



**L.A. Care**  
*Covered™ Direct*

# L.A. Care Health Plan

*L.A. Care Covered™ Direct Formulary*

**2020**

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 All previous versions of the formulary are no longer in effect.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

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

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



## INTRODUCTION

### Foreword

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

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

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

### How to Use the Formulary

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

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

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

## Generic and Brand Name Medications

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

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

## How Drugs Are Listed

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

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

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

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

## Non-Formulary Medications

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

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

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

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

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

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

## Benefit Coverage and Limitations

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

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

Any specific questions regarding their coverage should be directed to L.A. Care Health Plan Member Services at **1-855-270-2327 (TTY 711)**

## How to Find a Pharmacy

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

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

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

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

## Description of Coverage

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

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

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

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

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

We cover the following outpatient drugs, supplies, and supplements: (a) drugs that require a prescription by law and certain drugs that do not require a prescription if they are listed on our drug formulary (b) needles & syringes needed to inject covered drugs and supplements (c) inhaler spacers needed to inhale covered drugs.

## How Much I Will Pay for My Drugs

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

Below is a description for each tier:

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

Cost-sharing of each tier is individualized by the type of plan.

Please see the following link for the cost-sharing specific to your plan:

**[lacare.org/members/welcome-la-care/member-documents/la-care-covered](https://lacare.org/members/welcome-la-care/member-documents/la-care-covered)**

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

## Restrictions on Medication Coverage

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

SYMBOL	RESTRICTION	DESCRIPTION
CO	Carve-Out	Drugs carved out by the Department of Health Care Services
EXC	Exclusion	Plan exclusion
INF	Infertility	Infertility drugs
KMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
LD	Limited Distribution	Coverage is available through a limited distributor or limited number of distributors
LMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
MSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
ONC	Oral Anticancer Medication	Oral anticancer medication ≤ \$250 up to 30 day supply per prescription
OTC	Over the Counter	Coverage of OTC medication
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
SF	Split Fill	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug
VAC	Vaccine Program	Coverage is available through a vaccine program

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

## Medication Request Process

Some drugs have coverage rules or have limits on the amount you can get. In some cases your doctor or other prescriber must do something before you can fill the prescription.

### Formulary Agents

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

### Non-Formulary Agents

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

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

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



## General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

- A. Drugs specifically listed as not covered
- B. Any drug products used for cosmetic purposes
- C. Infertility agents
- 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

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

## 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](mailto:PharmacyandFormulary@lacare.org).

## Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<b>AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
ADDERALL TAB 1.25MG, 1.875MG, 2.5MG, 3.125MG, 3.75MG, 5MG, 7.5MG <i>(amphetamine-dextroamphetamine)</i>	3	-
ADDERALL XR CAP 1.25MG, 2.5MG, 3.75MG, 5MG, 6.25MG, 7.5MG <i>(amphetamine-dextroamphetamine)</i>	1	-
<i>amphetamine/dextroamphetamine tab 1.25MG, 1.875MG, 2.5MG, 3.125MG, 3.75MG, 5MG, 7.5MG</i> (ADDERALL Equiv)	1	-
DEXEDRINE CAP 10MG, 15MG, 5MG <i>(dextroamphetamine sulfate)</i>	3	-
<i>dextroamphetamine ER cap 10MG, 15MG, 5MG</i> (DEXEDRINE Equiv)	1	-
<i>dextroamphetamine soln 5MG/5ML</i> (PROCENTRA Equiv)	1	-
<i>dextroamphetamine tab 10MG, 5MG</i> (DEXEDRINE Equiv)	1	-
VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG <i>(lisdexamfetamine dimesylate)</i>	2	-
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG <i>(lisdexamfetamine dimesylate)</i>	2	-
<b>ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss</b>		

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

1

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	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	VAC	Vaccine Program		

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

Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
ADIPEX-P CAP 37.5MG ( <i>phentermine hcl</i> )	3	PA-QL
ADIPEX-P TAB 37.5MG ( <i>phentermine hcl</i> )	3	PA-QL
<i>phentermine cap 15MG, 30MG, 37.5MG</i> (ADIPEX Equiv)	1	PA-QL QