	-	1	PENICILLINS
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
pentamidine neb soln (NEBUPENT equiv)	KMSP	4	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	NC	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	NC	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	3	ULCER DRUGS
PEPCID TAB	-	3	ULCER DRUGS
PERCOCET TAB (QL=120 tabs/30 days)	QL	3	ANALGESICS - OPIOID
PERCODAN TAB (QL=120 tabs/30 days)	QL	3	ANALGESICS - OPIOID
PERFOROMIST NEB SOLN	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
PERIDEX SOLN	-	3	MOUTH/THROAT/DENTAL AGENTS
perindopril tab (ACEON equiv)	-	NC	ANTI-HYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTI-PSYCHOTIC/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSANTINE TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3	ANTIDEPRESSANTS
PFIZERPEN G INJ	M	M	PENICILLINS
pfizerpen g inj (PFIZERPEN G equiv)	M	M	PENICILLINS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phendimetrazine tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	KMSP	1	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHISOHEX LIQUID	-	3	ANTISEPTICS & DISINFECTANTS
phlexy-10 tab	OTC-PA	1	NUTRIENTS
PHOSLO CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	1	VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	3	DERMATOLOGICALS
PIFELTRO TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL	-	3	OPHTHALMIC AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	1	DERMATOLOGICALS
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
piperacillin/tazobactam inj	M	M	PENICILLINS
PIQRAY TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLAQUENIL TAB	-	3	ANTIMALARIALS
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLAVIX TAB 75MG	-	3	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENDIL TAB	-	3	CALCIUM CHANNEL BLOCKERS
PLENVU SOLN	-	NC	LAXATIVES
PLETAL TAB	-	3	HEMATOLOGICAL AGENTS - MISC.

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PLEXION LOTION	-	NC	DERMATOLOGICALS
PLEXION SCT CREAM	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	\$0	VACCINES
PODIAPN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	1	DERMATOLOGICALS
POLYCITRA CRYSTAL PACK	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
POLYCITRA-LC SOLN	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLYTRIM OPHTH SOLN	-	3	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONSTEL CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
posaconazole DR tab (NOXAFIL equiv)	-	1	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA CAP	-	3	VITAMINS
POTABA POWDER PACKET	-	2	VITAMINS
POTABA TAB	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride soln	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB	-	NC	ANTICONSULTANTS
POTIGA TAB 50MG	-	NC	ANTICONSULTANTS
PRADAXA CAP	-	2	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	KMSP-PA-QL	4	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	NC	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1%	-	NC	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS
PRAMOSONE OINT	-	2	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	1	ANORECTAL AGENTS

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pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	NC	ANORECTAL AGENTS
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	1	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRANDIN TAB	-	3	ANTIDIABETICS
PRASCION RA CREAM	-	NC	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PRAVACHOL TAB	-	3	ANTIHYPERLIPIDEMICS
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	1	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
PRECOSE TAB	-	3	ANTIDIABETICS
PRED FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	2	DERMATOLOGICALS
prednicarbate cream (PREDNICARBATE equiv)	-	NC	DERMATOLOGICALS
PREDNICARBATE OIN	-	2	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3	CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISONE SOLN	-	1	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	3	ESTROGENS
pregabalin cap (LYRICA equiv)	-	1	ANTICONVULSANTS
pregabalin soln (LYRICA equiv)	-	1	ANTICONVULSANTS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREGNYL INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PRELONE SYRUP	-	3	CORTICOSTEROIDS
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS

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PRENATABS RX TAB	-	3	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	3	MULTIVITAMINS
PRENATAL 19 TAB	-	3	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	VITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	VITAMINS
PREPOPIK PAK	-	NC	LAXATIVES
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
PREVACID CAP	-	NC	ULCER DRUGS
PREVACID OTC CAP	OTC	1	ULCER DRUGS
PREVACID SOLUTAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC CS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT RINSE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ (QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.)	PA-QL-VAC	\$0	VACCINES
PREVPAC KIT	-	3	ULCER DRUGS
PREVYMIS TAB	-	NC	ANTIVIRALS
PREZCOBIX TAB	-	4	ANTIVIRALS
PREZISTA SUSP	-	4	ANTIVIRALS
PREZISTA TAB	-	4	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	-	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
PRIMAQUINE TAB	-	3	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONSULSANTS
PRIMLEV TAB	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRINIVIL TAB, ZESTRIL TAB	-	3	ANTIHYPERTENSIVES
PRISTIQ TAB	-	3	ANTIDEPRESSANTS
PROAIR HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAMATINE TAB	-	3	VASOPRESSORS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
procainamide inj	-	NC	ANTIARRHYTHMICS
PROCARDIA CAP	-	3	CALCIUM CHANNEL BLOCKERS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ	KMSP	4	HEMATOPOIETIC AGENTS
PROCTOCORT CREAM	-	3	DERMATOLOGICALS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS

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progesterone oil inj	-	NC	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	3	ANTIDIABETICS
PROGRAF CAP	-	NC	ASSORTED CLASSES
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLENSA OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	-	NC	HEMATOPOIETIC AGENTS
PROMACTA TAB	KMSP-PA	4	HEMATOPOIETIC AGENTS
PROMETHAZINE DM SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	1	ANTIHISTAMINES
PROMETRIUM CAP	-	3	PROGESTINS
propafenone ER cap (RYTHMOL SR equiv)	-	1	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSCAR TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROSOM TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
pro-stat liquid	OTC-PA	1	NUTRIENTS
PROSTIGMIN TAB	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX EC TAB	-	NC	ULCER DRUGS
PROTONIX PAK	-	NC	ULCER DRUGS
PROTOPIC OINT	-	3	DERMATOLOGICALS
protriptyline tab (VIVACTIL equiv)	-	1	ANTIDEPRESSANTS
PROVERA TAB	-	3	PROGESTINS
PROVIGIL TAB (QL= 2 tabs/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
PROZAC CAP	-	3	ANTIDEPRESSANTS
PROZAC SOLN	-	3	ANTIDEPRESSANTS

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PROZAC TAB	-	3	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
pseudoephedrine/brompheniramine/codeine liquid (CPB WC LIQUID equiv)	OTC	1	COUGH/COLD/ALLERGY
PULMICORT FLEXHALER	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP	-	3	ASTHMA AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	KMSP	4	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURINETHOL TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	3	ULCER DRUGS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
PYRIDIDIUM TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
pyridostigmine CR tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine soln (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
QBRELIS SOLN	PA	3	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP (QL= 1 cap/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	3	ANTIMALARIALS
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC	ANTICONVULSANTS
QUESTRAN LITE POWDER	-	3	ANTIHYPERTENSIVES
QUESTRAN LITE POWDER PACK	-	3	ANTIHYPERTENSIVES
QUESTRAN POWDER	-	3	ANTIHYPERTENSIVES
QUESTRAN POWDER PACK	-	3	ANTIHYPERTENSIVES
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	3	MULTIVITAMINS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	1	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QUINOSONE KIT	-	NC	DERMATOLOGICALS
QVAR INHALER	-	NC	ASTHMA AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
QVAR REDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	NC	ULCER DRUGS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
rajani tab (BEYAZ equiv)	-	NC	CONTRACEPTIVES
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
RANEXA TAB	-	3	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1	ULCER DRUGS
ranolazine tab (RANEXA equiv)	-	1	ANTIANGINAL AGENTS
RAPAFLO CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
RAPAMUNE TAB	-	NC	ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	-	1	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
RAZADYNE ER CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBETOL SOLN	KMSP	4	ANTIVIRALS
REBIF INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECTIV OINT	-	NC	ANORECTAL AGENTS
REGLAN TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
REGRANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMEDIENT CAP	-	NC	MULTIVITAMINS
REMERON SOLUTAB	-	3	ANTIDEPRESSANTS
REMERON TAB	-	3	ANTIDEPRESSANTS
REMODULIN INJ 10MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 1MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 2.5MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 5MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.

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RENAGEL TAB 800MG	-	3	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENVELA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPAGLINIDE TAB	-	NC	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	KMSP-PA-QL	4	ANTHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	KMSP-PA-QL	4	ANTHYPERLIPIDEMICS
REPRESXAIN TAB	-	NC	ANALGESICS - OPIOID
REQUIP TAB	-	3	ANTIPARKINSON AGENTS
REQUIP XL TAB	-	NC	ANTIPARKINSON AGENTS
RESCON TAB	-	3	COUGH/COLD/ALLERGY
RESCRIPTOR TAB	-	4	ANTIVIRALS
RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
RESTORIL CAP 15MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
RESTORIL CAP 22.5MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
RESTORIL CAP 30MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
RESTORIL CAP 7.5MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
RETACRIT INJ	KMSP	4	HEMATOPOIETIC AGENTS
RETIN-A CREAM	PA	3	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
RETROVIR CAP	-	NC	ANTIVIRALS
RETROVIR SYRUP	-	NC	ANTIVIRALS
RETROVIR TAB	-	NC	ANTIVIRALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
RE VIA TAB	-	3	ANTIDOTES
REVLIMID CAP (QL= 1 cap/day)	KMSP-PA-QL	3	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP	-	NC	ANTIVIRALS
REYATAZ POWDER PACK	-	4	ANTIVIRALS
REZIRA SOLN	-	3	COUGH/COLD/ALLERGY
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	NC	DERMATOLOGICALS
RHOGAM PLUS INJ	-	NC	PASSIVE IMMUNIZING AGENTS
RHOPRESSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
RIBAPAK TAB	-	NC	ANTIVIRALS
ribavirin cap (REBETOL equiv)	KMSP	1	ANTIVIRALS

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ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	KMSP	1	ANTIVIRALS
RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
RIFADIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
RILUTEK TAB	-	NC	NEUROMUSCULAR AGENTS
riluzole tab (RILUTEK equiv)	-	1	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	1	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
RIOMET SOLN, METFORMIN SOLN	-	3	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate)	ST	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERDAL CONSTA INJ	MSP	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL M ODT	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL SOLN	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RITALIN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ritonavir tab (NORVIR equiv)	-	1	ANTIVIRALS
RITUXAN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv) (Step Therapy requires trial of rivastigmine cap)	ST	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROBAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
ROBINUL TAB	-	3	ULCER DRUGS
ROCALTROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCALTROL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCKLATAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	NC	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA EMULSION	-	NC	DERMATOLOGICALS

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ROSULA GEL	-	NC	DERMATOLOGICALS
ROSULA PAD	-	3	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1	ANTIHYPERLIPIDEMICS
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXICET SOLN	-	NC	ANALGESICS - OPIOID
ROXICODONE TAB (QL=120 tabs/30 days)	QL	3	ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ROZLYTREK CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
RUZURGI TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
RYBELSUS TAB	-	NC	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
RYDAPT CAP	KMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
RYTHMOL SR CAP	-	3	ANTIARRHYTHMICS
RYTHMOL TAB	-	3	ANTIARRHYTHMICS
RYVENT TAB	-	NC	ANTIHISTAMINES
SABRIL POWDER PACK	-	NC	ANTICONVULSANTS
SABRIL TAB	-	NC	ANTICONVULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALAGEN TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
SALEX SHAMPOO	-	NC	DERMATOLOGICALS
salicyclic acid soln	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	NC	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	1	ANALGESICS - NONNARCOTIC
SAMSCA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCTURA TAB	-	3	URINARY ANTISPASMODICS
SANCUSO PATCH (QL= 4 patches/fill)	QL-SP	4	ANTIEMETICS
SANDIMMUNE CAP	-	NC	ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	4	ASSORTED CLASSES
SANDOSTATIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
scopolamine patch (TRANSDERM-SCOP equiv)	-	1	ANTIEMETICS
SEASONIQUE TAB	-	3	CONTRACEPTIVES
seb-prev cream (OVACE CREAM equiv)	-	1	DERMATOLOGICALS
SECONAL CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SECTRAL CAP	-	3	BETA BLOCKERS
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLUROMET TAB	-	NC	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	1	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELRX SHAMPOO 2.3%	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	4	ANTIVIRALS
SELZENTRY TAB	-	4	ANTIVIRALS
SEMPREX-D CAP	-	EXC	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer hydrochloride tab (RENAGEL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SFROWASA ENEMA	-	3	GASTROINTESTINAL AGENTS - MISC.
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
sildenafil susp (REVATIO equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.

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sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
SILVADENE CREAM	-	3	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERTENSIVES
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI SC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP	-	NC	ANTIHYPERTENSIVES
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERTENSIVES
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERTENSIVES
SINEMET CR TAB	-	3	ANTIPARKINSON AGENTS
SINEMET TAB	-	3	ANTIPARKINSON AGENTS
SINGULAIR CHEW TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR GRANULE PACK	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINUVA NASAL IMPLANT	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv)	-	4	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	4	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKELAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3	DERMATOLOGICALS
SKYRIZI INJ (QL= 2 inj/84 days)	LMSP-PA-QL	4	DERMATOLOGICALS
SLO-NIACIN TAB	OTC	3	VITAMINS
SLYND TAB	-	NC	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride 0.9% irr soln	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	M	M	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES

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sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	KMSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	KMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	1	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	NC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-5%	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	NC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash 9-4.5%	-	1	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	1	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day)	KMSP-PA-QL	4	ANTIVIRALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
SOLARAZE GEL (QL= 300gm/30 days)	PA-QL	3	DERMATOLOGICALS
SOLARCAINE EXTRA GEL	-	3	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLIQUA INJ	-	NC	ANTIDIABETICS
SOLODYN TAB	-	NC	TETRACYCLINES
SOLOSEC GRANULES PACKET	-	NC	AMEBICIDES
SOMA TAB (QL=120 tabs/30 days)	QL	3	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.

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SOMNOTE CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SONATA CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
SORIATANE CAP	-	NC	DERMATOLOGICALS
SORIATANE CK KIT	KMSP	2	DERMATOLOGICALS
SORILUX FOAM	-	3	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOVALDI TAB	-	NC	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	PA	3	ASTHMA AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2	ASTHMA AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3	ASTHMA AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX CAP	PA	3	ANTIFUNGALS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRAVATO NASAL SOLN	-	NC	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
SPRITAM TAB	-	NC	ANTICONSULTANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	KMSP-PA-SF	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	2	COUGH/COLD/ALLERGY
STAMARIL INJ	-	NC	VACCINES
STARLIX TAB	-	3	ANTIDIABETICS
stavudine cap (ZERIT equiv)	-	1	ANTIVIRALS
stavudine soln (ZERIT equiv)	-	1	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONSULTANTS
STEGLATRO TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ	-	NC	DERMATOLOGICALS
STENDRA TAB (QL= 6 tabs/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
STIMATE NASAL SOLN	KMSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	3	ASTHMA AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.

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STRIBILD TAB	-	4	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMEKTOL TAB	-	3	ANTHELMINTICS
STROVITE TAB	-	3	MULTIVITAMINS
SUBLOCADE INJ	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	3	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCLEAR KIT	-	NC	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC
sucrafate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SULAR TAB	-	NC	CALCIUM CHANNEL BLOCKERS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	1	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
SULFAMYLON PACK	-	NC	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN KIT	-	NC	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv)	-	NC	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv)	-	NC	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN PAD	-	NC	DERMATOLOGICALS
SUMAXIN TS SUSP	-	NC	DERMATOLOGICALS
SUMAXIN WASH	-	NC	DERMATOLOGICALS
SUNOSI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3	LAXATIVES
SURMONTIL CAP	-	3	ANTIDEPRESSANTS
SUSTIVA CAP	-	NC	ANTIVIRALS
SUSTIVA TAB	-	NC	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTENT CAP	KMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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Drug Name	Special Code	Tier	Category
SUTTAR SF SYRUP	-	3	COUGH/COLD/ALLERGY
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBYAX CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMDEKO TAB (QL= 2 tabs/day)	KMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	1	VASOPRESSORS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	4	ANTIVIRALS
SYNAREL NASAL SOLN	KMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNERA PATCH	-	3	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYPRINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
TABLOID TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	3	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	4	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	KMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGAMET TAB	-	NC	ULCER DRUGS
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC CS
TALTZ INJ	-	NC	DERMATOLOGICALS
TALZENNA CAP 0.25MG (QL= 3 caps/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 1MG (QL= 1 cap/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMBOCOR TAB	-	3	ANTIARRHYTHMICS
TAMIFLU CAP (QL= 10 caps/fill)	QL	3	ANTIVIRALS
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	3	ANTIVIRALS

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tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TAPAZOLE TAB	-	3	THYROID AGENTS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGADOX TAB	-	NC	TETRACYCLINES
TARGRETIN CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	KMSP-PA	4	DERMATOLOGICALS
TARINA FE 1/20 EQ TAB	-	NC	CONTRACEPTIVES
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TASIGNA CAP	KMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASMAR TAB	-	3	ANTIPARKINSON AGENTS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream 0.1% (TAZORAC equiv)	-	1	DERMATOLOGICALS
TAZORAC CREAM	-	3	DERMATOLOGICALS
TAZORAC CREAM 0.05%	-	3	DERMATOLOGICALS
TAZORAC GEL	-	3	DERMATOLOGICALS
TECFIDERA CAP	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHLITE INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
TECHLITE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGRETOL CHEW TAB	-	3	ANTICONSULTANTS
TEGRETOL SUSP	-	3	ANTICONSULTANTS
TEGRETOL TAB	-	3	ANTICONSULTANTS
TEGRETOL XR TAB	-	3	ANTICONSULTANTS
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKAMLO TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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Drug Name	Special Code	Tier	Category
TEMOVATE CREAM	-	3	DERMATOLOGICALS
TEMOVATE GEL	-	3	DERMATOLOGICALS
TEMOVATE OINT	-	3	DERMATOLOGICALS
TEMOVATE SOLN	PA	3	DERMATOLOGICALS
TEMOVATE-E CREAM	-	3	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv)	KMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TENEX TAB	-	3	ANTIHYPERTENSIVES
tenofovir disoproxil fumarate tab 300mg (VIREAD equiv)	-	4	ANTIVIRALS
TENORETIC TAB	-	3	ANTIHYPERTENSIVES
TENORMIN TAB	-	3	BETA BLOCKERS
TERAZOL CREAM	-	3	VAGINAL PRODUCTS
TERAZOL SUPP	-	3	VAGINAL PRODUCTS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TESSALON CAP	-	3	COUGH/COLD/ALLERGY
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	1	TETRACYCLINES
TEVETEN HCT TAB	-	3	ANTIHYPERTENSIVES
TEVETEN TAB	-	3	ANTIHYPERTENSIVES
TEXACORT SOLN	-	3	DERMATOLOGICALS
THALOMID CAP	KMSP-PA	4	ASSORTED CLASSES
THEO-24 CAP	-	3	ASTHMA AND BRONCHODILATOR AGENTS
THEOCHRON TAB	-	1	ASTHMA AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	1	ANTICONVULSANTS
TIAZAC CAP	-	3	CALCIUM CHANNEL BLOCKERS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICLOPIDINE TAB	-	1	HEMATOLOGICAL AGENTS - MISC.
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
TIGAN CAP	-	3	ANTIEMETICS
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
TIKOSYN CAP	-	3	ANTIARRHYTHMICS
TIMENTIN INJ	M	M	PENICILLINS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN	-	2	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL	-	3	OPHTHALMIC AGENTS
TINDAMAX TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
tinidazole tab (TINDAMAX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL	-	NC	THYROID AGENTS
TIVICAY TAB (QL= 2 tabs/day)	QL	4	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI NEB SOLN	-	NC	AMINOGLYCOSIDES
TOBI PODHALER	KMSP-PA	4	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
TOBRADEX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	4	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBEX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TOBEX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
TOFRANIL PM CAP	-	3	ANTIDEPRESSANTS
TOFRANIL TAB	-	3	ANTIDEPRESSANTS

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tolazamide tab (TOLINASE equiv)	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	1	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	1	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
TOPAMAX SPRINKLE CAP	-	3	ANTICONSULSANTS
TOPAMAX TAB	-	3	ANTICONSULSANTS
TOPICORT CREAM	-	3	DERMATOLOGICALS
TOPICORT GEL	-	3	DERMATOLOGICALS
TOPICORT OINT	-	3	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONSULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONSULSANTS
TOPROL XL TAB	-	3	BETA BLOCKERS
toremifene tab (FARESTON equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torseamide tab (DEMADEX equiv)	-	1	DIURETICS
TOSYMRA SOLN	-	NC	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	NC	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	NC	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB	-	NC	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv) (QL= 30 tabs/30 days)	QL	1	ANALGESICS - OPIOID
TRAMADOL HCL TAB 100MG	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv) (QL= 240 tabs/30 days)	QL	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 240 tabs/30 days)	QL	1	ANALGESICS - OPIOID
TRANDATE TAB	-	3	BETA BLOCKERS
trandolapril tab (MAVIK equiv)	-	NC	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	NC	ANTIHYPERTENSIVES
tranexamic acid inj (CYKLOKAPRON equiv)	M	M	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	1	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	3	ANTIEMETICS
TRANXENE-T TAB	-	NC	ANTIANKXIETY AGENTS
tranylcypromine tab (PARNATE equiv)	-	1	ANTIDEPRESSANTS
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRECATOR TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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TRELSTAR INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREMFYA INJ	-	NC	DERMATOLOGICALS
TRENTAL TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
treprostinil inj 10mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	NC	ANTIDIABETICS
TRESIBA INJ	-	NC	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	KMSP	4	ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
TRETIN-X CREAM	PA	3	DERMATOLOGICALS
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	1	DERMATOLOGICALS
TRIAMINIC SYRUP	OTC	EXC	COUGH/COLD/ALLERGY
triamterene cap (DYRENIUM equiv)	-	NC	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
TRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
triderm cream	-	NC	DERMATOLOGICALS
trientine cap (SYPRINE equiv)	KMSP-PA	4	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	1	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
TRIKAFTA TAB	-	NC	RESPIRATORY AGENTS - MISC.

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tri-igest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILEPTAL SUSP	-	3	ANTICONVULSANTS
TRILEPTAL TAB	-	3	ANTICONVULSANTS
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	1	ANTIDEPRESSANTS
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRI-NORINYL TAB	-	3	CONTRACEPTIVES
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
TRIUMEQ TAB	-	4	ANTIVIRALS
TRIZIVIR TAB	-	NC	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
tospium chloride SR cap (SANCTURA XR equiv)	PA	1	URINARY ANTISPASMODICS
tospium tab (SANCTURA equiv)	-	1	URINARY ANTISPASMODICS
TRUEPLUS INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
TRULANCE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days)	QL	2	ANTIDIABETICS
TRUSOPT OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TRUVADA TAB	-	\$0	ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TURALIO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSNEL SYRUP	-	3	COUGH/COLD/ALLERGY
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3	COUGH/COLD/ALLERGY
TUSSI-PRES LIQUID	-	NC	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
TYBOST TAB	-	NC	ANTIVIRALS
tydemy tab (SAFYRAL equiv)	-	NC	CONTRACEPTIVES
TYKERB TAB	KMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL/CODEINE TAB (QL=180 tabs/30 days)	QL	3	ANALGESICS - OPIOID
TYMLOS INJ	KMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	KMSP-PA	4	ANTIVIRALS
TYZINE NASAL SOLN	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
UBRELVY TAB	-	NC	MIGRAINE PRODUCTS

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UCERIS RECTAL FOAM	PA	3	ANORECTAL AGENTS
UCERIS TAB (QL= 1 tab/day)	PA-QL	3	CORTICOSTEROIDS
U-CORT CREAM	-	2	DERMATOLOGICALS
UDENYCA INJ	KMSP	4	HEMATOPOIETIC AGENTS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3	DERMATOLOGICALS
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST	3	GOUT AGENTS
ULTRACET TAB	-	NC	ANALGESICS - OPIOID
ULTRAM ER TAB	-	NC	ANALGESICS - OPIOID
ULTRAM TAB (QL= 240 tabs/30 days)	QL	3	ANALGESICS - OPIOID
ULTRAVATE CREAM	-	3	DERMATOLOGICALS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE OINT	-	3	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UNIPHYL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UNIRETIC TAB	-	NC	ANTIHYPERTENSIVES
UNIVASC TAB	-	NC	ANTIHYPERTENSIVES
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea emulsion	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA LOTION	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
URECHOLINE TAB	-	3	URINARY ANTISPASMODICS
URELIEF PLUS TAB	-	NC	URINARY ANTISPASMODICS
UROCIT-K TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
UROQID #2 TAB	-	3	URINARY ANTI-INFECTIVES
UROXATRAL TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
URSO FORTE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
UTA CAP	-	NC	URINARY ANTI-INFECTIVES
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4	DERMATOLOGICALS
VALCYTE SOLN	-	NC	ANTIVIRALS
VALCYTE TAB	-	3	ANTIVIRALS
valganciclovir soln (VALCYTE equiv)	-	4	ANTIVIRALS

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valganciclovir tab (VALCYTE equiv)	-	1	ANTIVIRALS
VALIUM TAB 2MG, 10MG (QL= 4 tabs/day)	QL	3	ANTIANKXIETY AGENTS
VALIUM TAB 5MG (QL= 3 tabs/day)	QL	3	ANTIANKXIETY AGENTS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTOCO LIQUID	-	NC	ANTICONVULSANTS
VALTOCO SPRAY	-	NC	ANTICONVULSANTS
VALTRESX TAB	-	3	ANTIVIRALS
VALTURNA TAB	-	3	ANTIHYPERTENSIVES
VANOCOCIN CAP (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	3	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANOCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	1	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	1	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VANTIN TAB	-	3	CEPHALOSPORINS
vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
VAROPHEN KIT	-	NC	DERMATOLOGICALS
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERLIPIDEMICS
VASERETIC TAB	-	3	ANTIHYPERTENSIVES
vasoalex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VASOTEC TAB	-	3	ANTIHYPERTENSIVES
V-C FORTE CAP	-	3	MULTIVITAMINS
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0	VAGINAL PRODUCTS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELPHORO CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	KMSP-PA	4	ASSORTED CLASSES
VELTIN GEL	-	3	DERMATOLOGICALS
VEMLIDY TAB	KMSP	4	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENELEX OINT	-	2	DERMATOLOGICALS
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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VERAMYST NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
VERAPAMIL CAP 100MG	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN PM CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN PM ER CAP 100MG, 300MG	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	3	CALCIUM CHANNEL BLOCKERS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE TAB	-	3	URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	2	OPHTHALMIC AGENTS
VFEND SUSP (Restricted to Infectious Disease Specialist)	RS	3	ANTIFUNGALS
VFEND TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTIFUNGALS
V-GO INJ KIT (QL= 1 kit/day)	QL	2	MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN CAP	-	3	TETRACYCLINES
VIBRAMYCIN SUSP	-	3	TETRACYCLINES
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICOPROFEN TAB	-	NC	ANALGESICS - OPIOID
VICTOZA INJ (QL= 9ml/30 days)	QL	2	ANTIDIABETICS
VICTRELIS CAP	MSP-PA-SF	4	ANTIVIRALS
VIDEX EC CAP	-	NC	ANTIVIRALS
VIDEX EC CAP 125MG	-	NC	ANTIVIRALS
VIDEX SOLN	-	4	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIIBRYD TAB	-	NC	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
VIRACEPT POWDER	-	4	ANTIVIRALS
VIRACEPT TAB	-	4	ANTIVIRALS
VIRAMUNE SUSP	-	4	ANTIVIRALS
VIRAMUNE TAB	-	4	ANTIVIRALS
VIRAMUNE XR TAB	-	NC	ANTIVIRALS

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VIREAD TAB	-	NC	ANTIVIRALS
VIREAD TAB 150MG, 200MG, 250MG	-	4	ANTIVIRALS
VIROPTIC OPHTH SOLN	-	3	OPHTHALMIC AGENTS
VISICOL TAB	-	3	LAXATIVES
VISTARIL CAP	-	3	ANTIANKXIETY AGENTS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	NC	MULTIVITAMINS
vitamin D cap (Rx covered Only)	-	1	VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITEKTA TAB	-	3	ANTIVIRALS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVACTIL TAB	-	3	ANTIDEPRESSANTS
VIVELLE-DOT PATCH	-	3	ESTROGENS
VIVITROL INJ	-	NC	ANTIDOTES
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	2	VACCINES
VIZIMPRO TAB (QL= 1 tab/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
VOLTAREN GEL (QL= 5 tubes/fill)	QL	3	DERMATOLOGICALS
VOLTAREN OPTH SOLN	-	3	OPHTHALMIC AGENTS
VOLTAREN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
VOLTAREN XR TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	1	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	1	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	KMSP-PA-QL	4	ANTIVIRALS
VOSOL HC OTIC SOLN	-	3	OTIC AGENTS
VOSOL OTIC SOLN	-	3	OTIC AGENTS
VOSPIRE ER TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VOTRIENT TAB	KMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VP-PNV-DHA CAP	-	3	MULTIVITAMINS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLEESI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
VYNDAMAX CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3	ANTIHYPERTENSIVES
VYTORIN TAB 10-80MG	-	NC	ANTIHYPERTENSIVES
VYVANSE CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVANSE CHEW TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
WAKIX TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WELCHOL PACK	-	NC	ANTIHYPERTENSIVES
WELCHOL TAB	-	NC	ANTIHYPERTENSIVES
WELLBUTRIN SR TAB	-	3	ANTIDEPRESSANTS
WELLBUTRIN TAB	-	3	ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	3	ANTIDEPRESSANTS
WESTCORT OINT	-	NC	DERMATOLOGICALS
WINRHO SDF INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
WPR PLUS	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
XADAGO TAB (QL= 1 tab/day)	PA-QL	3	ANTIPARKINSON AGENTS
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XANAX TAB (QL= 5 tabs/day)	QL	3	ANTI-ANXIETY AGENTS
XANAX XR TAB	-	NC	ANTI-ANXIETY AGENTS
XAQUIL XR TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XATMEP SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELODA TAB	KMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELPROS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENLETA TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
XEPI CREAM	-	NC	DERMATOLOGICALS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
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Drug Name	Special Code	Tier	Category
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	-	NC	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	-	NC	ANTIDIABETICS
XIIDRA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
XIMINO CAP	-	NC	TETRACYCLINES
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOFLUZA TAB	-	NC	ANTIVIRALS
XOLEGEL	-	NC	DERMATOLOGICALS
XOPENEX NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOSPATA TAB (QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTAMPZA ER CAP (QL= 120 caps/30 days)	PA-QL	2	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	\$0	CONTRACEPTIVES
XULTOPHY INJ	-	NC	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYLOCAINE SOLN	-	3	DERMATOLOGICALS
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES
XYZAL TAB	-	NC	ANTIHISTAMINES
XYZBAC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YASMIN TAB	-	NC	CONTRACEPTIVES
YAZ TAB	-	NC	CONTRACEPTIVES
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YODOXIN TAB	-	3	AMEBICIDES
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZADITOR OPHTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafirlukast tab (ACCOLATE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZANAFLEX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ZANAFLEX TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
ZANOSAR INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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Drug Name	Special Code	Tier	Category
ZANTAC CAP	-	NC	ULCER DRUGS
ZANTAC EFFER TAB	-	3	ULCER DRUGS
ZANTAC GRANULE PACKET	-	3	ULCER DRUGS
ZANTAC SYRUP	-	3	ULCER DRUGS
ZANTAC TAB	-	3	ULCER DRUGS
ZARONTIN CAP	-	3	ANTICONVULSANTS
ZARONTIN SOLN	-	3	ANTICONVULSANTS
ZAROXOLYN TAB	-	3	DIURETICS
ZARXIO INJ	KMSP	4	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZEBETA TAB	-	3	BETA BLOCKERS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	OTC	1	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	3	ANTIPARKINSON AGENTS
ZELBORAF TAB	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMPLAR CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZERIT CAP	-	4	ANTIVIRALS
ZERIT SOLN	-	4	ANTIVIRALS
ZESTORETIC TAB	-	3	ANTIHYPERTENSIVES
ZETIA TAB	-	NC	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAC TAB	-	3	ANTIHYPERTENSIVES
ZIAGEN SOLN	-	NC	ANTIVIRALS
ZIAGEN TAB	-	NC	ANTIVIRALS
ZIANA GEL	-	3	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
ZIEXTENZO INJ	-	NC	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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Drug Name	Special Code	Tier	Category
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZITHROMAX SUSP	-	3	MACROLIDES
ZITHROMAX TAB	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOCOR TAB	-	3	ANTIHYPERTENSIVES
ZOCOR TAB 80MG	-	NC	ANTIHYPERTENSIVES
ZOFRAN ODT	-	3	ANTIEMETICS
ZOFRAN SOLN	-	3	ANTIEMETICS
ZOFRAN TAB	-	3	ANTIEMETICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOLINZA CAP	KMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan ODT (ZOMIG equiv)	-	NC	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv)	-	NC	MIGRAINE PRODUCTS
ZOLOFT CONC	-	3	ANTIDEPRESSANTS
ZOLOFT TAB	-	3	ANTIDEPRESSANTS
zolpidem ER tab (AMBIEN CR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMIG NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
ZOMIG TAB	-	NC	MIGRAINE PRODUCTS
ZOMIG ZMT	-	NC	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
ZONEGRAN CAP	-	3	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	3	ANALGESICS - NONNARCOTIC
ZORTRESS TAB	KMSP-PA	4	ASSORTED CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZOVIRAX CAP	-	3	ANTIVIRALS
ZOVIRAX CREAM	-	3	DERMATOLOGICALS
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZOVIRAX SUSP	-	3	ANTIVIRALS
ZOVIRAX TAB	-	3	ANTIVIRALS
ZUBSOLV SL TAB	-	NC	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
ZYBAN TAB	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB	-	NC	ASTHMATIC AND BRONCHODILATOR AGENTS

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

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
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Drug Name	Special Code	Tier	Category
ZYFLO TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	KMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOPRIM TAB	-	3	GOUT AGENTS
ZYMAXID OPHTH SOLN (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	3	OPHTHALMIC AGENTS
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS
ZYPREXA TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYTIGA TAB 250MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.
ZYVOX TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.

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

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL XR CAP	-	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1
dextroamphetamine soln (PROCENTRA equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
VYVANSE CAP	-	2
VYVANSE CHEW TAB	-	2
ADDERALL TAB	-	3
DEXEDRINE CAP	-	3
ADZENYS ER SUSP, AMPHETAMINE ER SUSP	-	NC
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
DESOXYN TAB	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
methamphetamine tab (DESOXYN equiv)	-	NC
MYDAYIS CAP	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALEPTICS		
CAFCIT INJ	-	NC
caffeine citrate soln (CAFCIT equiv)	-	NC
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	1
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1
ADIPEX-P CAP	PA-QL	3
ADIPEX-P TAB	PA-QL	3
QSYMIA CAP (QL= 1 cap/day)	PA-QL	3
LOMAIRA TAB	-	NC
phendimetrazine tab	-	NC
ANTI-OBESITY AGENTS		
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	2
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	2
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	2
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap (STRATTERA equiv)	-	1
guanfacine ER tab (INTUNIV equiv)	-	1
INTUNIV TAB	-	3
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
STRATTERA CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB	-	NC

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

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

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DrugName	Special Code	Tier
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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.

HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS

WAKIX TAB	-	NC
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate CD cap (METADATE CD equiv)	-	1
methylphenidate chew tab (METHYLIN equiv)	-	1
methylphenidate ER cap (RITALIN LA equiv)	-	1
methylphenidate ER tab	-	1
methylphenidate soln (METHYLIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	1
METHYLIN SOLN	-	2
METHYLPHENIDATE ER TAB	-	2
CONCERTA TAB, RITALIN SR TAB	-	3
DAYTRANA PATCH	-	3
FOCALIN TAB	-	3
FOCALIN XR CAP	-	3
METADATE CD CAP	-	3
METHYLIN CHEW TAB	-	3
NUVIGIL TAB (QL= 1 tab/day)	PA-QL	3
PROVIGIL TAB (QL= 2 tabs/day)	PA-QL	3
RITALIN LA CAP	-	3
RITALIN TAB	-	3
COTEMPLA XR ODT	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC
QUILLIVANT XR SUSP	-	NC

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

ODACTRA SL TAB	-	NC
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ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S

RESERVAPAK SYRUP	-	NC
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AMEBICIDES

AMEBICIDES

YODOXIN TAB	-	3
SOLOSEC GRANULES PACKET	-	NC

AMINOGLYCOSIDES

AMINOGLYCOSIDES

neomycin tab	-	1
PAROMOMYCIN CAP	-	1
paromomycin cap (HUMATIN equiv)	-	1
TOBI PODHALER	KMSP-PA	4
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	4

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	PA	Prior Authorization
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	SF	Limited to two 15 day fills per month for first 3 months	ST	Step Therapy
QL	Quantity Limit	RS	Restricted to Specialist				
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program				

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DrugName	Special Code	Tier
AMINOGLYCOSIDES Cont.		
amikacin inj (KANAMYCIN equiv)	M	M
KANAMYCIN INJ	M	M
ARIKAYCE SUSP	-	NC
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC
TOBI NEB SOLN	-	NC
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	4
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	4
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	4
OLUMIANT TAB	-	NC
ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	4
SIMPONI ARIA INJ	-	NC
SIMPONI SC INJ	-	NC
GOLD COMPOUNDS		
RIDAURA CAP	-	2
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac ER tab (LODINE XL equiv)	-	1
etodolac tab	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (Rx covered Only)	-	1

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EXC	NC =Not Covered Plan Exclusion	INF	generic =small letters Infertility	KMSP	BRANDS =CAPITAL LETTERS Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
oxaprozin tab (DAYPRO equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
ARTHROTEC TAB	-	3
CATAFLAM TAB	-	3
CELEBREX CAP (QL= 2 caps/day)	QL	3
CLINORIL TAB	-	3
DAYPRO TAB	-	3
FELDENE CAP	-	3
KETOPROFEN ER CAP	-	3
MELOXICAM SUSP	-	3
MOBIC TAB	-	3
MOTRIN SUSP	-	3
NAPROSYN EC TAB	-	3
NAPROSYN TAB	-	3
TOLMETIN TAB	-	3
VOLTAREN TAB	-	3
VOLTAREN XR TAB	-	3
ANAPROX TAB	-	NC
DUEXIS TAB	-	NC
fenoprofen calcium tab	-	NC
FENOPROFEN CAP	-	NC
IBU 600-EZS KIT	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
ketoprofen cap (ORUDIS equiv)	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
NAPROSYN SUSP	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
naproxen sodium tab (ANAPROX equiv)	-	NC
NAPROXEN SUSP	-	NC
naproxen susp (NAPROSYN equiv)	-	NC
PONSTEL CAP	-	NC

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
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Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
TOLMETIN CAP	-	NC
tolmetin cap (TOLECTIN DS equiv)	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OZEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	4
OZEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	4
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
ARAVA TAB	-	3
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	4
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	4
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	4
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	4
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	4
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	4
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
SALICYLATES		
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
salsalate tab (DISALCID equiv)	-	1
ZORPRIN TAB	-	3
diflunisal tab (DOLOBID equiv)	-	NC

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LD	Plan Exclusion	LMSP	Infertility	M	Kroger Mandatory Specialty Pharmacy Program
MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit
QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization
SMKG	Quantity Limit	SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months
	Smoking Cessation		Available through Specialty Pharmacy Program		Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab 60mg (QL=180 tabs/30 days)	QL	1
codeine sulfate tablet 15mg, 30mg (QL= 240 tabs/30 days)	QL	1
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	1
fentanyl patch (DURAGESIC equiv) (QL=10 patches/30 days)	QL	1
hydromorphone tab 2mg (DILAUDID equiv) (QL= 240 tabs/30 days)	QL	1
hydromorphone tab 4mg (DILAUDID equiv) (QL=180 tabs/30 days)	QL	1
hydromorphone tab 8mg (DILAUDID equiv) (QL=120 tabs/30 days)	QL	1
MEPERIDINE TAB (QL=120 tabs/30 days)	QL	1
meperidine tab (DEMEROL equiv) (QL=120 tabs/30 days)	QL	1
methadone conc (QL=600ml/30 days)	QL	1
methadone soln 10mg/5ml (QL=600ml/30 days)	QL	1
METHADONE SOLN 5MG/5ML (QL=1200ml/30 days)	QL	1
methadone tab (DOLOPHINE equiv) (QL=120 tabs/30 days)	QL	1
methadone tab 10mg (DOLOPHINE equiv) (QL= 240 tabs/30 days)	QL	1
morphine sulfate ER tab (MS CONTIN equiv) (QL= 90 tabs/ 30 days)	QL	1
morphine sulfate soln (QL=120ml/30 days)	QL	1
morphine sulfate tab (QL=180 tabs/30 days)	QL	1
oxycodone cap (OXYIR equiv) (QL=120 caps/30 days)	QL	1
oxycodone soln (ROXICODONE equiv) (QL=240ml/30 days)	QL	1
oxycodone tab (ROXICODONE equiv) (QL=120 tabs/30 days)	QL	1
tramadol ER tab (ULTRAM ER equiv) (QL= 30 tabs/30 days)	QL	1
tramadol tab (ULTRAM equiv) (QL= 240 tabs/30 days)	QL	1
XTAMPZA ER CAP (QL= 120 caps/30 days)	PA-QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
ACTIQ LOZENGE (QL= 120 units/30 days)	PA-QL	3
AVINZA CAP (QL= 2 caps/day)	QL	3
DAZIDOX TAB (QL=120 tabs/30 days)	QL	3
DEMEROL TAB (QL=120 tabs/30 days)	QL	3
DILAUDID TAB 2MG (QL= 240 tabs/30 days)	QL	3
DILAUDID TAB 4MG (QL=180 tabs/30 days)	QL	3
DILAUDID TAB 8MG (QL=120 tabs/30 days)	QL	3
DOLOPHINE TAB (QL=120 tabs/30 days)	QL	3
DURAGESIC PATCH (QL=10 patches/30 days)	QL	3
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
METHADOSE CONC (QL=600ml/30 days)	QL	3
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3
NUCYNTA TAB (QL= 180 tabs/30 days)	QL	3
ROXICODONE TAB (QL=120 tabs/30 days)	QL	3
ULTRAM TAB (QL= 240 tabs/30 days)	QL	3
ARYMO ER TAB	-	NC
CODEINE SULFATE SOLN	-	NC
DSUVIA SL TAB	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC
hydromorphone ER tab (EXALGO equiv)	-	NC
HYDROMORPHONE SUPP	-	NC
HYSINGLA ER TAB	-	NC
KADIAN CAP	-	NC
LEVORPHANOL TAB	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
methadose tab	-	NC
MORPHABOND TAB	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
morphine sulfate supp	-	NC
NUCYNTA ER TAB	-	NC
OPANA ER TAB	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
oxycodone conc (ROXICODONE equiv)	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYIR CAP (QL=120 caps/30 days)	-	NC
oxymorphone tab (OPANA equiv)	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
TRAMADOL HCL TAB 100MG	-	NC
ULTRAM ER TAB	-	NC
ZOHYDRO ER CAP	-	NC

OPIOID COMBINATIONS

acetaminophen/codeine soln (QL=240ml/30 days)	QL	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL=180 tabs/30 days)	QL	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL=1800ml/30 days)	QL	1
hydrocodone/acetaminophen tab (LORTAB equiv) (QL=120 tabs/30 days)	QL	1
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL=120 tabs/30 days)	QL	1
hydrocodone/ibuprofen tab (VICOPROFEN equiv) (QL= 120 tabs/30 days)	QL	1
oxycodone/acetaminophen tab (PERCOCET equiv) (QL=120 tabs/30 days)	QL	1
OXYCODONE/ASPIRIN TAB (QL= 120 tabs/30 days)	QL	1
oxycodone/aspirin tab (PERCODAN equiv) (QL=120 tabs/30 days)	QL	1
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 240 tabs/30 days)	QL	1
CAPITAL/CODEINE SUSP (QL=240ml/30 days)	QL	3
HYCET SOLN (QL=1800ml/30 days)	QL	3
LORTAB (QL=120 tabs/30 days)	QL	3
LORTAB ELIXIR (QL=1800ml/30 days)	QL	3
PERCOCET TAB (QL=120 tabs/30 days)	QL	3
PERCODAN TAB (QL=120 tabs/30 days)	QL	3
TYLENOL/CODEINE TAB (QL=180 tabs/30 days)	QL	3
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	NC
APADAZ TAB	-	NC
aspirin/codeine tab	-	NC

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Category/Class**

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen cap (LORCET equiv)	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
oxycodone/acetaminophen cap (TYLOX equiv)	-	NC
OXYCODONE/ACETAMINOPHEN SOLN	-	NC
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	NC
pentazocine/acetaminophen tab (TALACEN equiv)	-	NC
PRIMLEV TAB	-	NC
REPREXAIN TAB	-	NC
ROXICET SOLN	-	NC
TREXIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
ULTRACET TAB	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
VICOPROFEN TAB	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
OPIOID PARTIAL AGONISTS		
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	1
buprenorphine SL tab (SUBUTEX equiv)	-	1
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	1
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	1
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	3
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3
SUBOXONE SL FILM	-	3
BELBUCA FILM	-	NC
BUNAVAIL FILM	-	NC
pentazocine/naloxone tab (TALWIN NX equiv)	-	NC
SUBLOCADE INJ	-	NC
ZUBSOLV SL TAB	-	NC
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	1
ANADROL TAB	-	3
OXANDRIN TAB	-	3
ANDROGENS		
danazol cap (DANOCRINE equiv)	-	1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1
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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	1
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	1
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	1
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	1
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2
ANDROXY TAB	-	2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	2
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)	PA-QL	3
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	3
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	3
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	3
ANDROID CAP, TESTRED CAP	PA	3
AXIRON SOLN (QL= 2 bottles/30 days)	PA-QL	3
DEPO-TESTOSTERONE INJ	-	3
METHITEST TAB	PA	3
METHYLTESTOSTERONE CAP	PA	3
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	3
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	3
JATENZO CAP	-	NC
XYOSTED INJ	-	NC

ANORECTAL AGENTS

INTRARECTAL STEROIDS

hydrocortisone enema (CORTENEMA equiv)	-	1
CORTENEMA	-	3
UCERIS RECTAL FOAM	PA	3
CORTIFOAM	-	NC

RECTAL COMBINATIONS

lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	1
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	NC
ANALPRAM-HC CREAM	-	NC
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	NC
PROCORT CREAM	-	NC

RECTAL STEROIDS

proctosol HC cream (ANUSOL HC equiv)	-	1
ANUSOL-HC CREAM	-	3
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC

VASODILATING AGENTS

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANORECTAL AGENTS Cont.		
RECTIV OINT	-	NC

ANTHELMINTICS

ANTHELMINTICS		
albendazole tab (ALBENZA equiv)	-	1
ivermectin tab (STROMECTOL equiv)	-	1
mebendazole chew tab (VERMOX equiv)	-	1
praziquantel tab (BILTRICIDE equiv)	-	1
BENZNIDAZOLE TAB	PA	2
EMVERM TAB	PA	2
ALBENZA TAB	-	3
BILTRICIDE TAB	-	3
STROMECTOL TAB	-	3
EGATEN TAB	-	NC

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	1
RANEXA TAB	-	3

NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
NITRO-BID OINT	-	2
DILATRATE SR CAP	-	3
IMDUR TAB	-	3
ISORDIL TITRADOSE TAB	-	3
NITRO-DUR PATCH	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
NITROLINGUAL PUMP SPRAY	-	3
NITROSTAT SL TAB	-	3
GONITRO POWDER	-	NC
ISOSORBIDE DINITRATE ER TAB	-	NC
NITROGLYCERIN ER CAP	-	NC
NITROMIST SPRAY	-	NC

ANTIANGIETY AGENTS

ANTIANGIETY AGENTS - MISC.		
bupirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
HYDROXYZINE PAMOATE CAP 100MG	-	1
hydroxyzine syrup (ATARAX equiv)	-	1

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ANTIANXIETY AGENTS Cont.		
hydroxyzine tab (ATARAX equiv)	-	1
BUSPAR TAB	-	3
VISTARIL CAP	-	3
bupirone tab 30mg (BUSPAR equiv)	-	NC
meprobamate tab (MILTOWN equiv)	-	NC
BENZODIAZEPINES		
alprazolam tab (XANAX equiv) (QL= 5 tabs/day)	QL	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv) (QL= 180ml/30 days)	QL	1
DIAZEPAM SOLN (QL= 180ml/30 days)	QL	1
diazepam tab 2mg, 10mg (VALIUM equiv) (QL= 4 tabs/day)	QL	1
diazepam tab 5mg (VALILUM equiv) (QL= 3 tabs/day)	QL	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
OXAZEPAM CAP	-	2
ATIVAN TAB	-	3
LIBRIUM CAP	-	3
VALIUM TAB 2MG, 10MG (QL= 4 tabs/day)	QL	3
VALIUM TAB 5MG (QL= 3 tabs/day)	QL	3
XANAX TAB (QL= 5 tabs/day)	QL	3
alprazolam ER tab (XANAX XR equiv)	-	NC
alprazolam ODT (NIRAVAM equiv)	-	NC
clorazepate tab (TRANXENE-T equiv)	-	NC
NIRAVAM ODT	-	NC
TRANXENE-T TAB	-	NC
XANAX XR TAB	-	NC

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine gluconate CR tab	-	1
quinidine sulfate tab	-	1
NORPACE CAP	-	3
QUINIDINE SULFATE ER TAB	-	3
disopyramide ER cap (NORPACE CR equiv)	-	NC
NORPACE CR CAP	-	NC
procainamide inj	-	NC
QUINIDINE SULFATE TAB	-	NC
ANTIARRHYTHMICS TYPE I-B		
MEXILETINE CAP	-	2
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
RYTHMOL SR CAP	-	3
RYTHMOL TAB	-	3
TAMBOCOR TAB	-	3

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DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	1
MULTAQ TAB	-	2
CORDARONE TAB	-	3
TIKOSYN CAP	-	3
Pacerone 200mg	-	NC
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ (QL= 1 inj/56 days)	KMSP-PA-QL	4
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	1
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2
SPIRIVA HANDIHALER (For use with Handihaler device)	PA	3
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3
LONHALA MAGNAIR SOLN	-	NC
SEEBRI NEOHALER CAP	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
zafirlukast tab (ACCOLATE equiv)	-	1
ACCOLATE TAB	-	3
SINGULAIR CHEW TAB	-	3
SINGULAIR GRANULE PACK	-	3
SINGULAIR TAB	-	3
ZYFLO TAB	-	3
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO CR TAB	-	NC
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	NC
STERIOD INHALANTS		
budesonide inh susp (PULMICORT equiv)	-	1
ARNUITY ELLIPTA INHALER	-	2
ASMANEX HFA INHALER	-	2
ASMANEX INHALER	-	2
FLOVENT DISKUS INHALER	-	2

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
FLOVENT HFA INHALER	-	2
PULMICORT INH SUSP	-	3
AEROSPAN HFA INHALER	-	NC
ALVESCO INHALER	-	NC
ARMONAIR RESPICLICK	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDHALER	-	NC
SYMPATHOMIMETICS		
ADVAIR DISKUS INHALER	-	1
albuterol neb soln	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE/SALMETEROL INHALER	-	1
levalbuterol neb soln (XOPENEX equiv)	-	1
METAPROTERENOL SYRUP	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR HFA INHALER	-	2
ANORO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER	-	2
COMBIVENT INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
SEREVENT DISKUS INHALER	-	2
TRELEGY ELLIPTA INHALER	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2
ACCUNEB NEB SOLN	-	3
BROVANA NEB SOLN	-	3
DUONEB NEB SOLN	-	3
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3
PERFORMIST NEB SOLN	-	3
STIOLTO INHALER	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
VOSPIRE ER TAB	-	3
XOPENEX NEB SOLN	-	3
AIRDUO RESPICLICK	-	NC
ALBUTEROL HFA INHALER, PROVENTIL HFA INHALER	-	NC
ALBUTEROL TAB ER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER	-	NC
DUAKLIR INHALER	-	NC
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC
FORADIL AEROLIZER	-	NC
METAPROTERENOL TAB	-	NC

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
PROAIR HFA INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
aminophylline tab	-	1
THEOCHRON TAB	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
LUFYLLIN TAB	-	3
THEO-24 CAP	-	3
UNIPHYL TAB	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
COUMADIN TAB	-	3
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO TAB	-	2
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	1
fondaparinux inj (ARIXTRA equiv)	PA	1
ARIXTRA INJ	PA	3
FRAGMIN INJ	-	3
LOVENOX INJ (QL= 17 days supply)	QL	3
heparin porcine inj	M	M
THROMBIN INHIBITORS		
PRADAXA CAP	-	2
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	PA	1
clonazepam ODT (KLONOPIN equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 5 inj/30 days)	QL	2
KLONOPIN TAB	-	3
ONFI TAB	PA	3
clobazam susp (ONFI equiv)	-	NC
NAYZILAM SPRAY	-	NC
ONFI SUSP	-	NC

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
SYMPAZAN ORAL FILM	-	NC
VALTOCO LIQUID	-	NC
VALTOCO SPRAY	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine ER cap (CARBATROL equiv)	-	1
carbamazepine ER tab (TEGRETOL XR equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin soln (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine ER tab (LAMICTAL XR equiv)	-	1
lamotrigine ODT (LAMICTAL equiv)	-	1
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv)	-	1
pregabalin soln (LYRICA equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
BANZEL SUSP	PA	2
BANZEL TAB	PA	2
LAMICTAL CHEW TAB 2MG	-	2
VIMPAT SOLN	-	2
VIMPAT TAB (QL= 2 tabs/day)	QL	2
CARBATROL CAP	-	3
KEPPRA SOLN	-	3
KEPPRA TAB	-	3
KEPPRA XR TAB	-	3
LAMICTAL CHEW TAB	-	3
LAMICTAL ODT	-	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
LAMICTAL STARTER KIT	-	3
LAMICTAL TAB	-	3
LAMICTAL XR TAB	-	3
MYSOLINE TAB	-	3
NEURONTIN CAP	-	3
NEURONTIN SOLN	-	3
NEURONTIN TAB	-	3

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
TEGRETOL CHEW TAB	-	3
TEGRETOL SUSP	-	3
TEGRETOL TAB	-	3
TEGRETOL XR TAB	-	3
TOPAMAX SPRINKLE CAP	-	3
TOPAMAX TAB	-	3
TRILEPTAL SUSP	-	3
TRILEPTAL TAB	-	3
ZONEGRAN CAP	-	3
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	4
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	4
APTIOM TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
EPIDIOLEX SOLN	-	NC
LYRICA CAP	-	NC
LYRICA SOLN	-	NC
OXTELLAR XR TAB	-	NC
POTIGA TAB	-	NC
POTIGA TAB 50MG	-	NC
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TROKENDI XR CAP	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	1
felbamate tab (FELBATOL equiv)	-	1
FELBATOL SUSP	-	3
FELBATOL TAB	-	3
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	1
GABITRIL TAB	-	3
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	4
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	4
SABRIL POWDER PACK	-	NC
SABRIL TAB	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin chew tab (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
DILANTIN CAP 100MG	-	3
DILANTIN INFATABS	-	3
DILANTIN SUSP	-	3
PEGANONE TAB	-	NC
SUCCINIMIDES		

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ANTICONVULSANTS Cont.		
ethosuximide cap (ZARONTIN equiv)	-	1
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ZARONTIN CAP	-	3
ZARONTIN SOLN	-	3
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPAKENE CAP	-	3
DEPAKENE SYRUP	-	3
DEPAKOTE ER TAB	-	3
DEPAKOTE SPRINKLE CAP	-	3
DEPAKOTE TAB	-	3
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
REMERON SOLUTAB	-	3
REMERON TAB	-	3
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
WELLBUTRIN SR TAB	-	3
WELLBUTRIN TAB	-	3
WELLBUTRIN XL TAB	-	3
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	1
MARPLAN TAB	-	2
EMSAM PATCH	-	3
NARDIL TAB	-	3
PARNATE TAB	-	3
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN	-	NC
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	1
fluvoxamine or paroxetine	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine ER tab (PAXIL CR equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
CELEXA SOLN	-	3
CELEXA TAB	-	3
LEXAPRO SOLN	-	3
LEXAPRO TAB	-	3
LUVOX CR CAP (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3
PAXIL CR TAB	-	3
PAXIL SUSP	-	3
PAXIL TAB	-	3
PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3
PROZAC CAP	-	3
PROZAC SOLN	-	3
PROZAC TAB	-	3
ZOLOFT CONC	-	3
ZOLOFT TAB	-	3
FLUOXETINE TAB 60MG	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PROZAC WEEKLY CAP	-	NC
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
OLEPTRO TAB	-	3
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
VIIBRYD TAB	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv)	-	1
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
EFFEXOR TAB	-	3

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EXC	NC =Not Covered Plan Exclusion	INF	generic =small letters Infertility	KMSP	BRANDS =CAPITAL LETTERS Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier			
ANTIDEPRESSANTS Cont.					
EFFEXOR XR CAP	-	3			
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3			
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3			
PRISTIQ TAB	-	3			
CYMBALTA CAP	-	NC			
DESVENLAFAXINE ER TAB	-	NC			
DRIZALMA DR CAP	-	NC			
duloxetine cap 40mg (IRENKA equiv)	-	NC			
KHEDEZLA ER TAB	-	NC			
VENLAFAXINE ER TAB	-	NC			
TRICYCLIC AGENTS					
amitriptyline tab (ELAVIL equiv)	-	1			
AMOXAPINE TAB	-	1			
clomipramine cap (ANAFRANIL equiv)	-	1			
desipramine tab (NORPRAMIN equiv)	-	1			
doxepin cap (SINEQUAN equiv)	-	1			
doxepin conc (SINEQUAN equiv)	-	1			
imipramine pamoate cap (TOFRANIL PM equiv)	-	1			
imipramine tab (TOFRANIL equiv)	-	1			
nortriptyline cap (PAMELOR equiv)	-	1			
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1			
NORTRIPTYLINE SOLN	-	1			
protriptyline tab (VIVACTIL equiv)	-	1			
trimipramine cap (SURMONTIL equiv)	-	1			
ANAFRANIL CAP	-	3			
NORPRAMIN TAB	-	3			
PAMELOR CAP	-	3			
SURMONTIL CAP	-	3			
TOFRANIL PM CAP	-	3			
TOFRANIL TAB	-	3			
VIVACTIL TAB	-	3			
ANTIDIABETICS					
ALPHA-GLUCOSIDASE INHIBITORS					
acarbose tab (PRECOSE equiv)	-	1			
miglitol tab (GLYSET equiv)	-	1			
GLYSET TAB	-	3			
PRECOSE TAB	-	3			
ANTIDIABETIC - AMYLIN ANALOGS					
SYMLINPEN INJ	-	NC			
ANTIDIABETIC COMBINATIONS					
glipizide/metformin tab (METAGLIP equiv)	-	1			
glyburide/metformin tab (GLUCOVANCE equiv)	-	1			
ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day)	QL	2			
ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day)	QL	2			
AVANDAMET TAB	-	2			
AVANDARYL TAB	-	2			
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EXC LD MSP QL SMKG	NC =Not Covered Plan Exclusion Limited Distribution Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation	INF LMSP OTC RS SP	generic =small letters Infertility Lumicera Mandatory Specialty Pharmacy Program Over-the-Counter Restricted to Specialist Available through Specialty Pharmacy Program	KMSP M PA SF ST	BRANDS =CAPITAL LETTERS Kroger Mandatory Specialty Pharmacy Program Medical Benefit Prior Authorization Limited to two 15 day fills per month for first 3 months Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
ACTOPLUS MET XR TAB	-	3
GLUCOVANCE TAB	-	3
METAGLIP TAB	-	3
ACTOPLUS MET TAB	-	NC
DUETACT TAB	-	NC
GLYXAMBI TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
JENTADUETO TAB	-	NC
JENTADUETO XR TAB	-	NC
KAZANO TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
OSENI TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
SOLIQUA INJ	-	NC
STEGLUJAN TAB	-	NC
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	-	NC
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	-	NC
XULTOPHY INJ	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
GLUCOPHAGE TAB	-	3
GLUCOPHAGE XR TAB	-	3
RIOMET SOLN, METFORMIN SOLN	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
DIABETIC OTHER		
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2
PROGLYCEM SUSP	-	3
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	4

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Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
GLUCAGON EMR INJ	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN TAB (QL= 1 tab/day)	QL	2
JANUVIA TAB (QL= 1 tab/day)	QL	2
NESINA TAB	-	NC
ONGLYZA TAB	-	NC
TRADJENTA TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2
BYDUREON INJ (QL= 4 inj/28 days)	QL	2
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2
TRULICITY INJ (QL= 4 pens/28 days)	QL	2
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ (QL= 1 pen/30 days)	QL	3
ADLYXIN INJ	-	NC
RYBELSUS TAB	-	NC
TANZEUM INJ	-	NC
INSULIN		
BASAGLAR INJ	-	2
FIASP FLEXTOUCH INJ	-	2
FIASP INJ	-	2
FIASP PENFILL INJ	-	2
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
NOVOLIN 70/30 FLEXPEN INJ	OTC	2
NOVOLIN INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
ADMELOG INJ, INSULIN LISPRO INJ (Step Therapy requires trial of NOVOLOG)	ST	3
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3
APIDRA INJ (Step Therapy requires trial of NOVOLOG)	ST	3
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG MIX KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMALOG INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG PEN INJ	-	NC
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	NC
LANTUS INJ	-	NC
LANTUS SOLOSTAR INJ	-	NC
LEVEMIR FLEXTOUCH INJ	-	NC
LEVEMIR INJ	-	NC
TOUJEO MAX SOLOSTAR INJ	-	NC
TOUJEO SOLOSTAR INJ	-	NC
TRESIBA FLEXTOUCH INJ	-	NC
TRESIBA INJ	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
ACTOS TAB	-	3
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	1
repaglinide tab (PRANDIN equiv)	-	1
PRANDIN TAB	-	3
STARLIX TAB	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE TAB (QL= 1 tab/day)	QL	2
STEGLATRO TAB (QL= 1 tab/day)	QL	2
FARXIGA TAB	-	NC
INVOKANA TAB	-	NC
SULFONYLUREAS		
CHLORPROPAMIDE TAB	-	1
chlorpropamide tab (DIABINESE equiv)	-	1
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
tolazamide tab (TOLINASE equiv)	-	1
TOLBUTAMIDE TAB	-	2
AMARYL TAB	-	3
DIABETA TAB	-	3
GLUCOTROL TAB	-	3
GLUCOTROL XL TAB	-	3
GLYNASE TAB	-	3

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
LOMOTIL LIQUID	-	3
LOMOTIL TAB	-	3
MOTOFEN TAB	-	3
loperamide cap	-	NC
opium tincture	-	NC
PAREGORIC TINCTURE	-	NC

ANTIDOTES

ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
OPIOID ANTAGONISTS		
naloxone inj	-	1
naltrexone tab (REVIA equiv)	-	1
REVIA TAB	-	3
EVZIO INJ	-	NC
VIVITROL INJ	-	NC

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS		
deferasirox tab (EXJADE equiv)	LMSP	4
deferasirox tab 90mg, 360mg (JADENU equiv)	KMSP	4
JADENU SPRINKLE	KMSP	4
JADENU TAB 180MG	KMSP	4
EXJADE TAB	-	NC
JADENU TAB 90MG, 360MG	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
NALOXONE PREFILLED INJ	-	\$0
NARCAN NASAL SPRAY	-	2
EVZIO INJ	-	NC

ANTIEMETICS

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	Smoking Cessation		Available through Specialty Pharmacy Program		Step Therapy

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Last Updated* 2/1/2020

DrugName	Special Code	Tier			
ANTIEMETICS Cont.					
5-HT3 RECEPTOR ANTAGONISTS					
ondansetron ODT (ZOFTRAN equiv)	-	1			
ondansetron soln (ZOFTRAN equiv)	-	1			
ONDANSETRON TAB	-	1			
ondansetron tab (ZOFTRAN equiv)	-	1			
ZOFTRAN ODT	-	3			
ZOFTRAN SOLN	-	3			
ZOFTRAN TAB	-	3			
ANZEMET TAB (QL= 9 tabs/fill)	QL-SP	4			
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL-SP	4			
GRANISOL SOLN (QL= 60ml/fill)	QL-SP	4			
KYTRIL TAB (QL= 9 tabs/fill)	QL-SP	4			
SANCUSO PATCH (QL= 4 patches/fill)	QL-SP	4			
SUSTOL INJ	-	NC			
ZUPLENZ SL FILM	-	NC			
ANTIEMETICS - ANTICHOLINERGIC					
maldemar tab (SCOPACE equiv)	-	1			
meclizine chew tab (BONINE equiv)	OTC	1			
meclizine tab (ANTIVERT equiv)	OTC	1			
scopolamine patch (TRANSDERM-SCOP equiv)	-	1			
trimethobenzamide cap (TIGAN equiv)	-	1			
TIGAN CAP	-	3			
TRANSDERM-SCOP PATCH	-	3			
ANTIEMETICS - MISCELLANEOUS					
dronabinol cap (MARINOL equiv)	PA	1			
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2			
CESAMET CAP	-	3			
MARINOL CAP	PA	3			
DICLEGIS TAB	-	NC			
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC			
SYNDROS SOLN	-	NC			
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS					
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	1			
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	1			
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2			
EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3			
EMEND SUSP	-	NC			
ANTIFUNGALS					
ANTIFUNGALS					
flucytosine cap (ANCOBON equiv)	-	1			
griseofulvin micro tab (GRIFULVIN V equiv)	-	1			
griseofulvin susp (GRIFULVIN equiv)	-	1			
griseofulvin tab (GRIS-PEG equiv)	-	1			
nystatin powder	-	1			
nystatin tab	-	1			
terbinafine tab (LAMISIL equiv)	-	1			
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DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
ANCOBON CAP	-	3
GRIFULVIN V TAB	-	3
GRIS-PEG TAB	-	3
LAMISIL TAB	-	3
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	1
itraconazole soln (SPORANOX equiv)	PA	1
ketoconazole tab (NIZORAL equiv)	-	1
posaconazole DR tab (NOXAFIL equiv)	-	1
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	1
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	1
NOXAFIL SUSP	-	2
DIFLUCAN SUSP	-	3
DIFLUCAN TAB	-	3
NOXAFIL TAB	-	3
SPORANOX CAP	PA	3
SPORANOX SOLN	PA	3
VFEND SUSP (Restricted to Infectious Disease Specialist)	RS	3
VFEND TAB (Restricted to Infectious Disease Specialist)	RS	3
CRESEMBA CAP	-	NC
TOLSURA CAP	-	NC

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

chlorpheniramine ER cap	-	1
CPM CAP	-	3
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC

ANTIHISTAMINES - ETHANOLAMINES

carbinoxamine soln (PALGIC equiv)	-	1
carbinoxamine tab (PALGIC equiv)	-	1
clemastine syrup (TAVIST equiv)	-	1
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
PALGIC SOLN	-	3
PALGIC TAB	-	3
diphenhydramine inj (BENADRYL equiv)	-	M
CLEMASTINE TAB	-	NC
clemastine tab (TAVIST equiv)	-	NC
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC

ANTIHISTAMINES - NON-SEDATING

ALLEGRA ODT	OTC	EXC
CLARINEX REDITAB	-	EXC
CLARINEX SYRUP	-	EXC
CLARINEX TAB	-	EXC
DESLORATADINE ODT	-	EXC

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
desloratadine tab (CLARINEX equiv)	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp (PHENERGAN equiv)	-	1
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
PROMETHEGAN SUPP	-	1
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	1
LIPTRUZET TAB	-	3
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
VYTORIN TAB 10-80MG	-	NC
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1
LOVAZA CAP	-	3
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	1
colesevelam tab (WELCHOL equiv)	-	1
colestipol granule (COLESTID equiv)	-	1
colestipol powder packet (COLESTID equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
COLESTID GRANULE	-	3
COLESTID POWDER PACK	-	3
COLESTID TAB	-	3
QUESTRAN LITE POWDER	-	3
QUESTRAN LITE POWDER PACK	-	3
QUESTRAN POWDER	-	3
QUESTRAN POWDER PACK	-	3
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

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

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB, FIBRICOR TAB	-	3
LOPID TAB	-	3
TRICOR TAB	-	3
ANTARA CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
FENOGLIDE TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
fluvastatin ER tab (LESCOL XL equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
atorvastatin tab 10mg (LIPITOR equiv)	-	1
atorvastatin tab 20mg (LIPITOR equiv)	-	1
atorvastatin tab 40mg (LIPITOR equiv)	-	1
atorvastatin tab 80mg (LIPITOR equiv)	-	1
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1
ALTOPREV TAB	-	3
CRESTOR TAB (QL= 1 tab/day)	QL	3
CRESTOR TAB 20MG (QL= 1.5 tabs/day)	QL	3
LESCOL XL TAB	-	3
LIPITOR TAB	-	3
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3
MEVACOR TAB	-	3
PRAVACHOL TAB	-	3
ZOCOR TAB	-	3
ADVICOR TAB	-	NC
EZALLOR SPRINKLE CAP	-	NC
FLOLIPID SUSP	-	NC
fluvastatin cap (LESCOL equiv)	-	NC
LESCOL CAP	-	NC
SIMCOR TAB	-	NC
SIMVASTATIN SUSP	-	NC
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC

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MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit
QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization
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	Smoking Cessation		Available through Specialty Pharmacy Program		Step Therapy

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Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	NC
NIASPAN ER TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	KMSP-PA-QL	4
REPATHA INJ (QL= 2 inj/28 days)	KMSP-PA-QL	4
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	KMSP-PA-QL	4
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
ACCUPRIL TAB	-	3
ALTACE CAP	-	3
ALTACE TAB	-	3
EPANED PREMIXED SOLN	PA	3
EPANED SOLN	PA	3
LOTENSIN TAB	-	3
MONOPRIL TAB	-	3
PRINIVIL TAB, ZESTRIL TAB	-	3
QBRELIS SOLN	PA	3
VASOTEC TAB	-	3
ACEON TAB	-	NC
MAVIK TAB	-	NC
moexipril tab (UNIVASC equiv)	-	NC
perindopril tab (ACEON equiv)	-	NC
trandolapril tab (MAVIK equiv)	-	NC
UNIVASC TAB	-	NC
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	KMSP	1
DIBENZYLINE CAP	KMSP	3
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	1

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
AVAPRO TAB	-	3
COZAAR TAB	-	3
DIOVAN TAB	-	3
EDARBI TAB	-	3
MICARDIS TAB	-	3
TEVETEN TAB	-	3
ATACAND TAB	-	NC
BENICAR TAB	-	NC
candesartan tab (ATACAND equiv)	-	NC
EPROSARTAN TAB	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	1
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
CARDURA TAB	-	3
CATAPRES TAB	-	3
CATAPRES-TTS PATCH	-	3
GUANABENZ TAB	-	3
HYTRIN CAP	-	3
MINIPRESS CAP	-	3
NEXICLON XR SUSP	-	3
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
TENEX TAB	-	3
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
amlodipine/olmesartan tab (AZOR TAB equiv)	-	1
amlodipine/valsartan tab (EXFORGE equiv)	-	1
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2
ACCURETIC TAB	-	3
AMTURNIDE TAB	-	3
AVALIDE TAB	-	3
AZOR TAB	-	3
BENICAR HCT TAB	-	3
CORZIDE TAB	-	3
CORZIDE TAB 80-5MG	-	3
DIOVAN HCT TAB	-	3
EDARBYCLOR TAB	-	3
EXFORGE HCT TAB	-	3
EXFORGE TAB	-	3
HYZAAR TAB	-	3
LOPRESSOR HCT TAB	-	3
LOTENSIN HCT TAB	-	3
LOTREL CAP	-	3
MONOPRIL HCT TAB	-	3
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
TENORETIC TAB	-	3
TEVETEN HCT TAB	-	3
VALTURNIA TAB	-	3
VASERETIC TAB	-	3
ZESTORETIC TAB	-	3
ZIAC TAB	-	3
ATACAND HCT TAB	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
MICARDIS HCT TAB	-	NC
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	NC
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
TARKA TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
trandolapril/verapamil ER tab (TARKA equiv)	-	NC
TRIBENZOR TAB	-	NC
TWYNSTA TAB	-	NC

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
UNIRETIC TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	-	3
TEKTURNA TAB	-	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	1
INSPRA TAB	-	3
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
tinidazole tab (TINDAMAX equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL ER TAB	-	3
FLAGYL TAB	-	3
PRIMSOL SOLN	-	3
TINDAMAX TAB	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	3
IMPAVIDO CAP	PA	4
pentamidine neb soln (NEBUPENT equiv)	KMSP	4
AEMCOLO TAB	-	NC
FLAGYL CAP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
NEBUPENT NEB SOLN	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
BACTRIM DS TAB	-	3
PEDIAZOLE SUSP	-	3
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	1
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2
MEPRON SUSP	-	3
CARBAPENEMS		
DORIBAX INJ	M	M
DORIPENEM INJ	M	M
ertapenem inj (INVANZ equiv)	M	M

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier	
ANTI-INFECTIVE AGENTS - MISC. Cont.			
INVANZ INJ	M	M	
meropenem inj	M	M	
GLYCOPEPTIDES			
FIRVANQ SOLN	-	1	
vancomycin cap (VANCOGIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	1	
VANCOMYCIN SOLN KIT	-	1	
VANCOGIN CAP (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	3	
VANCOMYCIN INJ	-	NC	
KETOLIDES			
KETEK TAB	-	3	
LEPROSTATICS			
dapsone tab	-	1	
LINCOSAMIDES			
clindamycin cap (CLEOCIN equiv)	-	1	
clindamycin soln (CLEOCIN equiv)	-	1	
CLEOCIN CAP	-	3	
CLEOCIN SOLN	-	3	
MONOBACTAMS			
CAYSTON INH SOLN	KMSP-RS	4	
OXAZOLIDINONES			
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1	
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1	
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	
ZYVOX SUSP (Restricted to Infectious Disease Specialist)	RS	3	
ZYVOX TAB (Restricted to Infectious Disease Specialist)	RS	3	
PLEUROMUTILINS			
XENLETA TAB	-	NC	
ANTIMALARIALS			
ANTIMALARIAL COMBINATIONS			
atovaquone/proguanil tab (MALARONE equiv)	-	1	
COARTEM TAB	-	3	
FANSIDAR TAB	-	3	
MALARONE TAB	-	3	
ANTIMALARIALS			
chloroquine tab (ARALEN equiv)	-	1	
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	
mefloquine tab (LARIAM equiv)	-	1	
primaquine tab (PRIMAQUINE equiv)	-	1	
quinine sulfate cap (QUALAQUIN equiv)	-	1	
KRINTAFEL TAB	-	2	
MEFLOQUINE TAB	-	2	
ARALEN TAB	-	3	
LARIAM TAB	-	3	
PLAQUENIL TAB	-	3	
PRIMAQUINE TAB	-	3	
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.			
EXC LD MSP QL SMKG	NC =Not Covered Plan Exclusion Limited Distribution Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation	INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program	generic =small letters KMSP Kroger Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIMALARIALS Cont.		
QUALAQUIN CAP	-	3
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ARAKODA TAB	-	NC

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

pyridostigmine CR tab (MESTINON equiv)	-	1
pyridostigmine tab (MESTINON equiv)	-	1
pyridostigmine soln (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2
GUANIDINE TAB	-	3
MESTINON TAB	-	3
MESTINON TIMESPAN TAB	-	3
MYTELASE TAB	-	3
RUZURGI TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
FIRDAPSE TAB	-	NC
PYRIDOSTIGMINE TAB 30MG	-	NC

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS

RIFAMATE CAP	-	2
RIFATER TAB	PA	3

ANTIMYCOBACTERIAL AGENTS

ethambutol tab (MYAMBUTOL equiv)	-	1
ISONIAZID SYRUP	-	1
isoniazid tab	-	1
pyrazinamide tab	-	1
rifabutin cap (MYCOBUTIN equiv)	-	1
rifampin cap (RIFADIN equiv)	-	1
PRIFTIN TAB	-	2
MYAMBUTOL TAB	-	3
MYCOBUTIN CAP	-	3
RIFADIN CAP	-	3
TRECTOR TAB	PA	3
cycloserine cap (CYCLOSERINE equiv)	-	NC
PASER GRANULE	-	NC
PRETOMANID TAB	-	NC
SIRTURO TAB	-	NC

ANTINEOPLASTICS

ANTINEOPLASTICS MISC.

tretinoin cap (VESANOID equiv)	KMSP	4
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MITOTIC INHIBITORS

etoposide cap (VEPESID equiv)	KMSP	4
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TOPOISOMERASE I INHIBITORS

HYCAMTIN CAP	KMSP-PA	4
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
cyclophosphamide cap	-	1
cyclophosphamide tab (CYTOXAN equiv)	-	1
melphalan tab (ALKERAN equiv)	KMSP	1
GLEOSTINE/LOMUSTINE CAP	-	2
ALKERAN TAB	KMSP	3
CYCLOPHOSPHAMIDE CAP	-	3
AFINITOR TAB 10MG (QL= 1 tab/day)	KMSP-PA-QL-SF	4
HEXALEN CAP	KMSP	4
LEUKERAN TAB	KMSP	4
MYLERAN TAB	KMSP	4
temozolomide cap (TEMODAR equiv)	KMSP	4
busulfan inj	M	M
BUSULFEX INJ	M	M
melphalan inj (ALKERAN equiv)	M	M
ZANOSAR INJ	M	M
ANTIMETABOLITES		
mercaptopurine tab (PURINETHOL equiv)	-	1
methotrexate inj	-	1
methotrexate tab (Trexall equiv)	-	1
TABLOID TAB	-	2
PURINETHOL TAB	-	3
capecitabine tab (XELODA equiv)	KMSP	4
XELODA TAB	KMSP	4
METHOTREXATE INJ	-	NC
PURIXAN SUSP	-	NC
TREXALL TAB	-	NC
XATMEP SOLN	-	NC
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ	M	M
GAZYVA INJ	-	NC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP	KMSP-PA-SF	4
ODOMZO CAP	KMSP-PA-SF	4
DAURISMO TAB	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	KMSP-PA-QL-SF	1
anastrozole tab (ARIMIDEX equiv)	-	1
bicalutamide tab (CASODEX equiv)	-	1
exemestane tab (AROMASIN equiv)	-	1
flutamide cap (EULEXIN equiv)	-	1
letrozole tab (FEMARA equiv)	-	1

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
toremifene tab (FARESTON equiv)	-	1
EMCYT CAP	-	2
ARIMIDEX TAB	-	3
AROMASIN TAB	-	3
CASODEX TAB	-	3
FARESTON TAB	-	3
FEMARA TAB	-	3
MEGACE SUSP	-	3
ERLEADA TAB (QL= 4 tabs/day)	KMSP-PA-QL	4
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	4
nilutamide tab (NILANDRON equiv)	KMSP	4
XTANDI CAP (QL= 4 caps/day)	KMSP-PA-QL-SF	4
leuprolide inj (LUPRON equiv)	M	M
LUPRON DEPOT INJ	M	M
TRELSTAR INJ	M	M
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
NUBEQA TAB	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP	-	NC
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK	-	NC
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
HERCEPTIN HYLECTA INJ	-	NC
KISQALI PAK	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
SPRYCEL TAB	KMSP-PA-SF	3
AFINITOR DISPERZ (QL= 1 tab/day)	KMSP-PA-QL-SF	4
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	4
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	KMSP-PA-QL-SF	4
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	KMSP-PA-QL-SF	4
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4
BOSULIF TAB	KMSP-PA-SF	4
BRAFTOVI CAP 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	4
erlotinib tab (TARCEVA equiv)	KMSP-PA-SF	4
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	KMSP-PA-QL-SF	4
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	4
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
IBRANCE CAP (QL= 21 caps/28 days)	KMSP-PA-QL	4
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	4
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	4
imatinib tab (GLEEVEC equiv) (QL= 3 tabs/day)	KMSP-PA-QL	4
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
INLYTA TAB (QL= 8 tabs/day)	KMSP-PA-QL-SF	4
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	4
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
LORBRENA TAB 100MG (QL= 1 tab/day)	KMSP-PA-QL-SF	4
LORBRENA TAB 25MG (QL= 3 tabs/day)	KMSP-PA-QL-SF	4
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	4
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	4
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	KMSP-PA-QL	4
MEKINIST TAB 2MG (QL= 1 tab/day)	KMSP-PA-QL	4
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
NEXAVAR TAB	MSP-PA-SF	4
NINLARO CAP	KMSP-PA	4
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	4
RYDAPT CAP	KMSP-PA	4
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4
SUTENT CAP	KMSP-PA-SF	4
TAFINLAR CAP (QL= 4 caps/day)	KMSP-PA-QL	4
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
TALZENNA CAP 0.25MG (QL= 3 caps/day)	KMSP-PA-QL-SF	4
TALZENNA CAP 1MG (QL= 1 cap/day)	KMSP-PA-QL-SF	4
TASIGNA CAP	KMSP-PA-SF	4
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
TYKERB TAB	KMSP-PA	4
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	4
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4
VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	4
VIZIMPRO TAB (QL= 1 tab/day)	KMSP-PA-QL-SF	4
VOTRIENT TAB	KMSP-PA-SF	4
XALKORI CAP (QL= 2 caps/day)	KMSP-PA-QL-SF	4
XOSPATA TAB (QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ZELBORAF TAB	MSP-PA-QL	4
ZOLINZA CAP	KMSP-PA-SF	4
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4
ZYKADIA CAP (QL= 3 caps/day)	KMSP-PA-QL-SF	4
ZYKADIA TAB (QL= 3 tabs/day)	KMSP-PA-QL-SF	4
AFINITOR TAB 2.5MG, 5MG, 7.5MG	-	NC
ALUNBRIG PAK	-	NC
AYVAKIT TAB	-	NC
BRUKINSA CAP	-	NC
GLEEVEC TAB	-	NC
INREBIC CAP	-	NC
KISQALI TAB	-	NC
PIQRAY TAB	-	NC
ROZLYTREK CAP	-	NC
TARCEVA TAB	-	NC
TURALIO CAP	-	NC
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
HYDREA CAP	-	3
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
ALFERON-N INJ	KMSP	4
bexarotene cap (TARGRETIN equiv)	KMSP-PA-SF	4
INTRON-A INJ	KMSP	4
PROLEUKIN INJ	-	NC
SYLATRON INJ	-	NC
SYNRIBO INJ	-	NC
TARGRETIN CAP	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB	KMSP	4
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	1
LODOSYN TAB	-	3
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl elixir (ARTANE equiv)	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	1
tolcapone tab (TASMAR equiv)	-	1
COMTAN TAB	-	3
TASMAR TAB	-	3
ANTIPARKINSON DOPAMINERGICS		

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
amantadine tab	-	1
bromocriptine cap (PARLODEL equiv)	-	1
bromocriptine tab (PARLODEL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
MIRAPEX TAB	-	3
NEUPRO PATCH	-	3
PARCOPA ODT	-	3
PARLODEL CAP	-	3
PARLODEL TAB	-	3
REQUIP TAB	-	3
SINEMET CR TAB	-	3
SINEMET TAB	-	3
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	4
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
MIRAPEX ER TAB	-	NC
pramipexole ER tab (MIRAPEX ER equiv)	-	NC
REQUIP XL TAB	-	NC
ropinirole ER tab (REQUIP XL equiv)	-	NC
RYTARY CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline tab (AZILECT equiv)	-	1
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
AZILECT TAB	-	3
ELDEPYRL CAP	-	3
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	3
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
NOURIANZ TAB	-	NC
ANTIPARKINSON DOPAMINERGICS		
INBRIJA INH POWDER	-	NC
OSMOLEX ER TAB	-	NC
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
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Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
lithium citrate soln	-	1
LITHOBID TAB	-	3
ANTIPSYCHOTICS - MISC.		
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
GEODON CAP	-	3
CAPLYTA CAP	-	NC
LATUDA TAB	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
paliperidone ER tab (INVEGA equiv)	PA	1
risperidone ODT (RISPERDAL M equiv)	-	1
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
RISPERIDONE ODT	-	2
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3
INVEGA TAB	PA	3
RISPERDAL M ODT	-	3
RISPERDAL SOLN	-	3
RISPERDAL TAB	-	3
RISPERDAL CONSTA INJ	MSP	4
INVEGA INJ	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
CLOZAPINE ODT 12.5MG	-	1
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	1
clozapine tab (CLOZARIL equiv)	-	1
loxapine cap (LOXITANE equiv)	-	1
olanzapine ODT (ZYPREXA equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
CLOZAPINE ODT	-	2
CLOZAPINE ODT, FAZACLO ODT	-	2
CLOZARIL TAB	-	3
FAZACLO ODT 12.5MG, 25MG, 100MG	-	3
LOXITANE CAP	-	3
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3
SEROQUEL TAB	-	3
SEROQUEL XR TAB	-	3

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Last Updated* 2/1/2020

DrugName	Special Code	Tier			
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.					
ZYPREXA TAB	-	3			
ZYPREXA ZYDIS TAB	-	3			
ADASUVE INHALER	-	NC			
SECUADO PATCH	-	NC			
VERSACLOZ SUSP	-	NC			
PHENOTHIAZINES					
chlorpromazine tab (THORAZINE equiv)	-	1			
FLUPHENAZINE TAB	-	1			
fluphenazine tab (PROLIXIN equiv)	-	1			
perphenazine tab (TRILAFON equiv)	-	1			
prochlorperazine supp (COMPAZINE equiv)	-	1			
prochlorperazine tab (COMPAZINE equiv)	-	1			
thioridazine tab (MELLARIL equiv)	-	1			
trifluoperazine tab (STELAZINE equiv)	-	1			
QUINOLINONE DERIVATIVES					
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	1			
aripiprazole soln (ABILIFY equiv)	PA	1			
aripiprazole tab (ABILIFY equiv)	-	1			
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3			
ABILIFY SOLN	PA	3			
ABILIFY TAB	-	3			
ABILIFY MYCITE TAB	-	NC			
REXULTI TAB	-	NC			
THIOXANTHENES					
thiothixene cap (NAVANE equiv)	-	1			
NAVANE CAP	-	3			
ANTISEPTICS & DISINFECTANTS					
ANTISEPTICS & DISINFECTANTS					
HYLAMEND GEL FIRST AID	-	NC			
CHLORINE ANTISEPTICS					
PHISOHEX LIQUID	-	3			
IODINE ANTISEPTICS					
IODOFLEX PAD	-	NC			
ANTIVIRALS					
ANTIRETROVIRALS					
TRUVADA TAB	-	\$0			
lamivudine soln (EPIVIR equiv)	-	1			
lamivudine tab (EPIVIR equiv)	-	1			
nevirapine tab (VIRAMUNE equiv)	-	1			
ritonavir tab (NORVIR equiv)	-	1			
stavudine cap (ZERIT equiv)	-	1			
stavudine soln (ZERIT equiv)	-	1			
zidovudine cap (RETROVIR equiv)	-	1			
zidovudine syrup (RETROVIR equiv)	-	1			
zidovudine tab (RETROVIR equiv)	-	1			
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EXC LD MSP QL SMKG	NC =Not Covered Plan Exclusion Limited Distribution Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation	INF LMSP OTC RS SP	generic =small letters Infertility Lumicera Mandatory Specialty Pharmacy Program Over-the-Counter Restricted to Specialist Available through Specialty Pharmacy Program	KMSP M PA SF ST	BRANDS =CAPITAL LETTERS Kroger Mandatory Specialty Pharmacy Program Medical Benefit Prior Authorization Limited to two 15 day fills per month for first 3 months Step Therapy

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ISENTRESS (HD) TAB	-	3
ISENTRESS CHEW TAB	-	3
ISENTRESS POWDER PACK	-	3
NORVIR CAP	-	3
NORVIR POWDER PACK	-	3
NORVIR SOLN	-	3
NORVIR TAB	-	3
VITEKTA TAB	-	3
abacavir soln (ZIAGEN equiv)	-	4
abacavir tab (ZIAGEN equiv)	-	4
abacavir/lamivudine tab (EPZICOM equiv)	-	4
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	4
APTIVUS CAP	-	4
APTIVUS SOLN	-	4
atazanavir cap (REYATAZ equiv)	-	4
ATRIPLA TAB (QL= 1 tab/day)	QL	4
BIKTARVY TAB (QL= 1 tab/ day)	QL	4
CIMDUO TAB (QL= 1 tab/day)	QL	4
COMPLERA TAB (QL= 1 tab/day)	QL	4
CRIXIVAN CAP	-	4
DELSTRIGO TAB (QL= 1 tab/day)	QL	4
DESCOVY TAB	PA	4
didanosine DR cap (VIDEX EC equiv)	-	4
DOVATO TAB (QL= 1 tab/day)	QL	4
EDURANT TAB	-	4
efavirenz cap (SUSTIVA equiv)	-	4
efavirenz tab (SUSTIVA equiv)	-	4
EMTRIVA CAP	-	4
EMTRIVA SOLN	-	4
EVOTAZ TAB	-	4
fosamprenavir tab (LEXIVA equiv)	-	4
FUZEON INJ	-	4
GENVOYA TAB	-	4
INTELENCE TAB	-	4
INVIRASE CAP	-	4
INVIRASE TAB	-	4
JULUCA TAB (QL= 1 tab/ day)	QL	4
KALETRA TAB	-	4
lamivudine/zidovudine tab (COMBIVIR equiv)	-	4
LEXIVA SUSP	-	4
lopinavir/ritonavir soln (KALETRA equiv)	-	4
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	4
NEVIRAPINE SUSP	-	4
nevirapine susp (VIRAMUNE equiv)	-	4
ODEFSEY TAB (QL= 1 tab/day)	QL	4
PIFELTRO TAB (QL= 1 tab/day)	QL	4
PREZCOBIX TAB	-	4

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
PREZISTA SUSP	-	4
PREZISTA TAB	-	4
RESCRIPTOR TAB	-	4
REYATAZ POWDER PACK	-	4
SELZENTRY SOLN	-	4
SELZENTRY TAB	-	4
STRIBILD TAB	-	4
SYMFI (LO) TAB (QL= 1 tab/day)	QL	4
SYMTUZA TAB	-	4
tenofovir disoproxil fumarate tab 300mg (VIREAD equiv)	-	4
TIVICAY TAB (QL= 2 tabs/day)	QL	4
TRIUMEQ TAB	-	4
VIDEX SOLN	-	4
VIRACEPT POWDER	-	4
VIRACEPT TAB	-	4
VIRAMUNE SUSP	-	4
VIRAMUNE TAB	-	4
VIREAD TAB 150MG, 200MG, 250MG	-	4
ZERIT CAP	-	4
ZERIT SOLN	-	4
COMBIVIR TAB	-	NC
EPIVIR SOLN	-	NC
EPIVIR TAB	-	NC
EPZICOM TAB	-	NC
KALETRA SOLN	-	NC
LEXIVA TAB	-	NC
NEVIRAPINE ER TAB	-	NC
RETROVIR CAP	-	NC
RETROVIR SYRUP	-	NC
RETROVIR TAB	-	NC
REYATAZ CAP	-	NC
SUSTIVA CAP	-	NC
SUSTIVA TAB	-	NC
TRIZIVIR TAB	-	NC
TYBOST TAB	-	NC
VIDEX EC CAP	-	NC
VIDEX EC CAP 125MG	-	NC
VIRAMUNE XR TAB	-	NC
VIREAD TAB	-	NC
ZIAGEN SOLN	-	NC
ZIAGEN TAB	-	NC

CMV AGENTS

valganciclovir tab (VALCYTE equiv)	-	1
VALCYTE TAB	-	3
GANCICLOVIR CAP	-	4
valganciclovir soln (VALCYTE equiv)	-	4
FOSCARNET INJ	M	M

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ANTIVIRALS Cont.		
PREVYMIS TAB	-	NC
VALCYTE SOLN	-	NC
HEPATITIS AGENTS		
ribavirin cap (REBETOL equiv)	KMSP	1
ribavirin tab (COPEGUS equiv)	KMSP	1
adefovir dipivoxil tab (HEPSERA equiv)	KMSP	4
COPEGUS TAB	KMSP	4
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	KMSP-QL	4
EPIVIR HBV SOLN	-	4
INCIVEK TAB	MSP-PA-SF	4
lamivudine tab 100mg (EPIVIR HBV equiv)	-	4
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day)	KMSP-PA-QL	4
MAVYRET TAB (QL= 3 tabs/day)	KMSP-PA-QL	4
PEGASYS INJ	KMSP	4
PEG-INTRON INJ	KMSP	4
REBETOL SOLN	KMSP	4
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day)	KMSP-PA-QL	4
TYZEKA TAB	KMSP-PA	4
VEMLIDY TAB	KMSP	4
VICTRELIS CAP	MSP-PA-SF	4
VOSEVI TAB (QL= 1 tab/day)	KMSP-PA-QL	4
BARACLUDE SOLN	-	NC
BARACLUDE TAB	-	NC
DAKLINZA TAB	-	NC
EPCLUSA TAB	-	NC
EPIVIR HBV TAB	-	NC
HARVONI TAB	-	NC
HEPSERA TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
FAMVIR TAB	-	3
VALTREX TAB	-	3
ZOVIRAX CAP	-	3
ZOVIRAX SUSP	-	3
ZOVIRAX TAB	-	3

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	1
RIMANTADINE TAB	-	1
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
FLUMADINE TAB	-	3
TAMIFLU CAP (QL= 10 caps/fill)	QL	3
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	3
XOFLUZA TAB	-	NC
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	2
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day)	KMSP-PA-QL	3
THALOMID CAP	KMSP-PA	4
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
IMURAN TAB	-	3
cyclosporine cap (SANDIMMUNE equiv)	-	4
cyclosporine modified cap (NEORAL equiv)	-	4
cyclosporine modified soln (NEORAL equiv)	-	4
mycophenolate DR tab (MYFORTIC equiv)	-	4
mycophenolate mofetil cap (CELLCEPT equiv)	-	4
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	4
mycophenolate mofetil tab (CELLCEPT equiv)	-	4
SANDIMMUNE SOLN 100MG/ML	-	4
sirolimus tab (RAPAMUNE equiv)	-	4
tacrolimus cap (PROGRAF equiv)	-	4
ZORTRESS TAB	KMSP-PA	4
AZASAN TAB	-	NC
CELLCEPT CAP	-	NC
CELLCEPT SUSP	-	NC
CELLCEPT TAB	-	NC
ENVARUSUS XR TAB	-	NC
MYFORTIC TAB	-	NC
NEORAL CAP	-	NC
NEORAL SOLN	-	NC
PROGRAF CAP	-	NC
RAPAMUNE TAB	-	NC
SANDIMMUNE CAP	-	NC
POTASSIUM REMOVING RESINS		

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Last Updated* 2/1/2020

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ASSORTED CLASSES Cont.		
sodium polystyrene powder (KAYEXALATE equiv)	-	1
sodium polystyrene susp (SPS equiv)	-	1
KAYEXALATE POWDER	-	3
VELTASSA POWDER	KMSP-PA	4
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate ER cap (COREG CR equiv)	-	1
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
COREG CR CAP	-	3
COREG TAB	-	3
TRANDATE TAB	-	3
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
BYSTOLIC TAB	-	2
LOPRESSOR TAB	-	3
SECTRAL CAP	-	3
TENORMIN TAB	-	3
TOPROL XL TAB	-	3
ZEBETA TAB	-	3
betaxolol tab (KERLONE equiv)	-	NC
FIRST ATENOLOL SOLN	-	NC
FIRST METOPROLOL ORAL SOLN	-	NC
KAPSPARGO CAP	-	NC
KERLONE TAB	-	NC
metoprolol tab 37.5mg, 75mg (LOPRESSOR equiv)	-	NC
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	-	1
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
BETAPACE AF TAB	-	3
BETAPACE TAB	-	3
CORGARD TAB	-	3
INDERAL LA CAP	-	3
INDERAL XL CAP, INNOPRAN XL CAP	-	3
LEVATOL TAB	-	3
HEMANGEOL SOLN	-	NC

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
BIOLOGICALS MISC		
ADAGEN INJ	M	M
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	1
DILTIAZEM CAP	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
nimodipine cap (NIMOTOP equiv)	-	1
VERAPAMIL CAP 100MG	-	1
VERAPAMIL ER CAP 200MG	-	1
VERAPAMIL ER CAP 300MG	-	1
verapamil SR cap (VERELAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
ADALAT CC TAB	-	3
CALAN SR TAB	-	3
CALAN TAB	-	3
CARDENE SR CAP	-	3
CARDIZEM CD CAP	-	3
CARDIZEM LA TAB	-	3
CARDIZEM TAB	-	3
COVERA-HS TAB	-	3
DILACOR XR CAP	-	3
DYNACIRC CR TAB	-	3
NIMOTOP CAP	-	3
NORVASC TAB	-	3
PLENDIL TAB	-	3
PROCARDIA CAP	-	3
TIAZAC CAP	-	3

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
VERELAN CAP	-	3
VERELAN PM CAP	-	3
VERELAN PM ER CAP 100MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
isradipine cap (DYNACIRC equiv)	-	NC
KATERZIA SUSP	-	NC
nicardipine cap (CARDENE equiv)	-	NC
nisoldipine ER tab (SULAR equiv)	-	NC
NISOLDIPINE ER TAB 25.5MG	-	NC
NYMALIZE SOLN	-	NC
SULAR TAB	-	NC
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN TAB	-	3
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	1
CADUET TAB	-	3
ENTRESTO TAB	-	NC
IMPOTENCE AGENTS		
sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)	QL	1
tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)	QL	1
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 6 tabs/30 days)	QL	1
vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days)	QL	1
vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days)	QL	1
CAVERJECT INJ (QL= 6 inj/30 days)	QL	2
EDEX INJ (QL= 6 inj/30 days)	QL	2
MUSE SUPP (QL= 6 inj/30 days)	QL	2
STENDRA TAB (QL= 6 tabs/30 days)	QL	2
CIALIS TAB	-	NC
CIALIS TAB 2.5MG, 5MG	-	NC
LEVITRA TAB	-	NC
VIAGRA TAB	-	NC
PERIPHERAL VASODILATORS		
isoxsuprine tab	-	1
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
ORENITRAM TAB	-	NC
REMODULIN INJ 10MG/ML	-	NC
REMODULIN INJ 1MG/ML	-	NC
REMODULIN INJ 2.5MG/ML	-	NC

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
REMODULIN INJ 5MG/ML	-	NC
treprostinil inj 10mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 1mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 2.5mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416)	LD-PA-QL	4
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
LETAIRIS TAB	-	NC
TRACLEER TAB 62.5MG, 125MG	-	NC
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
REVATIO TAB	PA	3
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	4
ADCIRCA TAB	-	NC
REVATIO SUSP	-	NC
sildenafil susp (REVATIO equiv)	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
SINUS NODE INHIBITORS		
CORLANOR TAB	PA	3
CORLANOR SOLN	-	NC
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP	-	NC
VYNDAQEL CAP	-	NC
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
KEFLEX CAP	-	3
cefazolin inj	M	M
CEFAZOLIN INJ	M	M
cefadroxil cap (DURICEF equiv)	-	NC
cefadroxil susp (DURICEF equiv)	-	NC
cefadroxil tab (DURICEF equiv)	-	NC
cephalexin cap 750mg (KEFLEX equiv)	-	NC
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefaclor cap (CECLOR equiv)	-	1
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEFTIN SUSP	-	3
CEFTIN TAB	-	3
cefoxitin inj	M	M
cefprozil susp (CEFZIL equiv)	-	NC
cefprozil tab (CEFZIL equiv)	-	NC
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
cefixime cap (SUPRAX equiv)	-	1
cefixime susp (SUPRAX equiv)	-	1
cefpodoxime proxetil susp (VANTIN equiv)	-	1
cefpodoxime proxetil tab (VANTIN equiv)	-	1
CEDAX CAP	-	3
CEDAX SUSP	-	3
CEFDITOREN TAB	-	3
OMNICEF SUSP	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3
VANTIN TAB	-	3
CEFOTAXIME INJ	M	M
cefotaxime inj (CLAFORAN equiv)	M	M
ceftriaxone inj	M	M

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

amethyst tab (LYBREL equiv)	-	\$0
apri tab (DESOGEN equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) (3 copays per Rx)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kariva tab (MIRCETTE equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0

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EXC	NC =Not Covered Plan Exclusion	INF	generic =small letters Infertility	KMSP	BRANDS =CAPITAL LETTERS Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
necon tab (ORTHO-NOVUM equiv)	-	\$0
necon tab 1-50 (NORYNIL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
wymzya FE tab (FEMCON FE equiv)	-	\$0
mibelas chew tab (MINASTRIN equiv)	-	1
CYCLESSA TAB	-	3
DESOGEN TAB	-	3
ESTROSTEP FE TAB	-	3
FEMCON FE CHEW TAB	-	3
LO LOESTRIN TAB	-	3
LO MINASTRIN 24 FE CHEW TAB	-	3
LOESTRIN 24 FE TAB	-	3
LOESTRIN FE TAB	-	3
LOESTRIN TAB	-	3
MINASTRIN CHEW TAB	-	3
MIRCETTE TAB	-	3
NATAZIA TAB	-	3
NORINYL TAB 1-50	-	3
OGESTREL TAB	-	3
ORTHO TRI-CYCLEN (LO) TAB	-	3
ORTHO-CYCLEN TAB	-	3
OVCON 35 TAB	-	3
SEASONIQUE TAB	-	3
TRI-NORINYL TAB	-	3
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
FALESSA KIT	-	NC
rajani tab (BEYAZ equiv)	-	NC
SAFYRAL TAB	-	NC
TARINA FE 1/20 EQ TAB	-	NC
TAYTULLA CAP	-	NC
tydemy tab (SAFYRAL equiv)	-	NC
YASMIN TAB	-	NC
YAZ TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	\$0
ORTHO-EVRA PATCH	-	3
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
ANNOVERA RING	-	NC
eluryng vaginal ring (NUVARING equiv)	-	NC
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	EXC

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	EXC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ	-	EXC
DEPO-PROVERA SC INJ 104MG	-	EXC
medroxyprogesterone inj (DEPO-PROVERA equiv)	-	EXC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	EXC
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
NOR-QD TAB	-	3
SLYND TAB	-	NC

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS		
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	1
budesonide SR cap (ENTOCORT EC equiv)	-	1
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone soln	-	1
DEXAMETHASONE TAB	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone ODT (ORAPRED equiv)	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
PREDNISOLONE SYRUP	-	1
prednisolone syrup (PRELONE equiv)	-	1
PREDNISON SOLN	-	1
prednisone tab (DELTASONE equiv)	-	1
CORTISONE ACETATE TAB	-	2
MEDROL TAB	-	2
ORAPRED ODT	-	2
CORTEF TAB	-	3
MEDROL DOSE PACK	-	3
MEDROL TAB	-	3
MILLIPRED TAB	-	3
ORAPRED ODT	-	3
ORAPRED SOLN	-	3
PREDNISOLONE SOLN	-	3

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
PRELONE SYRUP	-	3
UCERIS TAB (QL= 1 tab/day)	PA-QL	3
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	1

COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap 100mg, 200mg (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussigon tab (HYCODAN equiv)	-	1
HYCODAN SYRUP	-	3
TESSALON CAP	-	3
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC

COUGH/COLD/ALLERGY COMBINATIONS

guaifenesin/codeine soln (BRONTEX equiv)	OTC	1
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	1
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	QL	1
NINJACOF-XG LIQUID	OTC	1
promethazine DM syrup	-	1
PROMETHAZINE VC SYRUP	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
PROMETHAZINE VC/CODEINE SYRUP	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
pseudoephedrine/brompheniramine/codeine liquid (CPB WC LIQUID equiv)	OTC	1
ALBATUSSIN LIQUID	-	3
BRONCOPECTOL SYRUP	-	3
GILTUSS LIQUID	-	3
GILTUSS TR TAB	-	3
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3
NEOTUSS-D LIQUID	-	3
PEDIATEX TDM SUSP	-	3
RESCON TAB	-	3

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Last Updated* 2/1/2020

DrugName	Special Code	Tier																																		
COUGH/COLD/ALLERGY Cont.																																				
REZIRA SOLN	-	3																																		
SUTTAR SF SYRUP	-	3																																		
TUSNEL SYRUP	-	3																																		
TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3																																		
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3																																		
ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)	QL	3																																		
BROVEX PEB LIQUID	OTC	EXC																																		
CLARINEX-D TAB	-	EXC																																		
DECON-A ELIXIR	-	EXC																																		
DECON-A LIQUID	OTC	EXC																																		
lohist liquid (DECON-A equiv)	OTC	EXC																																		
SEMPREX-D CAP	-	EXC																																		
TRIAMINIC SYRUP	OTC	EXC																																		
DOMETUSS-DMX LIQ	-	NC																																		
HYCOFENIX SOLN	-	NC																																		
MUCINEX LIQUID	-	NC																																		
POLY-TUSSIN DM SYRUP	-	NC																																		
TUSSICAPS	-	NC																																		
TUSSI-PRES LIQUID	-	NC																																		
TUXARIN ER TAB	-	NC																																		
TUZISTRA XR SUSP	-	NC																																		
EXPECTORANTS																																				
SSKI SOLN	-	2																																		
GUAIFENESEN SYRUP	-	NC																																		
guaifenesin tab (ALLFEN JR equiv)	-	NC																																		
MUCINEX TAB	-	NC																																		
MISC. RESPIRATORY INHALANTS																																				
sodium chloride neb soln (HYPER-SAL equiv)	-	1																																		
NEBUSAL NEB SOLN	-	2																																		
HYPER-SAL NEB SOLN	-	3																																		
MUCOLYTICS																																				
acetylcysteine soln (MUCOMYST equiv)	-	1																																		
DERMATOLOGICALS																																				
ACNE PRODUCTS																																				
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1																																		
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1																																		
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1																																		
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	1																																		
clindamycin gel (CLEOCIN GEL equiv)	-	1																																		
clindamycin lotion (CLEOCIN- T equiv)	-	1																																		
clindamycin pad (CLEOCIN-T equiv)	-	1																																		
clindamycin topical soln (CLEOCIN-T equiv)	-	1																																		
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	1																																		
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	1																																		
clindamycin/tretinoin gel (ZIANA equiv)	-	1																																		
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Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ERY PAD	-	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	1
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	1
sodium sulfacetamide lotion (KLARON equiv)	-	1
sodium sulfacetamide/sulfur emulsion 10-5%	-	1
sodium sulfacetamide/sulfur wash 9-4.5%	-	1
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	1
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2
AKNE-MYCIN OINT	-	3
ATRALIN GEL, RETIN-A GEL	PA	3
BENZACLIN GEL	-	3
BENZAMYCIN GEL	-	3
CLEOCIN-T GEL	-	3
CLEOCIN-T LOTION	-	3
CLEOCIN-T PAD	-	3
CLEOCIN-T SOLN	-	3
DIFFERIN CREAM	PA	3
DIFFERIN GEL	PA	3
DUAC CS KIT	-	3
DUAC GEL	-	3
EPIDUO GEL 0.1-2.5%	PA	3
KLARON LOTION	-	3
RETIN-A CREAM	PA	3
TRETIN-X CREAM	PA	3
VELTIN GEL	-	3
ZIANA GEL	-	3
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ACZONE GEL	-	NC
ACZONE GEL 7.5%, DAPSONE GEL 7.5%	-	NC
ADAPALENE LOTION	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR GEL	-	NC
AVAR PAD	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZAMYCIN GEL PACK	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC

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DERMATOLOGICALS Cont.		
CLARIFOAM EF FOAM	-	NC
CLINDACIN KIT	-	NC
CLINDAGEL	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
dapsone gel (ACZONE equiv)	-	NC
DIFFERIN LOTION	-	NC
DIFFERIN OTC GEL 0.1%	OTC	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL	-	NC
PLEXION LOTION	-	NC
PLEXION SCT CREAM	-	NC
PRASCION RA CREAM	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA EMULSION	-	NC
ROSULA GEL	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	NC
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	NC
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	NC
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC
SUMAXIN PAD	-	NC
SUMAXIN TS SUSP	-	NC
SUMAXIN WASH	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
BACTROBAN OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
MUPIROCIN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
naftifine cream (NAFTIN equiv)	-	1
naftifine gel (NAFTIN equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
oxiconazole nitrate cream (OXISTAT equiv)	-	1
EXELDERM CREAM, SULCONAZOLE CREAM	-	3
EXELDERM SOLN, SULCONAZOLE SOLN	-	3
LOPROX CREAM	-	3
LOPROX GEL	-	3
LOPROX SHAMPOO	-	3
LOTRISONE CREAM	-	3
LOTRISONE LOTION	-	3
MENTAX CREAM	-	3
NAFTIN CREAM	-	3
NAFTIN GEL	-	3
NIZORAL SHAMPOO	-	3
OXISTAT CREAM	-	3
OXISTAT LOTION	-	3
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC
NYATA KIT	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
VYTONA CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3
VOLTAREN GEL (QL= 5 tubes/fill)	QL	3
diclofenac soln 1.5% (PENNSAID equiv)	-	NC
DST PLUS PAK KIT	-	NC
INFLAMMA-K KIT	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
REXAPHENAC CREAM	-	NC
VAROPHEN KIT	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	1
fluorouracil cream (EFUDEX CREAM equiv)	-	1
FLUOROPLEX CREAM	-	2
FLUOROURACIL CREAM 0.5%	-	2
FLUOROURACIL SOLN	-	2
EFUDEX CREAM	-	3
PICATO GEL (QL= 1 box/fill)	QL	3
SOLARAZE GEL (QL= 300gm/30 days)	PA-QL	3
PANRETIN GEL	KMSP-PA	4
TARGRETIN GEL	KMSP-PA	4
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
SOLARAVIX PAK	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3
ANTIPSORIATICS		
calcipotriene cream (DOVONEX CREAM equiv)	-	1
calcipotriene oint	-	1
calcipotriene soln (DOVONEX SOLN equiv)	-	1
methoxsalen cap (OXSORALEN ULTRA equiv)	KMSP	1
tazarotene cream 0.1% (TAZORAC equiv)	-	1
8-MOP CAP	KMSP	2
SORIATANE CK KIT	KMSP	2
CALCITRIOL OINT	-	3
DOVONEX CREAM	-	3
DOVONEX SOLN	-	3
DRITHO-SCALP CREAM	-	3
OXSORALEN ULTRA CAP	KMSP	3
SORILUX FOAM	-	3
TAZORAC CREAM	-	3
TAZORAC CREAM 0.05%	-	3
TAZORAC GEL	-	3
acitretin cap (SORIATANE equiv)	KMSP	4
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	4
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	4
SKYRIZI INJ (QL= 2 inj/84 days)	LMSP-PA-QL	4
CALCIPOTRIENE FOAM	-	NC
NUDERMRXPAK PAK	-	NC
SILIQ INJ	-	NC
SORIATANE CAP	-	NC
STELARA INJ	-	NC
TALTZ INJ	-	NC
TREMFYA INJ	-	NC
VECTICAL OINT	-	NC
ANTISEBORRHEIC PRODUCTS		
seb-prev cream (OVACE CREAM equiv)	-	1
selenium sulfide lotion	-	1
selenium sulfide shampoo (SELSEB equiv)	-	1
sodium sulfacetamide gel (OVACE PLUS equiv)	-	1
sodium sulfacetamide shampoo (OVACE equiv)	-	1
sodium sulfacetamide/urea pad (ROSULA equiv)	-	1
OVACE PLUS CREAM	-	3
OVACE PLUS GEL	-	3
OVACE PLUS SHAMPOO	-	3
ROSULA PAD	-	3
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
OVACE WASH	-	NC

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
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Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
SELRX SHAMPOO 2.3%	-	NC
sodium sulfacetamide wash (OVACE WASH equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir cream (ZOVIRAX equiv)	-	1
acyclovir oint (ZOVIRAX OINT equiv)	-	1
DENAVIR CREAM	-	2
ZOVIRAX CREAM	-	3
XERESE CREAM	-	NC
ZOVIRAX OINT	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SILVADENE CREAM	-	3
SULFAMYLON PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	1
alclometasone oint (ACLOVATE OINT equiv)	-	1
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
calcipotriene/betamethasone oint (TACLONEX equiv)	-	1
clobetasol foam (OLUX equiv)	PA	1
clobetasol lotion (CLOBEX equiv)	PA	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	1
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	PA	1
clobetasol shampoo (CLOBEX equiv)	PA	1
clobetasol spray (CLOBEX equiv)	PA	1
desoximetasone cream (TOPICORT CREAM equiv)	-	1
desoximetasone gel (TOPICORT equiv)	-	1
desoximetasone oint (TOPICORT equiv)	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1

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Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
halobetasol propionate cream (ULTRAVATE equiv)	-	1
halobetasol propionate oint (ULTRAVATE equiv)	PA	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
triamcinolone spray (KENALOG equiv)	-	1
EPIFOAM AEROSOL	-	2
PRAMOSONE OINT	-	2
PREDNICARBATE CREAM	-	2
PREDNICARBATE OIN	-	2
U-CORT CREAM	-	2
ACLOVATE CREAM	-	3
ACLOVATE OINT	-	3
CALCIPOTRIENE/BETAMETHASONE SUSP, TACLONEX SCALP SUSP	-	3
CAPEX SHAMPOO	-	3
CARMOL-HC CREAM	-	3
CLOBEX LOTION	PA	3
CLOBEX SHAMPOO	PA	3
CLOBEX SPRAY	PA	3
CLOCORTOLONE CREAM	-	3
CLODERM CREAM	-	3
CUTIVATE CREAM	-	3
CUTIVATE OINT	-	3
DERMA-SMOOTH/FS OIL	-	3
DERMATOP CREAM	-	3
DERMATOP OINT	-	3
DIPROLENE AF CREAM	-	3
DIPROLENE LOTION	-	3
DIPROLENE OINT	-	3
ELOCON CREAM	-	3
ELOCON OINT	-	3
ELOCON SOLN	-	3
KENALOG SPRAY	-	3
NUCORT LOTION	-	3
OLUX FOAM	PA	3

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
PROCTOCORT CREAM	-	3
TACLONEX OINT	-	3
TEMOVATE CREAM	-	3
TEMOVATE GEL	-	3
TEMOVATE OINT	-	3
TEMOVATE SOLN	PA	3
TEMOVATE-E CREAM	-	3
TEXACORT SOLN	-	3
TOPICORT CREAM	-	3
TOPICORT GEL	-	3
TOPICORT OINT	-	3
ULTRAVATE CREAM	-	3
ULTRAVATE OINT	-	3
ALA SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
BRYHALI LOTION	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CORDRAN CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CORDRAN LOTION	-	NC
CORDRAN OINT	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide cream (DESOWEN equiv)	-	NC
desonide lotion	-	NC
desonide oint (DESOWEN equiv)	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
DIFLORASONE CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC
FLUOVIX PAK	-	NC

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide lotion (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone 1% in abso ointment	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
IMPOYZ CREAM	-	NC
LXETTE FOAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1%	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC
PRAMOSONE E CREAM	-	NC
prednicarbate cream (PREDNICARBATE equiv)	-	NC
QUINIXIL PAK	-	NC
QUINOSONE KIT	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
TRIANEX OINT	-	NC
triderm cream	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ECZEMA AGENTS		
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	4
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
UREA EMULSION	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA LOTION	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
LAC-HYDRIN CREAM	-	3
LAC-HYDRIN LOTION	-	3
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	EXC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
ALDARA CREAM	-	3
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	1
tacrolimus oint (PROTOPIC OINT equiv)	-	1
ELIDEL CREAM (Covered for members 2 years or older)	-	3
PROTOPIC OINT	-	3
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln (CONDYLOX equiv)	-	1
PODOCON SOLN	-	2

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CONDYLOX GEL	-	3
CONDYLOX SOLN	-	3
SALEX SHAMPOO	-	NC
salicylic acid soln	-	NC
salicylic acid shampoo (SALEX equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
LIDOCAINE GEL	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
EMLA CREAM	-	3
LIDODERM PATCH (QL= 3 patches/day)	QL	3
SOLARCAINE EXTRA GEL	-	3
SYNERA PATCH	-	3
XYLOCAINE SOLN	-	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
GEN7T LOTION	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDAMANTLE LOTION	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM	-	NC
LIDOTREX GEL	-	NC
LMR PLUS KIT	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MICROVIX LP PAK	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
MISC. DERMATOLOGICAL PRODUCTS		

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

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
EPICERAM EMULSION	-	NC
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv)	-	1
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel (METROGEL equiv)	-	1
metronidazole lotion (METROLOTION equiv)	-	1
FINACEA FOAM	-	2
FINACEA PLUS KIT	-	2
FINACEA GEL	-	3
METROCREAM	-	3
METROGEL 1%	-	3
METROLOTION	-	3
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3
DOXYCYCLINE CAP, ORACEA CAP	-	NC
ivermectin cream (SOOLANTRA equiv)	-	NC
MIRVASO GEL	-	NC
RHOFADE CREAM	-	NC
ROSADAN KIT	-	NC
SOOLANTRA CREAM	-	NC
SCABICIDES & PEDICULICIDES		
lindane lotion	-	1
lindane shampoo	-	1
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	1
permethrin cream (ELIMITE CREAM equiv)	-	1
EURAX CREAM	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
CROTAN LOTION	-	3
ELIMITE CREAM	-	3
EURAX LOTION	-	3
LINDANE LOTION	-	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
OVIDE LOTION (QL= 2 bottles/fill)	QL	3
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3
SCAR TREATMENT PRODUCTS		

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
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Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	2
VENELEX OINT	-	2
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
ACCU-CHEK GUIDE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
ACCU-CHEK TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
FREESTYLE PRECISION NEO TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
PRECISION XTRA KETONE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
TEST STRIP (all other test strips)	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
GLYGEST PAK	-	NC
L-METHYLFOLATE TAB	-	NC
LUVIRA CAP	-	NC
METANX CAP	-	NC
OLLIZAC POWDER	-	NC
PODIAPN CAP	-	NC
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EXC	NC =Not Covered Plan Exclusion	INF
LD	Limited Distribution	LMSP
MSP	Mandatory Specialty Pharmacy Program	OTC
QL	Quantity Limit	RS
SMKG	Smoking Cessation	SP
	generic =small letters	
	Infertility	KMSP
	Lumicera Mandatory Specialty Pharmacy Program	M
	Over-the-Counter	PA
	Restricted to Specialist	SF
	Available through Specialty Pharmacy Program	ST
	BRANDS =CAPITAL LETTERS	
	Kroger Mandatory Specialty Pharmacy Program	
	Medical Benefit	
	Prior Authorization	
	Limited to two 15 day fills per month for first 3 months	
	Step Therapy	

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.		
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC
INFANT FOODS		
INFANT FORMULA LIQUID	OTC-PA	2
INFANT FORMULA POWDER	OTC-PA	2
NUTRITIONAL SUPPLEMENTS		
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	2
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	2
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
PANCRELIPASE CAP	-	NC
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1
acetazolamide tab	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
DIAMOX SEQUEL CAP	-	3
NEPTAZANE TAB	-	3
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
ALDACTAZIDE TAB	-	3
ALDACTAZIDE TAB 50-50MG	-	3
DYAZIDE CAP	-	3
MAXZIDE TAB	-	3
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
DEMADEX TAB	-	3
EDECIN TAB	-	3
LASIX TAB	-	3
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1

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LD	Plan Exclusion	LMSP	Infertility	M	Kroger Mandatory Specialty Pharmacy Program
MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit
QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization
SMKG	Quantity Limit	SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months
	Smoking Cessation		Available through Specialty Pharmacy Program		Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
DIURETICS Cont.		
ALDACTONE TAB	-	3
MIDAMOR TAB	-	3
CAROSPIR SUSP	-	NC
DYRENIUM CAP	-	NC
triamterene cap (DYRENIUM equiv)	-	NC
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
METHYCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
MICROZIDE CAP	-	3
ZAROXOLYN TAB	-	3
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
ETIDRONATE DISODIUM TAB 400MG	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	1
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	1
risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate)	ST	1
ALENDRONATE TAB 40MG	-	2
ACTONEL TAB (Step Therapy requires trial of alendronate)	ST	3
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3
BONIVA TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	3
FOSAMAX+D TAB	-	3
SKELID TAB	-	3
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
TYMLOS INJ	KMSP	4
PROLIA INJ	M	M
BINOSTO TAB	-	NC
FORTICAL NASAL SPRAY	-	NC
CALCIUM REGULATORS - MISC.		
calcitonin nasal spray (MIACALCIN equiv)	-	1
etidronate disodium tab 200mg (DIDRONEL equiv)	-	1
ALENDRONATE SOLN	-	3
FOSAMAX TAB	-	3
FORTEO INJ	KMSP	4
MIACALCIN INJ	KMSP	4
MIACALCIN NASAL SPRAY	-	NC
FERTILITY REGULATORS		
BRAVELLE INJ	INF	NC
CLOMIPHENE CITRATE POWDER	INF	NC

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Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
CLOMIPHENE CITRATE TAB	INF	NC
clomiphene citrate tab (CLOMID equiv)	INF	NC
FOLLISTIM AQ INJ	INF	NC
GONAL-F RFF INJ	INF	NC
MENOPUR INJ	INF	NC
OVIDREL INJ	INF	NC
PREGNYL INJ	INF	NC
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
CETROTIDE INJ	INF	NC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	NC
GROWTH HORMONES		
GENOTROPIN INJ	KMSP-PA	4
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
EVISTA TAB	-	3
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	KMSP	4
LUPRON DEPOT PED INJ	M	M
LUPRON DEPOT-PED INJ	M	M
LUPANETA PACK	-	NC
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
doxercalciferol cap (HECTOROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
paricalcitol cap (ZEMPLAR equiv)	-	1
sodium phenylbutyrate powder (BUPHENYL equiv)	KMSP	1
CARNITOR SOLN	-	3
CARNITOR TAB	-	3
HECTOROL CAP	-	3
ROCALTROL CAP	-	3
ROCALTROL SOLN	-	3
ZEMPLAR CAP	-	3

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
CALCITRIOL INJ	LMSP	4
calcitriol inj (CALCIJEX equiv)	LMSP	4
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	4
cinacalcet tab (SENSIPAR equiv)	LMSP	4
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
sodium phenylbutyrate tab (BUPHENYL equiv)	KMSP	4
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4
ALDURAZYME INJ	M	M
FABRAZYME INJ	M	M
BUPHENYL POWDER	-	NC
BUPHENYL TAB	-	NC
GALAFOLD CAP	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
SENSIPAR TAB	-	NC
XURIDEN POWDER	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	1
desmopressin acetate nasal spray (DDAVP equiv)	-	1
desmopressin acetate tab (DDAVP equiv)	-	1
desmopressin nasal soln (DDAVP equiv)	-	1
STIMATE NASAL SOLN	KMSP	2
DDAVP INJ	-	3
DDAVP NASAL SOLN	-	3
DDAVP NASAL SPRAY	-	3
DDAVP TAB	-	3
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	KMSP	4
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
SANDOSTATIN INJ	-	NC
SANDOSTATIN LAR INJ KIT	-	NC
SOMATULINE INJ	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
SAMSCA TAB	-	NC

ESTROGENS

ESTROGEN COMBINATIONS

estradiol/norethindrone tab (ACTIVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
PREMPHASE TAB, PREMPRO TAB	-	2
ACTIVELLA TAB	-	3
ANGELIQ TAB	-	3
CLIMARA PRO PATCH	-	3
COMBIPATCH	-	3
FEMHRT TAB	-	3
PREFEST TAB	-	3
BIJUVA CAP	-	NC
DUAVEE TAB	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
ESTRATEST TAB	-	NC

ESTROGENS

estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
PREMARIN TAB	-	2
ALORA PATCH	-	3
CENESTIN TAB	-	3
CLIMARA PATCH	-	3
DIVIGEL GEL, ELESTRIN GEL	-	3
ENJUVIA TAB	-	3
ESTRACE TAB	-	3
ESTRASORB EMULSION	-	3
EVAMIST SPRAY	-	3
MENEST TAB	-	3
MENOSTAR PATCH	-	3
VIVELLE-DOT PATCH	-	3

FLUOROQUINOLONES

FLUOROQUINOLONES

ciprofloxacin susp (CIPRO equiv)	-	1
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
moxifloxacin tab (AVELOX equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
AVELOX TAB	-	3
CIPRO SUSP 5%	-	3
CIPRO TAB	-	3
CIPRO XR TAB	-	3

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DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
CIPROFLOXACIN 100MG TAB	-	3
CIPROFLOXACIN ER TAB	-	3
LEVAQUIN SOLN	-	3
LEVAQUIN TAB	-	3
NOROXIN TAB	-	3
BAXDELA TAB	-	NC
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TAB	-	NC
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AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB	-	NC
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4
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FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4
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GALLSTONE SOLUBILIZING AGENTS

ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
ACTIGALL CAP	-	3
URSO FORTE TAB	-	3

GASTROINTESTINAL ANTIALLERGY AGENTS

cromolyn conc (GASTROCROM equiv)	-	1
GASTROCROM CONC	-	3

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

AMITIZA CAP	PA	3
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GASTROINTESTINAL STIMULANTS

metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
REGLAN TAB	-	3
METZOLV ODT	-	NC

INFLAMMATORY BOWEL AGENTS

balsalazide cap (COLAZAL equiv)	-	1
mesalamine DR tab (LIALDA equiv)	-	1
mesalamine enema (ROWASA equiv)	-	1
mesalamine ER cap (APRISO equiv)	-	1
mesalamine supp (CANASA equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
AZULFIDINE EN TAB	-	3
AZULFIDINE TAB	-	3
COLAZAL CAP	-	3
DIPENTUM CAP	-	3
SFROWASA ENEMA	-	3

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	4
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
LIALDA TAB	-	NC
mesalamine DR cap (DELZICOL equiv)	-	NC
mesalamine tab (ASACOL equiv)	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTROXEX equiv)	-	1
LINZESS CAP	PA	2
LOTROXEX TAB	-	3
VIBERZI TAB	-	NC
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	2
SYMPROIC TAB	PA	2
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1
lanthanum carbonate chew tab (FOSRENOL equiv)	-	1
sevelamer hydrochloride tab (RENAGEL equiv)	-	1
sevelamer powder pak (RENVELA equiv)	-	1
sevelamer tab (RENVELA TAB equiv)	-	1
FOSRENOL POWDER PACK	-	2
PHOSLYRA SOLN	-	2
AURYXIA TAB	-	3
ELIPHOS TAB	-	3
FOSRENOL CHEW TAB	-	3
PHOSLO CAP	-	3
RENAGEL TAB 800MG	-	3
RENVELA TAB	-	3
VELPHORO CHEW TAB	-	3
RENAGEL TAB	-	NC
SEVELAMER CARBONATE TAB	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL TROCHES	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
POLYCITRA CRYSTAL PACK	-	3
POLYCITRA-LC SOLN	-	3
UROCIT-K TAB	-	3
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	4
GENITOURINARY IRRIGANTS		
sodium chloride 0.9% irr soln	-	1
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
dutasteride/tamsulosin cap (JALYN equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
silodosin cap (RAPAFLO equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
AVODART CAP	-	3
CARDURA XL TAB	-	3
FLOMAX CAP	-	3
JALYN CAP	-	3
PROSCAR TAB	-	3
RAPAFLO CAP	-	3
UROXATRAL TAB	-	3
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIDIUM equiv)	-	1
PYRIDIDIUM TAB	-	3
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC

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Last Updated* 2/1/2020

DrugName	Special Code	Tier			
GOUT AGENTS Cont.					
GOUT AGENTS					
allopurinol tab (ZYLOPRIM equiv)	-	1			
colchicine tab (COLCRYS equiv)	PA	1			
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	1			
MITIGARE CAP	-	2			
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST	3			
ZYLOPRIM TAB	-	3			
COLCHICINE CAP	-	NC			
COLCRYS TAB	-	NC			
GLOPERBA SOLN	-	NC			
ZURAMPIC TAB	-	NC			
URICOSURICS					
probenecid tab (BENEMID equiv)	-	1			
HEMATOLOGICAL AGENTS - MISC.					
ANTIHEMOPHILIC PRODUCTS					
HEMLIBRA INJ	LMSP-PA	4			
AFSTYLA KIT	-	NC			
BRADYKININ B2 RECEPTOR ANTAGONISTS					
icatibant inj (FIRAZYR equiv)	M	M			
FIRAZYR INJ	-	NC			
COMPLEMENT INHIBITORS					
CINRYZE INJ	M	M			
BERINERT INJ	-	NC			
HAEGARDA INJ	-	NC			
RUCONEST INJ	-	NC			
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS					
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4			
HEMATORHEOLOGIC AGENTS					
pentoxifylline ER tab (TRENTAL equiv)	-	1			
TRENTAL TAB	-	3			
PLASMA KALLIKREIN INHIBITORS					
TAKHZYRO INJ	-	NC			
PLATELET AGGREGATION INHIBITORS					
anagrelide cap (AGRYLIN equiv)	-	1			
aspirin/dipyridamole cap (AGGRENOX equiv)	-	1			
cilostazol tab (PLETAL equiv)	-	1			
clopidogrel tab 75mg (PLAVIX equiv)	-	1			
dipyridamole tab (PERSANTINE equiv)	-	1			
prasugrel tab (EFFIENT equiv)	-	1			
TICLOPIDINE TAB	-	1			
ticlopidine tab (TICLID equiv)	-	1			
AGGRENOX CAP	-	3			
AGRYLIN CAP	-	3			
BRILINTA TAB	-	3			
EFFIENT TAB	-	3			
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EXC LD MSP QL SMKG	NC =Not Covered Plan Exclusion Limited Distribution Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation	INF LMSP OTC RS SP	generic =small letters Infertility Lumicera Mandatory Specialty Pharmacy Program Over-the-Counter Restricted to Specialist Available through Specialty Pharmacy Program	KMSP M PA SF ST	BRANDS =CAPITAL LETTERS Kroger Mandatory Specialty Pharmacy Program Medical Benefit Prior Authorization Limited to two 15 day fills per month for first 3 months Step Therapy

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
PERSANTINE TAB	-	3
PLAVIX TAB 75MG	-	3
PLETAL TAB	-	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP	MSP-PA	4
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376)	LD-PA	4
CEREZYME INJ	M	M
ZAVESCA CAP	-	NC

AGENTS FOR SICKLE CELL ANEMIA

DROXIA CAP	-	2
ENDARI POWDER PACK	-	NC
OXBRYTA TAB	-	NC
SIKLOS TAB	-	NC

COBALAMINS

cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3
CALOMIST NASAL SPRAY	-	NC

FOLIC ACID/FOLATES

folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	KMSP-ST	4
DOPTELET TAB (QL= 2 tabs/day)	KMSP-PA-QL	4
EPOGEN INJ	KMSP	4
FULPHILA INJ	KMSP	4
LEUKINE INJ	KMSP-PA	4
MULPLETA TAB (QL= 7 tabs/fill)	KMSP-PA-QL	4
NEUMEGA INJ	KMSP	4
NIVESTYM INJ	KMSP	4
PROCRIT INJ	KMSP	4
PROMACTA TAB	KMSP-PA	4
RETACRIT INJ	KMSP	4
UDENYCA INJ	KMSP	4
ZARXIO INJ	KMSP	4
GRANIX INJ	-	NC
MIRCERA INJ	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
PROMACTA POWDER	-	NC
REBLOZYL INJ	-	NC
ZIEXTENZO INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1
multigen folic tab (CHROMAGEN FA equiv)	-	1
multigen plus tab (CHROMAGEN FORTE equiv)	-	1
multigen tab (CHROMAGEN equiv)	-	1
multivitamin tab	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
CHROMAGEN FA TAB	-	3
FERREX 28 TAB	-	3
MULTIVITAMIN TAB	-	3
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FOLITE TAB	-	NC
folvite-d tab (GENICIN equiv)	-	NC
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln (AMICAR equiv)	-	1
aminocaproic acid syrup (AMICAR equiv)	-	1
aminocaproic acid tab (AMICAR equiv)	-	1
tranexamic acid tab (LYSTEDA equiv)	-	1
AMICAR SOLN	-	3
AMICAR SYRUP	-	3
AMICAR TAB	-	3
LYSTEDA TAB	-	3
CYKLOKAPRON INJ	M	M
tranexamic acid inj (CYKLOKAPRON equiv)	M	M
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
OREXIN RECEPTOR ANTAGONISTS		

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DrugName	Special Code	Tier
HYPNOTICS Cont.		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
SECONAL CAP	-	NC
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv)	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 22.5mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
temazepam cap 7.5mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
AMBIEN TAB (QL= 1 tab/day)	QL	3
HALCION TAB	-	3
LUNESTA TAB (QL= 1 tab/day)	QL	3
PROSOM TAB	-	3
RESTORIL CAP 15MG	-	3
RESTORIL CAP 22.5MG	-	3
RESTORIL CAP 30MG	-	3
RESTORIL CAP 7.5MG	-	3
SONATA CAP	-	3
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
SOMNOTE CAP	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	1
ROZEREM TAB (QL= 1 tab/day)	QL	3
HETLIOZ CAP	-	NC

LAXATIVES

LAXATIVE COMBINATIONS

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LAXATIVES Cont.		
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
GOLYTELY PACKET	-	1
CLENPIQ SOLN	-	2
COLYTE SOLN	-	2
MOVIPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3
SUPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	3
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
NULYTELY SOLN	-	NC
PLENVU SOLN	-	NC
PREPOPIK PAK	-	NC
SUCLEAR KIT	-	NC

LAXATIVES - MISCELLANEOUS

lactulose soln	-	1
GIALAX KIT	-	NC
KRISTALOSE PACK	-	NC
KRISTALOSE PACKET	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC

SALINE LAXATIVES

OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	3
VISICOL TAB	-	3

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
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MACROLIDES

AZITHROMYCIN

azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZITHROMAX SUSP	-	3
ZITHROMAX TAB	-	3
ZMAX SUSP	-	3

CLARITHROMYCIN

clarithromycin ER tab (BIAXIN XL equiv)	-	1
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYCIN SUSP	-	2
BIAXIN SUSP	-	3
BIAXIN TAB	-	3
BIAXIN XL TAB	-	3

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MACROLIDES Cont.		
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	1
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1
erythromycin stearate tab	-	1
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	1
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
PCE TAB	-	3
ERYPED SUSP	-	NC
erythromycin tab (ERY-TAB equiv)	-	NC
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	2
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK GUIDE CARE METER	OTC	\$0
ACCU-CHEK GUIDE ME KIT	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE INSULINX METER	OTC	\$0
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
CALIBRATION LIQUID	OTC	1
LANCET DEVICE	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	2
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	2
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	2
V-GO INJ KIT (QL= 1 kit/day)	QL	2
DEXCOM G6 RECEIVER	-	NC
DEXCOM G6 SENSOR	-	NC
DEXCOM G6 TRANSMITTER	-	NC
DIABETIC METER (all other diabetic meters)	OTC	NC
NON-PREFERRED CGM RECEIVER	-	NC
NON-PREFERRED CGM SENSOR	-	NC
NON-PREFERRED CGM TRANSMITTER	-	NC
OMNIPOD 5 PACK PODS	-	NC
OMNIPOD DASH PODS	-	NC
OMNIPOD STARTER KIT	-	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	1

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D AUTOSHIELD DUO PEN NEEDLE	OTC	1
B-D INSULIN SYRINGE U-500	-	1
TECHLITE INSULIN SYRINGE	OTC	1
TECHLITE PEN NEEDLE	OTC	1
TRUEPLUS INSULIN SYRINGE	OTC	1
TRUEPLUS PEN NEEDLE	OTC	1
B-D INSULIN SYRINGE	OTC	NC
B-D PEN NEEDLE	OTC	NC
INSULIN SYRINGE	OTC	NC
NOVOFINE PEN NEEDLE	OTC	NC
NOVOTWIST PEN NEEDLE	OTC	NC
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
AEROCHAMBER SUPPLIES	-	2
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	1
MIGERGOT SUPP	-	2
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC
PRODRIN TAB	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
ERGOMAR SL TAB	-	3
D.H.E. INJ	-	NC
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ	-	NC
AJOVY INJ	-	NC
EMGALITY INJ	-	NC
EMGALITY INJ 100MG/ML	-	NC
UBRELVY TAB	-	NC
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	NC
SEROTONIN AGONISTS		

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MIGRAINE PRODUCTS Cont.		
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3
almotriptan tab (AXERT equiv)	-	NC
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
IMITREX VIAL INJ	-	NC
ONZETRA XSAIL	-	NC
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv)	-	NC
sumatriptan vial inj (IMITREX equiv)	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
zolmitriptan ODT (ZOMIG equiv)	-	NC
zolmitriptan tab (ZOMIG equiv)	-	NC
ZOMIG NASAL SPRAY	-	NC
ZOMIG TAB	-	NC
ZOMIG ZMT	-	NC

MINERALS & ELECTROLYTES

CHLORIDE

AMMONIUM CHLORIDE INJ	M	M
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FLUORIDE

FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0
LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
FLUOR-A-DAY CHEW TAB	-	1

MAGNESIUM

magnesium sulfate inj	M	M
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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
K-PHOS NEUTRAL TAB	-	3
POTASSIUM		
K-TAB	-	1
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	1
potassium chloride soln	-	1
KLOR-CON M15 TAB	-	2
KLOR-CON POWDER PACKET	-	3
KLOR-CON POWDER PACKET 25MEQ	-	3
MICRO-K CAP	-	3
SODIUM		
sodium chloride inj	M	M
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv)	-	1
DEPEN TITRATAB	-	3
trientine cap (SYPRINE equiv)	KMSP-PA	4
CUPRIMINE CAP	-	NC
penicillamine cap (CUPRIMINE equiv)	-	NC
SYPRINE CAP	-	NC
IMMUNOSUPPRESSIVE AGENTS		
sirolimus soln (RAPAMUNE equiv)	-	4
ASTAGRAF XL CAP	-	NC
PROGRAF PACKET	-	NC
RAPAMUNE SOLN	-	NC
POTASSIUM REMOVING AGENTS		
LOKELMA PAK	KMSP-PA	4
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	4
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	4

MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2

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DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
FIRST MOUTHWASH BLM	-	3
LTA 360 KIT	-	3
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
FIRST DUKES MOUTHWASH	-	3
FIRST MARYS MOUTHWASH	-	3
MYCELEX TROCHES	-	3
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
PERIDEX SOLN	-	3
DEBACTEROL SOLN	-	NC
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT GEL	-	2
PREVIDENT PASTE	-	2
PREVIDENT RINSE	-	2
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	1
pilocarpine tab (SALAGEN equiv)	-	1
EVOXAC CAP	-	3
SALAGEN TAB	-	3
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
DIATZ ZN TAB	-	3
NEPHROCAP	-	3
dialyvite tab (NEPHRO-VITE equiv)	-	NC

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
FIBRIK CAP	-	NC
NEPHRO-VITE TAB	-	NC
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	1
STROVITE TAB	-	3
V-C FORTE CAP	-	3
REMEDIENT CAP	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
ESCAVITE CHEW TAB	-	3
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	2
QUFLORA PEDIATRIC CHEW TAB	-	3
POLY-VI-FLOR SUSP	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
CONCEPT DHA CAP	-	3
MYNATAL-Z TAB	-	3
PRENATABS RX TAB	-	3
PRENATAL 19 CHEW TAB	-	3
PRENATAL 19 TAB	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VP-PNV-DHA CAP	-	3
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
PREGENNA TAB	-	NC
VITAFOL STRIPS	-	NC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab 10mg, 20mg	-	1
carisoprodol tab (SOMA equiv) (QL=120 tabs/30 days)	QL	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	1
metaxalone tab (SKELAXIN equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
CHLORZOXAZONE TAB 500MG	-	2

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
FEXMID TAB	-	3
FLEXERIL TAB	-	3
METAXALONE TAB 400MG	-	3
PARAFON FORTE TAB	-	3
ROBAXIN TAB	-	3
SKELAXIN TAB	-	3
SOMA TAB (QL=120 tabs/30 days)	QL	3
ZANAFLEX TAB	-	3
AMRIX CAP	-	NC
BACLOFEN TAB 5MG	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
orphenadrine citrate ER tab (NORFLEX equiv)	-	NC
OZOBAX SOLN	-	NC
tizanidine cap (ZANAFLEX equiv)	-	NC
ZANAFLEX CAP	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	1
DANTRIUM CAP	-	3
MUSCLE RELAXANT COMBINATIONS		
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	1
NORGESIC TAB FORTE	-	3
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
DYMISTA NASAL SPRAY	PA	3
AZENASE PAK	-	NC
NASAL AGENTS - MISC.		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1
olopatadine nasal spray (PATANASE equiv)	-	1
PATANASE NASAL SPRAY	-	3
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	NC
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	NC
NASAL ANTICHOLINERGICS		

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
ipratropium nasal spray (ATROVENT equiv)	-	1
ATROVENT NASAL SPRAY	-	3
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone)	QL-ST	3
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone)	QL-ST	3
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	NC
FLUNISOLIDE NASAL SPRAY	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
NASACORT AQ NASAL SPRAY	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
SINUVA NASAL IMPLANT	-	NC
VERAMYST NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
TYZINE NASAL SOLN	-	3
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	1
RILUTEK TAB	-	NC
TIGLUTIK SUSP	-	NC
NUTRIENTS		
LIPIDS		
MCT OIL	OTC-PA	2
PROTEINS		
phlexy-10 tab	OTC-PA	1
pro-stat liquid	OTC-PA	1
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
dorzolamide/timolol ophth soln (COSOPT equiv)	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	1
COMBIGAN OPHTH SOLN	-	2
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OPHTHALMIC AGENTS Cont.		
TIMOLOL OPHTH GEL SOLN	-	2
BETAGAN OPHTH SOLN	-	3
COSOPT OPHTH SOLN	-	3
TIMOPTIC OCUDOSE OPHTH SOLN	-	3
TIMOPTIC OPHTH SOLN	-	3
TIMOPTIC-XE OPHTH GEL	-	3
betaxolol ophth soln (BETOPTIC-S equiv)	-	NC
BETIMOL OPHTH SOLN	-	NC
BETOPTIC-S OPHTH SOLN	-	NC
CARTEOLOL OPHTH SOLN	-	NC
carteolol ophth soln (OCUPRESS equiv)	-	NC
COSOPT PF OPHTH SOLN	-	NC
dorzolamide/timolol pf ophth soln	-	NC
METIPRANOLOL OPHTH SOLN	-	NC
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	2
ISOPTO HYOSCINE OPHTH SOLN	-	2
CYCLOGYL OPHTH SOLN	-	3
ISOPTO ATROPINE OPHTH SOLN	-	3
MYDRIACYL OPHTH SOLN	-	3
ATROPINE SULFATE OPHTH EMULSION	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	2
ISOPTO CARPINE OPHTH SOLN	-	3
PILOPINE HS OPHTH GEL	-	3
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine ophth soln (IOPIDINE equiv)	-	1
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	1
brimonidine ophth soln 0.2%	-	1
ALPHAGAN P OPHTH SOLN 0.1%	-	2
IOPIDINE OPHTH SOLN 1%	-	2
SIMBRINZA OPHTH SUSP	-	2
ALPHAGAN P OPHTH SOLN 0.15%	-	3
IOPIDINE OPHTH SOLN	-	3
LUMIFY OPHTH SOLN	-	NC
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1

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

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	1
GENTAK OPHTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBEX equiv)	-	1
TRIFLURIDINE OPHTH SOLN	-	1
trifluridine ophth soln (VIROPTIC equiv)	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
ZIRGAN OPHTH GEL	-	2
BLEPH-10 OPHTH SOLN	-	3
CILOXAN OPHTH OINT	-	3
CILOXAN OPHTH SOLN	-	3
NEOSPORIN OPHTH SOLN	-	3
OCUFLOX OPHTH SOLN	-	3
POLYTRIM OPHTH SOLN	-	3
TOBEX OPHTH OINT	-	3
TOBEX OPHTH SOLN	-	3
VIGAMOX OPHTH SOLN	-	3
VIROPTIC OPHTH SOLN	-	3
ZYMAXID OPHTH SOLN (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	3
BESIVANCE OPHTH SUSP	-	NC
MOXEZA OPHTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
NATACYN OPHTH SUSP	-	NC
OPHTHALMIC DECONGESTANTS		
naphazoline ophth soln	-	1
MYDFRIN OPHTH SOLN	-	3
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
CEQUA (PF) OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ROCKLATAN OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
ALCAINE OPHTH SOLN	-	3
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
loteprednol ophth susp (LOTEMAX equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	1
PREDNISOLONE OPHTH SUSP	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP	-	2
DUREZOL OPHTH EMULSION	-	2
LOTEMAX OPHTH GEL	-	2
LOTEMAX OPHTH OINT	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
VEXOL OPHTH SUSP	-	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
CORTISPORIN OPHTH SOLN	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML LIQUIFILM OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
LOTEMAX OPHTH SUSP	-	3
MAXITROL OPHTH OINT	-	3
MAXITROL OPHTH SUSP	-	3
PRED FORTE OPHTH SUSP	-	3
TOBRADEX OPHTH SOLN	-	3
TOBRADEX ST OPHTH SUSP	-	3
BLEPHAMIDE OPHTH SOLN	-	NC
DEXTENZA OPHTH INSERT	-	NC

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LD	Plan Exclusion	LMSP	Infertility		Kroger Mandatory Specialty Pharmacy Program
MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	PA	Prior Authorization
SMKG	Quantity Limit	SP	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
	Smoking Cessation		Available through Specialty Pharmacy Program	ST	Step Therapy

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	1
bromfenac ophth soln (BROMDAY equiv)	-	1
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
epinastine ophth soln (ELESTAT equiv)	-	1
FLURBIPROFEN OPHTH SOLN	-	1
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1
olopatadine ophth soln 0.1% (PATANOL equiv)	-	1
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	1
ALAMAST OPHTH SOLN	-	2
ALOCRILOPHTH SOLN	-	2
ALOMIDOPHTH SOLN	-	2
AZOPT OPHTH SUSP	-	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2
PROLENSA OPHTH SOLN	-	2
ACULAR (LS) OPHTH SOLN	-	3
ACUVAIL OPHTH SOLN	-	3
BEPREVE OPHTH SOLN	-	3
CROLOM OPHTH SOLN	-	3
ELESTAT OPHTH SOLN	-	3
EMADINE OPHTH SOLN	-	3
LASTACRAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3
OCUFEN OPHTH SOLN	-	3
OPTIVAR OPHTH SOLN	-	3
PATANOL OPHTH SOLN	-	3
TRUSOPT OPHTH SOLN	-	3
VOLTAREN OPHTH SOLN	-	3
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
BROMSITE OPHTH SOLN	-	NC
PATADAY OPHTH SOLN	-	NC

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EXC	NC =Not Covered Plan Exclusion	INF	generic =small letters Infertility	KMSP	BRANDS =CAPITAL LETTERS Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	1
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	1
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	3
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
CRESYLATE OTIC SOLN	-	3
VOSOL OTIC SOLN	-	3
OTIC ANALGESICS		
omedia otic soln (AMERICAINE equiv)	-	1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	-	1
CIPROFLOXACIN OTIC SOLN	-	2
OTIC COMBINATIONS		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	1
CIPRODEX OTIC SUSP	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
CORTANE-B AQUEOUS OTIC SOLN	-	3
CORTISPORIN OTIC SOLN	-	3
OTOZIN OTIC DROPS	-	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B OTIC SOLN	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	1
ACETASOL HC OTIC SOLN	-	3
DERMOTIC OIL	-	3
VOSOL HC OTIC SOLN	-	3

OXYTOCICS

OXYTOCICS

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EXC	NC =Not Covered Plan Exclusion	INF	Infertility	KMSP	BRANDS =CAPITAL LETTERS Kroger Mandatory Specialty Pharmacy Program
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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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DrugName	Special Code	Tier
OXYTOCICS Cont.		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	1
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	KMSP	3
GAMASTAN INJ	M	M
GAMMAGARD INJ	M	M
RHOGAM PLUS INJ	-	NC
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOLN	-	NC
WINRHO SDF INJ	-	NC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin chew tab (AMOXIL equiv)	-	1
AMOXICILLIN CHEW TAB 250MG	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
AMPICILLIN CAP	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
PENICILLIN VK SOLN	-	1
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN G PROCAINE INJ	M	M
PENICILLIN G SODIUM INJ	M	M
PFIZERPEN G INJ	M	M
pfizerpen g inj (PFIZERPEN G equiv)	M	M
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab 500-125mg, 875-125mg (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	3
AUGMENTIN ES-600 SUSP	-	3
AUGMENTIN SUSP	-	3
AUGMENTIN TAB	-	3
AUGMENTIN XR TAB	-	3
ampicillin/sulbactam inj	M	M
piperacillin/tazobactam inj	M	M
TIMENTIN INJ	M	M
amoxicillin/clavulanate tab 250-125mg (AUGMENTIN equiv)	-	NC

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DrugName	Special Code	Tier			
PENICILLINS Cont.					
AUGMENTIN TAB 250-125MG	-	NC			
PENICILLINASE-RESISTANT PENICILLINS					
dicloxacillin cap (DYNAPEN equiv)	-	1			
nafcillin inj	M	M			
oxacillin inj	M	M			
PHARMACEUTICAL ADJUVANTS					
SEMI SOLID VEHICLES					
POLYETHYLENE GLYCOL 8000 GRANULES	-	2			
PROGESTINS					
medroxyprogesterone tab (PROVERA equiv)	-	1			
norethindrone tab (AYGESTIN equiv)	-	1			
progesterone cap (PROMETRIUM equiv)	-	1			
AYGESTIN TAB	-	3			
PROMETRIUM CAP	-	3			
PROVERA TAB	-	3			
hydroxyprogesterone inj (MAKENA equiv)	LMSP-PA	4			
MEGACE ES SUSP	-	NC			
megestrol ES susp (MEGACE ES equiv)	-	NC			
progesterone oil inj	-	NC			
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.					
AGENTS FOR CHEMICAL DEPENDENCY					
acamprosate calcium DR tab (CAMPRAL equiv)	-	1			
disulfiram tab (ANTABUSE equiv)	-	1			
ANTABUSE TAB	-	3			
CAMPRAL TAB	-	3			
LUCEMYRA TAB	-	NC			
ANTI-CATAPLECTIC AGENTS					
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	4			
ANTIDEMENTIA AGENTS					
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1			
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1			
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	1			
galantamine ER cap (RAZADYNE ER equiv)	-	1			
galantamine tab (RAZADYNE equiv)	-	1			
memantine ER cap (NAMENDA XR equiv) (Step Therapy requires trial of memantine tab)	ST	1			
memantine sol (NAMENDA equiv)	-	1			
memantine tab (NAMENDA equiv)	-	1			
rivastigmine cap (EXELON equiv)	-	1			
rivastigmine patch (EXELON equiv) (Step Therapy requires trial of rivastigmine cap)	ST	1			
ARICEPT ODT (QL= 1 tab/day)	QL	3			
ARICEPT TAB (QL= 2 tabs/day)	QL	3			
ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	3			
EXELON CAP	-	3			
EXELON PATCH (Step Therapy requires trial of rivastigmine cap)	ST	3			
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EXC LD MSP QL SMKG	NC =Not Covered Plan Exclusion Limited Distribution Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation	INF LMSP OTC RS SP	generic =small letters Infertility Lumicera Mandatory Specialty Pharmacy Program Over-the-Counter Restricted to Specialist Available through Specialty Pharmacy Program	KMSP M PA SF ST	BRANDS =CAPITAL LETTERS Kroger Mandatory Specialty Pharmacy Program Medical Benefit Prior Authorization Limited to two 15 day fills per month for first 3 months Step Therapy

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
NAMENDA SOL	-	3
NAMENDA TAB	-	3
RAZADYNE ER CAP	-	3
RAZADYNE TAB	-	3
GALANTAMINE SOLN	-	NC
NAMENDA XR CAP	-	NC
NAMENDA XR TITRATION PACK	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
RAZADYNE SOLN	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
LIMBITROL TAB	-	3
SYMBYAX CAP	-	3
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
VYLEESI INJ	-	NC
MOVEMENT DISORDER DRUG THERAPY		
INGREZZA CAP (QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585)	LD-PA-QL	4
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	4
AUSTEDO TAB	-	NC
INGREZZA PACK 40-80MG	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1
AUBAGIO TAB	LMSP	4
AVONEX INJ	LMSP	4
EXTAVIA INJ	MSP	4
GILENYA CAP (QL= 1 cap/day)	LMSP-QL	4
glatiramer inj (COPAXONE equiv)	LMSP	4
MAYZENT TAB	LMSP	4
MAYZENT TAB STARTER PACK	LMSP	4
PLEGRIDY INJ	LMSP	4
PLEGRIDY PEN INJ	LMSP	4
TECFIDERA CAP	LMSP	4
TECFIDERA STARTER PACK	LMSP	4
AMPYRA TAB	-	NC
BETASERON INJ	-	NC
COPAXONE INJ	-	NC
MAVENCLAD PAK	-	NC
REBIF INJ	-	NC

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Last Updated* 2/1/2020

DrugName	Special Code	Tier			
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.					
VUMERITY CAP	-	NC			
ZINBRYTA INJ	-	NC			
POSTHERPETIC NEURALGIA (PHN) AGENTS					
GRALISE TAB	-	NC			
LYRICA CR TAB	-	NC			
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS					
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC			
FLUOXETINE CAP (PMDD)	-	NC			
SARAFEM TAB	-	NC			
PSEUDOBULBAR AFFECT (PBA) AGENTS					
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2			
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.					
ergoloid mesylates tab (HYDERGINE equiv)	-	1			
PIMOZIDE TAB	-	2			
ERGOLOID MESYLATES TAB	-	3			
ORAP TAB	-	3			
RESTLESS LEG SYNDROME (RLS) AGENTS					
HORIZANT TAB	-	NC			
SMOKING DETERRENTS					
bupropion SR tab (ZYBAN equiv)	SMKG	\$0			
CHANTIX PAK	SMKG	\$0			
CHANTIX TAB	SMKG	\$0			
NICODERM PATCH	OTC-SMKG	\$0			
NICORETTE GUM	OTC-SMKG	\$0			
NICORETTE LOZENGE	OTC-SMKG	\$0			
nicotine gum (NICORETTE equiv)	OTC-SMKG	\$0			
NICOTINE KIT	OTC-SMKG	\$0			
nicotine lozenge (COMMIT equiv)	OTC-SMKG	\$0			
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0			
NICOTROL INHALER	SMKG	\$0			
NICOTROL NASAL SPRAY	SMKG	\$0			
ZYBAN TAB	SMKG	\$0			
TRANSTHYRETIN AMYLOIDOSIS AGENTS					
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4			
VASOMOTOR SYMPTOM AGENTS					
BRISDELLE CAP	-	NC			
paroxetine cap (BRISDELLE equiv)	-	NC			
RESPIRATORY AGENTS - MISC.					
CYSTIC FIBROSIS AGENTS					
KALYDECO PAK (QL= 2 packets/day)	KMSP-PA-QL-SF	4			
KALYDECO TAB (QL= 2 tabs/day)	KMSP-PA-QL-SF	4			
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	KMSP-PA-QL-SF	4			
ORKAMBI TAB (QL= 4 tabs/day)	KMSP-PA-QL-SF	4			
PULMOZYME INH SOLN	KMSP	4			
SYMDEKO TAB (QL= 2 tabs/day)	KMSP-PA-QL-SF	4			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
EXC LD MSP QL SMKG	NC =Not Covered Plan Exclusion Limited Distribution Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation	INF LMSP OTC RS SP	generic =small letters Infertility Lumicera Mandatory Specialty Pharmacy Program Over-the-Counter Restricted to Specialist Available through Specialty Pharmacy Program	KMSP M PA SF ST	BRANDS =CAPITAL LETTERS Kroger Mandatory Specialty Pharmacy Program Medical Benefit Prior Authorization Limited to two 15 day fills per month for first 3 months Step Therapy

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
TRIKAFTA TAB	-	NC
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	4
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	4
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	4
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB	-	1
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
TETRACYCLINES		
demeclocycline tab (DECLOMYCIN equiv)	-	1
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate DR tab (DORYX equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
minocycline tab (DYNACIN equiv)	-	1
tetracycline cap	-	1
ADOXA TAB	-	3
DORYX TAB	-	3
DOXYCYCLINE HYCLATE DR CAP	-	3
DYNACIN TAB	-	3
MINOCIN CAP	-	3
MONODOX CAP	-	3
ORAXYL CAP	-	3
VIBRAMYCIN CAP	-	3
VIBRAMYCIN SUSP	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
ADOXA PAK	-	NC
DORYX MPC TAB	-	NC
DORYX TAB 200MG	-	NC
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
SEYSARA TAB	-	NC
SOLODYN TAB	-	NC

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy

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Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
TARGADOX TAB	-	NC
XIMINO CAP	-	NC

THYROID AGENTS

ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
TAPAZOLE TAB	-	3

THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
SYNTHROID TAB	-	1
THYROLAR TAB	-	2
CYTOMEL TAB	-	3
levothyroxine tab (SYNTHROID equiv)	-	NC
TIROSINT CAP	-	NC
TIROSINT-SOL	-	NC

ULCER DRUGS

ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine soln (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
glycopyrrolate tab (ROBINUL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
methscopolamine tab (PAMINE equiv)	-	1
DONNATAL EXTENTABS	-	2
PROPANTHELINE TAB	-	2
ANASPAZ ODT	-	3
BENTYL CAP	-	3
BENTYL SYRUP	-	3
BENTYL TAB	-	3
CANTIL TAB	-	3
LEVBID TAB	-	3
LEVSIN SL TAB	-	3
LEVSIN TAB	-	3
LEVSINEX CAP	-	3
PAMINE TAB	-	3
ROBINUL TAB	-	3
SYMAX DUOTAB	-	3
CUVPOSA SOLN	MSP	4

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Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL TAB	-	NC
LEVSIN INJ	-	NC
LIBRAX CAP	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
H-2 ANTAGONISTS		
famotidine susp (PEPCID equiv)	-	1
famotidine tab (PEPCID equiv)	-	1
nizatidine cap (AXID equiv)	-	1
ranitidine syrup (ZANTAC equiv)	-	1
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1
PEPCID SUSP	-	3
PEPCID TAB	-	3
ZANTAC EFFER TAB	-	3
ZANTAC GRANULE PACKET	-	3
ZANTAC SYRUP	-	3
ZANTAC TAB	-	3
AXID CAP	-	NC
CIMETIDINE SOLN	-	NC
cimetidine tab (TAGAMET equiv)	-	NC
ranitidine cap (ZANTAC equiv)	-	NC
TAGAMET TAB	-	NC
ZANTAC CAP	-	NC
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE TAB	-	3
PROTON PUMP INHIBITORS		
lansoprazole cap (PREVACID equiv)	OTC	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
PREVACID OTC CAP	OTC	1
FIRST OMEPRAZOLE SUSP	-	3
LANSOPRAZOLE SUSP	-	3
ACIPHEX SPRINKLE CAP	-	NC
ACIPHEX TAB	-	NC
DEXILANT CAP	-	NC
esomeprazole cap (NEXIUM equiv)	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
PREVACID CAP	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC

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Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
PROTONIX EC TAB	-	NC
PROTONIX PAK	-	NC
rabeprazole EC tab (ACIPHEX equiv)	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
CYTOTEC TAB	-	3
ULCER THERAPY COMBINATIONS		
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	1
ZEGERID CAP OTC	OTC	1
PREVPAC KIT	-	3
PYLERA CAP	-	3
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
BELLADONNA ALKALOID/OPIUM SUPP	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
hyoscyamine inj (LEVSIN equiv)	-	NC
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	1
CARAFATE SUSP	-	3
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
omeprazole tab	OTC	NC
PREVACID SOLUTAB	-	NC
ULCER THERAPY COMBINATIONS		
TALICIA CAP	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
UROQID #2 TAB	-	3
HYOPHEN TAB	-	NC
PROSED DS TAB	-	NC
UTA cap	-	NC
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
HIPREX TAB	-	3
MACROBID CAP	-	3
MACRODANTIN CAP	-	3
FURADANTIN SUSP	-	NC
MACRODANTIN CAP 25MG	-	NC

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
URINARY ANTI-INFECTIVES Cont.		
methenamine mandelate tab	-	NC
MONUROL GRANULE PACK	-	NC
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
nitrofurantoin susp (FURADANTIN equiv)	-	NC

URINARY ANTISPASMODICS

BETA-3 ADRENERGIC AGONISTS

MYRBETRIQ TAB	-	2
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URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)

oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
OXYTROL PATCH (OTC)	OTC	1
tolterodine tab (DETROL equiv)	-	1
tropium tab (SANCTURA equiv)	-	1
DETROL TAB	-	3
DITROPAN XL TAB	-	3
SANCTURA TAB	-	3
GELNIQUE	-	NC
TOVIAZ TAB	-	NC

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

darifenacin SR tab (ENABLEX equiv)	PA	1
solifenacin tab (VESICARE equiv)	-	1
tolterodine SR cap (DETROL LA equiv)	-	1
tropium chloride SR cap (SANCTURA XR equiv)	PA	1
DETROL LA CAP	-	3
ENABLEX TAB	PA	3
VESICARE TAB	-	3

URINARY ANTISPASMODIC COMBINATIONS

URELIEF PLUS TAB	-	NC
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URINARY ANTISPASMODICS

hyoscyamine tab (LEVSIN equiv)	-	1
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URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

bethanechol tab (URECHOLINE equiv)	-	1
URECHOLINE TAB	-	3

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)

flavoxate tab (URISPAS equiv)	-	NC
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VACCINES

BACTERIAL VACCINES

PNEUMOVAX INJ	VAC	\$0
PREVNAR 13 INJ (QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.)	PA-QL-VAC	\$0
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	2

VIRAL VACCINES

AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE INJ	VAC	\$0

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
VACCINES Cont.		
FLUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUBLOK QUAD PF INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL INJ	VAC	\$0
FLUZONE QUADRIVALENT INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	VAC	\$0
STAMARIL INJ	-	NC

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC

SPERMICIDES

CONCEPTROL GEL	OTC	\$0
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0

VAGINAL ANTI-INFECTIVES

clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL CREAM	-	3
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
METROGEL VAGINAL GEL	-	3
MICONAZOLE 3 SUPP 200MG	-	3
TERAZOL CREAM	-	3
TERAZOL SUPP	-	3
GYNAZOLE CREAM	-	NC

VAGINAL ESTROGENS

estradiol cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	1

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Last Updated* 2/1/2020

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
ESTRING	-	2
PREMARIN VAGINAL CREAM	-	2
ESTRACE VAGINAL CREAM	-	3
FEMRING (3 copays per Rx)	-	3
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1
SYMJEPI INJ (QL= 2 inj/fill)	QL	1
ADRENALIN INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
PROAMATINE TAB	-	3
VITAMINS		
MISC. NUTRITIONAL FACTORS		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
PRENATAL VITAMINS (NON-PREFERRED)	-	3
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
cholecalciferol cap 50000 unit	OTC	1
phytonadione tab (MEPHYTON equiv)	-	1
vitamin D cap (Rx covered Only)	-	1
DRISDOL CAP	-	3
MEPHYTON TAB	-	3
ERGOCAL CAP	-	NC
WATER SOLUBLE VITAMINS		
niacin cap	OTC	1
niacin CR tab (SLO-NIACIN equiv)	OTC	1
niacin tab	OTC	1
NIACIN TR TAB	OTC	1
niacinamide tab	OTC	1
POTABA POWDER PACKET	-	2
POTABA TAB	-	2
POTABA CAP	-	3

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DrugName	Special Code	Tier
VITAMINS Cont.		
SLO-NIACIN TAB	OTC	3

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Prior Authorization Drug List
Last Updated* 2/1/2020**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY DISCMELT	3
ABILIFY SOLN	3
abiraterone tab 250mg	1
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	4
ACTEMRA SC INJ	4
ACTIMMUNE INJ	4
ACTIQ LOZENGE	3
adapalene cream	1
adapalene gel	1
adapalene/benzoyl peroxide gel 0.1-2.5%	1
ADEMPAS TAB	4
ADIPEX-P CAP	3
ADIPEX-P TAB	3
AFINITOR DISPERZ	4
AFINITOR TAB 10MG	4
ALECENSA CAP	4
ALINIA SUSP	2
ALINIA TAB	2
ALUNBRIG TAB 30MG	4
ALUNBRIG TAB 90MG, 180MG	4
ambrisentan tab	4
AMITIZA CAP	3
ANDRODERM PATCH	2
ANDROGEL 1% 25MG	3
ANDROGEL 1% 50MG, TESTIM GEL 1%	3
ANDROGEL 1.62% 1.25GM	3
ANDROGEL 1.62% 2.5GM	3
ANDROGEL PUMP 1%	3
ANDROGEL PUMP 1.62%	3
ANDROID CAP, TESTRED CAP	3
aripiprazole ODT	1
aripiprazole soln	1
ARIXTRA INJ	3
armodafinil tab	1
ATRALIN GEL, RETIN-A GEL	3
AXIRON SOLN	3
BALVERSA TAB 3MG	4
BALVERSA TAB 4MG	4
BALVERSA TAB 5MG	4
BANZEL SUSP	2
BANZEL TAB	2

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2020**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
BELVIQ TAB	2
BELVIQ XR TAB	2
BENLYSTA AUTO-INJECTOR	4
BENLYSTA INJ	4
BENZNIDAZOLE TAB	2
bexarotene cap	4
bosentan tab	4
BOSULIF TAB	4
BRAFTOVI CAP 50MG	4
BRAFTOVI CAP 75MG	4
budesonide ER tab	1
CABLIVI INJ KIT	4
CABOMETRYX TAB	4
CALQUENCE CAP	4
CAPRELSA TAB	4
CARBAGLU TAB	4
CERDELGA CAP	4
CHOLBAM CAP	4
CIMZIA INJ	4
CIMZIA STARTER INJ KIT	4
clobazam tab	1
clobetasol foam	1
clobetasol lotion	1
clobetasol propionate soln	1
clobetasol shampoo	1
clobetasol spray	1
CLOBEX LOTION	3
CLOBEX SHAMPOO	3
CLOBEX SPRAY	3
colchicine tab	1
COMETRIQ KIT	4
CONTRACE TAB	2
COPIKTRA CAP	4
CORLANOR TAB	3
COSENTYX INJ (1-PACK)	4
COSENTYX INJ (2-PACK)	4
COTELLIC TAB	4
CRINONE GEL	2
CYSTAGON CAP	4
CYSTARAN OPHTH SOLN	4
dalfampridine ER tab	1
DARAPRIM TAB	4

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2020**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
darifenacin SR tab	1
DESCOVY TAB	4
DIACOMIT CAP	4
DIACOMIT POWDER PACK	4
diclofenac gel	1
DIFFERIN CREAM	3
DIFFERIN GEL	3
DOPTELET TAB	4
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	3
dronabinol cap	1
DUPIXENT INJ	4
DYMISTA NASAL SPRAY	3
EMVERM TAB	2
ENABLEX TAB	3
ENBREL INJ 25MG	4
ENBREL INJ 50MG	4
ENBREL MINI INJ	4
ENBREL SURECLICK INJ 50MG	4
ENDOMETRIN INSERT	2
EPANED PREMIXED SOLN	3
EPANED SOLN	3
EPIDUO FORTE GEL	2
EPIDUO GEL 0.1-2.5%	3
ERIVEDGE CAP	4
ERLEADA TAB	4
erlotinib tab	4
ESBRIET CAP	4
ESBRIET TAB 267MG	4
ESBRIET TAB 801MG	4
everolimus tab	4
FANAPT TAB	3
FANAPT TITRATION PACK	3
FARYDAK CAP	4
FASENRA PEN INJ	4
fentanyl citrate lollipop	1
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	4
FERRIPROX TAB	4
FETZIMA CAP	3
FETZIMA TITRATION PACK	3
fondaparinux inj	1
FREESTYLE LIBRE RECEIVER	2

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2020**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
FREESTYLE LIBRE SENSOR (10-DAY)	2
FREESTYLE LIBRE SENSOR (14-DAY)	2
GENOTROPIN INJ	4
GILOTRIF TAB	4
halobetasol propionate oint	1
HEMLIBRA INJ	4
HUMIRA INJ 10MG	4
HUMIRA INJ 20MG	4
HUMIRA INJ 40MG	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	4
HUMIRA PEN INJ 40MG	4
HYCAMTIN CAP	4
hydroxyprogesterone inj	4
IBRANCE CAP	4
ICLUSIG TAB	4
IDHIFA TAB	4
imatinib tab	4
IMBRUVICA CAP 140MG	4
IMBRUVICA CAP 70MG	4
IMBRUVICA TAB	4
IMPAVIDO CAP	4
INCIVEK TAB	4
INFANT FORMULA LIQUID	2
INFANT FORMULA POWDER	2
INGREZZA CAP	4
INLYTA TAB	4
INVEGA TAB	3
IRESSA TAB	4
itraconazole cap	1
itraconazole soln	1
JAKAFI TAB	4
JYNARQUE PAK	4
JYNARQUE TAB	4
KALYDECO PAK	4
KALYDECO TAB	4
KEVZARA INJ	4
KINERET INJ	4
KORLYM TAB	4
KUVAN POWDER PACK	4
KUVAN TAB	4

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2020**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	4
LENVIMA CAP	4
LEUKINE INJ	4
LINZESS CAP	2
LOKELMA PAK	4
LONSURF TAB	4
LORBRENA TAB 100MG	4
LORBRENA TAB 25MG	4
LYNPARZA CAP	4
LYNPARZA TAB	4
MARINOL CAP	3
MAVYRET TAB	4
MCT OIL	2
MEKINIST TAB 0.5MG	4
MEKINIST TAB 2MG	4
MEKTOVI TAB	4
METHITEST TAB	3
METHYLTESTOSTERONE CAP	3
miglustat cap	4
modafinil tab	1
MOVANTIK TAB	2
MULPLETA TAB	4
NATPARA INJ	4
NERLYNX TAB	4
NEXAVAR TAB	4
NINLARO CAP	4
NUCALA INJ	4
NUEDEXTA CAP	2
NUTRITIONAL SUPPLEMENT LIQUID	2
NUTRITIONAL SUPPLEMENT POWDER	2
NUVIGIL TAB	3
OCALIVA TAB	4
ODOMZO CAP	4
OFEV CAP	4
OLUX FOAM	3
ONFI TAB	3
OPSUMIT TAB	4
ORENCIA CLICK INJ	4
ORENCIA SC INJ 125MG/ML	4
ORENCIA SC INJ 50MG/0.4ML	4
ORENCIA SC INJ 87.5MG/0.7ML	4

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2020**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORLISSA TAB 150MG	2
ORLISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	4
ORKAMBI TAB	4
OTEZLA STARTER PACK	4
OTEZLA TAB	4
paliperidone ER tab	1
PALYNZIQ INJ	4
PANRETIN GEL	4
phentermine cap	1
phentermine tab	1
phlexy-10 tab	1
PRALUENT INJ	4
PREVNAR 13 INJ	\$0
PROGESTERONE SUPP	3
PROMACTA TAB	4
pro-stat liquid	1
PROVIGIL TAB	3
QBRELIS SOLN	3
QSYMIA CAP	3
REPATHA INJ	4
REPATHA PUSHTRONEX INJ	4
RETIN-A CREAM	3
RETIN-A MICRO GEL 0.04%, 0.1%	1
REVATIO TAB	3
REVLIMID CAP	3
RIFATER TAB	3
RINVOQ ER TAB	4
RUBRACA TAB	4
RUZURGI TAB	4
RYDAPT CAP	4
SAPHRIS SL TAB	3
SIGNIFOR INJ	4
sildenafil tab 20mg	1
SKLICE LOTION	3
SKYRIZI INJ	4
SOFOBUIVIR/VELPATASVIR TAB	4
SOLARAZE GEL	3
SOMAVERT INJ	4
SPIRIVA HANDIHALER	3
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	3
SPORANOX CAP	3

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2020**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
SPORANOX SOLN	3
SPRYCEL TAB	3
STIVARGA TAB	4
STRENSIQ INJ	4
SUTENT CAP	4
SYMDEKO TAB	4
SYMPROIC TAB	2
tadalafil tab (PAH)	4
TAFINLAR CAP	4
TAGRISSE TAB	4
TALZENNA CAP 0.25MG	4
TALZENNA CAP 1MG	4
TARGRETIN GEL	4
TASIGNA CAP	4
TAVALISSE TAB	4
TEGSEDI INJ	4
TEMOVATE SOLN	3
testosterone gel 1% 25mg	1
testosterone gel 1% 50mg	1
testosterone gel 1% pump	1
testosterone gel 1.62% 1.25gm	1
testosterone gel 1.62% 2.5gm	1
testosterone gel 2%	1
TESTOSTERONE GEL PUMP	2
testosterone gel pump 1.62%	1
TESTOSTERONE GEL, VOGELXO GEL	3
testosterone soln	1
tetrabenazine tab	4
THALOMID CAP	4
TIBSOVO TAB	4
TOBI PODHALER	4
TRACLEER TAB 32MG	4
TRECATOR TAB	3
tretinoin cream	1
tretinoin gel	1
TRETIN-X CREAM	3
trientine cap	4
TRINTELLIX TAB	3
tropium chloride SR cap	1
TYKERB TAB	4
TYVASO INH SOLN	4
TYZEKA TAB	4

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2020**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
UCERIS RECTAL FOAM	3
UCERIS TAB	3
UPTRAVI TAB	4
VALCHLOR GEL	4
VELTASSA POWDER	4
VENCLEXTA STARTER PACK	4
VENCLEXTA TAB	4
VENTAVIS INH SOLN	4
VERZENIO TAB	4
VICTRELIS CAP	4
vigabatrin powder pack	4
vigabatrin tab	4
VITRAKVI CAP 100MG	4
VITRAKVI CAP 25MG	4
VITRAKVI SOLN	4
VIZIMPRO TAB	4
VOGELXO PUMP	3
VOSEVI TAB	4
VOTRIENT TAB	4
XADAGO TAB	3
XALKORI CAP	4
XELJANZ TAB	4
XELJANZ XR TAB	4
XIFAXAN TAB 550MG	3
XOSPATA TAB	4
XTAMPZA ER CAP	2
XTANDI CAP	4
XYREM SOLN	4
ZEJULA CAP	4
ZELBORAF TAB	4
ZOLINZA CAP	4
ZORTRESS TAB	4
ZYDELIG TAB	4
ZYKADIA CAP	4
ZYKADIA TAB	4

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated* 2/1/2020
Over-the-Counter (OTC)**

- The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT
ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP
AEROCHAMBER aspirin ec tab 81mg	ALCOHOL SWABS aspirin tab 325mg	aspirin chew tab 81mg aspirin tab 81mg	aspirin ec tab 325mg B-D AUTOSHIELD DUO PEN NEEDLE
CALIBRATION LIQUID	cholecalciferol cap 50000 unit	CLINISTIX TEST STRIP	CONCEPTROL GEL
CONTRACEPTIVE FILM FEMALE CONDOMS	CONTRACEPTIVE FOAM ferrous sulfate elixir	CONTRACEPTIVE GEL FERROUS SULFATE LIQUID	CONTRACEPTIVE SUPP ferrous sulfate soln
FERROUS SULFATE SYRUP	folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER
FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER	FREESTYLE LITE TEST STRIP
FREESTYLE PRECISION NEO METER	FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP	guaifenesin/codeine soln
guaifenesin/codeine syrup HUMULIN N PEN INJ	HUMULIN MIX INJ HUMULIN R INJ	HUMULIN MIX PEN INJ INFANT FORMULA LIQUID	HUMULIN N INJ INFANT FORMULA POWDER
IRON SUSP LANCET DEVICE	KETO-DIASTIX TEST STRIP LANCET KIT	KETOSTIX LANCETS	ketotifen ophth soln lansoprazole cap
levonorgestrel tab NASACORT OTC NASAL SPRAY	MCT OIL niacin cap	meclizine chew tab niacin CR tab	meclizine tab niacin tab
NIACIN TR TAB NICORETTE LOZENGE nicotine patch	niacinamide tab nicotine gum NINJACOF-XG LIQUID	NICODERM PATCH NICOTINE KIT NOVOLIN 70/30 FLEXPEN INJ	NICORETTE GUM nicotine lozenge NOVOLIN INJ
NOVOLIN N FLEXPEN INJ	NOVOLIN R FLEXPEN INJ	NUTRITIONAL SUPPLEMENT LIQUID	NUTRITIONAL SUPPLEMENT POWDER
OXYTROL PATCH (OTC) PRECISION XTRA KETONE TEST STRIP	PEAK FLOW METER PRECISION XTRA METER	phlexy-10 tab PRECISION XTRA TEST STRIP	PLAN B TAB PREVACID OTC CAP
pro-stat liquid	pseudoephedrine/bromphenir amine/codeine liquid	SLO-NIACIN TAB	TECHLITE INSULIN SYRINGE
TECHLITE PEN NEEDLE	TODAY SPONGE	triamcinolone OTC nasal spray	TRUEPLUS INSULIN SYRINGE
TRUEPLUS PEN NEEDLE VITAMIN D TAB 400UNIT	vcf vaginal gel ZEGERID CAP OTC	vitamin D cap 1000unit	vitamin D cap 400unit

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated* 2/1/2020
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ACTEMRA ACTPEN INJ	ACTEMRA SC INJ	ACTIMMUNE INJ	ADEMPAS TAB
ALECENSA CAP	ambrisentan tab	APOKYN INJ	AUBAGIO TAB
AVONEX INJ	BALVERSA TAB 3MG	BALVERSA TAB 4MG	BALVERSA TAB 5MG
BENLYSTA	BENLYSTA INJ	bosentan tab	BRAFTOVI CAP 50MG
AUTO-INJECTOR			
BRAFTOVI CAP 75MG	CABLIVI INJ KIT	CABOMETYX TAB	CALCITRIOL INJ
CALQUENCE CAP	CAPRELSA TAB	CARBAGLU TAB	CERDELGA CAP
CHOLBAM CAP	CIMZIA INJ	CIMZIA STARTER INJ KIT	cinacalcet tab
COMETRIQ KIT	COPIKTRA CAP	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)
COTELLIC TAB	CUVPOSA SOLN	CYSTAGON CAP	CYSTARAN OPHTH SOLN
dalfampridine ER tab	DARAPRIM TAB	deferasirox tab	DIACOMIT CAP
DIACOMIT POWDER PACK	DUPIXENT INJ	ENBREL INJ 25MG	ENBREL INJ 50MG
ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ESBRIET CAP	ESBRIET TAB 267MG
ESBRIET TAB 801MG	EXTAVIA INJ	FARYDAK CAP	FERRIPROX SOLN
FERRIPROX TAB	GILENYA CAP	GILOTRIF TAB	glatiramer inj
HEMLIBRA INJ	HUMIRA INJ 10MG	HUMIRA INJ 20MG	HUMIRA INJ 40MG
HUMIRA INJ	HUMIRA INJ PEDIATRIC	HUMIRA INJ	HUMIRA PEN INJ 40MG
CROHNS/UC/HIDRADENITIS STARTER PACK	CROHNS STARTER PACK	PSORIASIS/UVEITIS STARTER PACK	
hydroxyprogesterone inj	ICLUSIG TAB	IDHIFA TAB	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA TAB	INCIVEK TAB	INCRELEX INJ
INGREZZA CAP	IRESSA TAB	JAKAFI TAB	JYNARQUE PAK
JYNARQUE TAB	KEVZARA INJ	KINERET INJ	KORLYM TAB
KUVAN POWDER PACK	KUVAN TAB	LENVIMA CAP	LONSURF TAB
LYNPARZA CAP	LYNPARZA TAB	LYSODREN TAB	MAYZENT TAB
MAYZENT TAB STARTER PACK	MEKTOVI TAB	MIACALCIN INJ	miglustat cap
MYLERAN TAB	NATPARA INJ	NERLYNX TAB	NEXAVAR TAB
NUCALA INJ	OCALIVA TAB	OFEV CAP	OPSUMIT TAB
ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/ML	ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML
OTEZLA STARTER PACK	OTEZLA TAB	PALYNZIQ INJ	PLEGRIDY INJ
PLEGRIDY PEN INJ	RINVOQ ER TAB	RISPERDAL CONSTA INJ	RUBRACA TAB
RUZURGI TAB	SIGNIFOR INJ	SKYRIZI INJ	SOMAVERT INJ
STIVARGA TAB	STRENSIQ INJ	tadalafil tab (PAH)	TAGRISSE TAB
TAVALISSE TAB	TECFIDERA CAP	TECFIDERA STARTER PACK	TEGSEDI INJ

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tetrabenazine tab
UPTRAVI TAB

TIBSOVO TAB
VALCHLOR GEL

TRACLEER TAB 32MG
VENCLEXTA STARTER
PACK
VICTRELIS CAP
VITRAKVI CAP 25MG
XOSPATA TAB
ZYDELIG TAB

TYVASO INH SOLN
VENCLEXTA TAB

VENTAVIS INH SOLN
vigabatrin tab
XELJANZ TAB
ZEJULA CAP

VERZENIO TAB
VITRAKVI CAP 100MG
XELJANZ XR TAB
ZELBORAF TAB

vigabatrin powder pack
VITRAKVI SOLN
XYREM SOLN

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated* 2/1/2020
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ACTONEL TAB	Step Therapy requires trial of alendronate
ADMELOG INJ, INSULIN LISPRO INJ	Step Therapy requires trial of NOVOLOG
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ	Step Therapy requires trial of NOVOLOG
APIDRA INJ	Step Therapy requires trial of NOVOLOG
APIDRA SOLOSTAR INJ	Step Therapy requires trial of NOVOLOG
ARANESP INJ	Step Therapy requires trial of EPOGEN or PROCRIT
ARICEPT TAB 23MG	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
ATELVIA TAB	Step Therapy requires trial of alendronate
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone
BONIVA TAB 150MG	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
EXELON PATCH	Step Therapy requires trial of rivastigmine cap
febuxostat tab	Step Therapy requires trial of allopurinol
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
gatifloxacin ophth soln	Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
HUMALOG MIX INJ	Step Therapy requires trial of NOVOLOG
HUMALOG MIX KWIKPEN INJ	Step Therapy requires trial of NOVOLOG
HUMULIN MIX INJ	Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	Step Therapy requires trial of NOVOLIN
ibandronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
LIVALO TAB	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
LUVOX CR CAP	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
memantine ER cap	Step Therapy requires trial of memantine tab
MOVIPREP SOLN	Step Therapy requires trial of CLENPIQ
nevirapine ER tab	Step Therapy requires trial of nevirapine
NORITATE CREAM	Step Therapy requires trial of FINACEA

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 2/1/2020
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
OSMOPREP TAB	Step Therapy requires trial of CLENPIQ
PEXEVA TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
risedronate DR tab	Step Therapy requires trial of alendronate
risedronate tab	Step Therapy requires trial of alendronate
rivastigmine patch	Step Therapy requires trial of rivastigmine cap
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
SUPREP SOLN	Step Therapy requires trial of CLENPIQ
ULORIC TAB	Step Therapy requires trial of allopurinol
VANCOGIN CAP	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone
ZYMAXID OPHTH SOLN	Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Smoking Cessation Agents
Last Updated* 2/1/2020**

Drug Name	Tier # for Drug Copay
BUPROPION SR TAB	\$0
CHANTIX PAK	\$0
CHANTIX TAB	\$0
NICODERM PATCH	\$0
NICORETTE GUM	\$0
NICORETTE LOZENGE	\$0
NICOTINE GUM	\$0
NICOTINE KIT	\$0
NICOTINE LOZENGE	\$0
NICOTINE PATCH	\$0
NICOTROL INHALER	\$0
NICOTROL NASAL SPRAY	\$0
ZYBAN TAB	\$0

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Infertility Drug List
Last Updated* 2/1/2020**

Drug Name	Tier # for Drug Copay
BRAVELLE INJ	NC
CETROTIDE INJ	NC
CLOMIPHENE CITRATE POWDER	NC
CLOMIPHENE CITRATE TAB	NC
FOLLISTIM AQ INJ	NC
GONAL-F RFF INJ	NC
MENOPUR INJ	NC
OVIDREL INJ	NC
PREGNYL INJ	NC

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated* 2/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABILIFY DISCMELT	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
acetaminophen/codeine soln	QL=240ml/30 days
acetaminophen/codeine tab	QL=180 tabs/30 days
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTIQ LOZENGE	QL= 120 units/30 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
ADIPEX-P CAP	
ADIPEX-P TAB	
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB 10MG	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
ALOGLIPTIN TAB	QL= 1 tab/day
ALOGLIPTIN-METFORMIN TAB	QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB	QL= 1 tab/day
alprazolam tab	QL= 5 tabs/day
ALUNBRIG TAB 30MG	QL= 4 tabs/day
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day
AMBIEN TAB	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416
AMERGE TAB	QL= 9 tabs/fill, 2 fills/30 days
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1% 25MG	QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1%	QL= 2 packets/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1%	QL= 4 bottles/30 days
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
ARICEPT ODT	QL= 1 tab/day
ARICEPT TAB	QL= 2 tabs/day
ARICEPT TAB 23MG	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
ATRIPLA TAB	QL= 1 tab/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 2/1/2020
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AVINZA CAP	QL= 2 caps/day
AXIRON SOLN	QL= 2 bottles/30 days
BALVERSA TAB 3MG	QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 5MG	QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone
BELVIQ TAB	QL= 2 tabs/day
BELVIQ XR TAB	QL= 1 tab/day
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BIKTARVY TAB	QL= 1 tab/ day
bimatoprost ophth soln	QL= 2.5ml/30 days
BONIVA TAB 150MG	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
bosentan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
BRAFTOVI CAP 50MG	QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
budesonide ER tab	QL=1 tab/day
buprenorphine patch	QL= 4 patches/28 days
BUPRENORPHINE PATCH, BUTRANS PATCH	QL= 4 patches/28 days
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH	QL= 4 patches/28 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
BYETTA INJ	QL= 1 pen/30 days
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CAPITAL/CODEINE SUSP	QL=240ml/30 days
carisoprodol tab	QL=120 tabs/30 days
CAVERJECT INJ	QL= 6 inj/30 days
CELEBREX CAP	QL= 2 caps/day
celecoxib cap	QL= 2 caps/day
CIMDUO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
codeine sulfate tab 60mg	QL=180 tabs/30 days
codeine sulfate tablet 15mg, 30mg	QL= 240 tabs/30 days
COMPLERA TAB	QL= 1 tab/day
CONTRACE TAB	QL= 4 tabs/day

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 2/1/2020
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COPIKTRA CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
CRESTOR TAB	QL= 1 tab/day
CRESTOR TAB 20MG	QL= 1.5 tabs/day
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
DAZIDOX TAB	QL=120 tabs/30 days
DELSTRIGO TAB	QL= 1 tab/day
DEMEROL TAB	QL=120 tabs/30 days
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 5 inj/30 days
diazepam conc	QL= 180ml/30 days
DIAZEPAM SOLN	QL= 180ml/30 days
diazepam tab 2mg, 10mg	QL= 4 tabs/day
diazepam tab 5mg	QL= 3 tabs/day
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH	QL= 30 patches/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
DILAUDID TAB 2MG	QL= 240 tabs/30 days
DILAUDID TAB 4MG	QL=180 tabs/30 days
DILAUDID TAB 8MG	QL=120 tabs/30 days
DOLOPHINE TAB	QL=120 tabs/30 days
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
DOPTELET TAB	QL= 2 tabs/day
DOVATO TAB	QL= 1 tab/day
DUPIXENT INJ	QL= 2 inj/ 28 days
DURAGESIC PATCH	QL=10 patches/30 days
EDEX INJ	QL= 6 inj/30 days
EMEND PAK	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 2/1/2020
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ERLEADA TAB	QL= 4 tabs/day
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first fill)
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARYDAK CAP	QL= 6 caps/21 days
FASENRA PEN INJ	QL= 1 inj/56 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
fentanyl patch	QL=10 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FETZIMA CAP	QL= 1 cap/day
FETZIMA TITRATION PACK	QL= 1 cap/day
fluticasone nasal spray	QL= 2 bottles/fill
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY)	QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
GILENYA CAP	QL= 1 cap/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
granisetron tab	QL= 9 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
GUAIFENESIN/CODEINE SYRUP	QL= 240ml/fill
GVOKE PFS INJ	QL= 2 inj/fill
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
HYCET SOLN	QL=1800ml/30 days
hydrocodone/acetaminophen soln	QL=1800ml/30 days
hydrocodone/acetaminophen tab	QL=120 tabs/30 days
hydrocodone/acetaminophen tab 2.5-325mg	QL=120 tabs/30 days

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 2/1/2020
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill, 2 fills/30 days
hydrocodone/ibuprofen tab	QL= 120 tabs/30 days
hydromorphone tab 2mg	QL= 240 tabs/30 days
hydromorphone tab 4mg	QL=180 tabs/30 days
hydromorphone tab 8mg	QL=120 tabs/30 days
ibandronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
IBRANCE CAP	QL= 21 caps/28 days
IDHIFA TAB	QL= 1 tab/day
imatinib tab	QL= 3 tabs/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB	QL= 9 tabs/fill, 2 fills/30 days
INGREZZA CAP	QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
INLYTA TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JULUCA TAB	QL= 1 tab/ day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KYTRIL TAB	QL= 9 tabs/fill
LASTACFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/ day
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
LIDODERM PATCH	QL= 3 patches/day
LORBRENA TAB 100MG	QL= 1 tab/day

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 2/1/2020
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LORBRENA TAB 25MG	QL= 3 tabs/day
LORTAB	QL=120 tabs/30 days
LORTAB ELIXIR	QL=1800ml/30 days
LOVENOX INJ	QL= 17 days supply
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LUNESTA TAB	QL= 1 tab/day
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET TAB	QL= 3 tabs/day
MAXALT MLT TAB	QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB	QL= 12 tabs/fill, 3 fills/60 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
MEPERIDINE TAB	QL=120 tabs/30 days
methadone conc	QL=600ml/30 days
METHADONE SOLN 10MG/5ML	QL=600ml/30 days
methadone soln 5mg/5ml	QL=1200ml/30 days
methadone tab	QL=120 tabs/30 days
methadone tab 10mg	QL= 240 tabs/30 days
METHADOSE CONC	QL=600ml/30 days
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
modafinil tab	QL= 2 tabs/day
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
morphine sulfate ER tab	QL= 90 tabs/ 30 days
morphine sulfate soln	QL=120ml/30 days
morphine sulfate tab	QL=180 tabs/30 days
MULPLETA TAB	QL= 7 tabs/fill
MUSE SUPP	QL= 6 inj/30 days
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NATROBA SUSP	QL= 1 bottle/fill
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA TAB	QL= 180 tabs/30 days
NUDEXTA CAP	QL= 2 caps/day
NUVIGIL TAB	QL= 1 tab/day
OCALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OPSUMIT TAB	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 2/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day
ORKAMBI TAB	QL= 4 tabs/day
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OVIDE LOTION	QL= 2 bottles/fill
oxycodone cap	QL=120 caps/30 days
oxycodone soln	QL=240ml/30 days
oxycodone tab	QL=120 tabs/30 days
oxycodone/acetaminophen tab	QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB	QL= 120 tabs/30 days
OZEMPIC INJ	QL= 1 pack/28 days
PALYNZIQ INJ	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
PERCOCET TAB	QL=120 tabs/30 days
PERCODAN TAB	QL=120 tabs/30 days
phentermine cap	QL= 1 cap/day
phentermine tab	QL= 1 tab/day
PICATO GEL	QL= 1 box/fill
PIFELTRO TAB	QL= 1 tab/day
PRALUENT INJ	QL= 2 inj/28 days
PREVNAR 13 INJ	QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.
PROVIGIL TAB	QL= 2 tabs/day
QSYMIA CAP	QL= 1 cap/day
ramelteon tab	QL= 1 tab/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
REVLIMID CAP	QL= 1 cap/day
RINVOQ ER TAB	QL= 1 tab/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 2/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
ROXICODONE TAB	QL=120 tabs/30 days
ROZEREM TAB	QL= 1 tab/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
sildenafil tab	QL= 6 tabs/30 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/fill
SKYRIZI INJ	QL= 2 inj/84 days
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/ day
SOLARAZE GEL	QL= 300gm/30 days
SOMA TAB	QL=120 tabs/30 days
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASON/SALMETEROL
STEGLATRO TAB	QL= 1 tab/day
STENDRA TAB	QL= 6 tabs/30 days
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
SYMDEKO TAB	QL= 2 tabs/day
SYMFI (LO) TAB	QL= 1 tab/day
SYMJEPI INJ	QL= 2 inj/fill
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
tadalafil tab	QL= 6 tabs/30 days
tadalafil tab 2.5mg, 5mg	QL= 6 tabs/30 days
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 1MG	QL= 1 cap/day

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 2/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TAMIFLU CAP	QL= 10 caps/fill
TAMIFLU CAP 30MG	QL= 20 caps/fill
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 888-773-7376
testosterone gel 1% 25mg	QL= 1 packet/day
TESTOSTERONE GEL 1% 50MG	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
testosterone gel 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
TESTOSTERONE GEL, VOGELXO GEL	QL= 2 packets/day
testosterone soln	QL= 2 bottles/30 days
TIBSOVO TAB	QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TIVICAY TAB	QL= 2 tabs/day
TRACLEER TAB 32MG	QL=4 tabs/day; Only available through Walgreens 888-347-3416
tramadol ER tab	QL= 30 tabs/30 days
tramadol tab	QL= 240 tabs/30 days
tramadol/acetaminophen tab	QL= 240 tabs/30 days
TRAVATAN Z DROPS	QL= 2.5ml/30 days
travoprost ophth soln	QL= 2.5ml/30 days
triamcinolone nasal spray	QL= 2 bottles/fill
triamcinolone OTC nasal spray	QL= 2 bottles/fill
trilyte soln	Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days
TUSSIONEX SUSP	QL= 120ml/fill; 2 fills/30 days
TUSSI-ORGANI SYRUP	QL= 240ml/fill
TYLENOL/CODEINE TAB	QL=180 tabs/30 days
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 888-773-7376
UCERIS TAB	QL= 1 tab/day
ULESFIA LOTION	QL= 4 bottles/fill
ULTRAM TAB	QL= 240 tabs/30 days
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VAGIFEM TAB	QL= 8 tabs/28 days (18 tabs on first fill)
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
VALIUM TAB 2MG, 10MG	QL= 4 tabs/day
VALIUM TAB 5MG	QL= 3 tabs/day
VANCOGIN CAP	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
vardefafil ODT	QL= 6 tabs/30 days

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 2/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
varденаfil tab	QL= 6 tabs/30 days
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 888-773-7376
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG	QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN	QL= 10ml/day; Only available through US Bioservices 888-518-7246
VIVOTIF CAP	QL= 4 caps/fill
VIZIMPRO TAB	QL= 1 tab/day
VOGELXO PUMP	QL= 4 bottles/30 days
VOLTAREN GEL	QL= 5 tubes/fill
VOSEVI TAB	QL= 1 tab/day
VYTORIN TAB	QL= 1 tab/day (10/80mg is Not Covered)
XADAGO TAB	QL= 1 tab/day
XALATAN OPHTH SOLN	QL= 2.5ml/30 days
XALKORI CAP	QL= 2 caps/day
XANAX TAB	QL= 5 tabs/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA
XOSPATA TAB	QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
XTAMPZA ER CAP	QL= 120 caps/30 days
XTANDI CAP	QL= 4 caps/day
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone
zolpidem tab	QL= 1 tab/day
ZUTRIPRO LIQUID	QL= 120ml/fill, 2 fills/30 days
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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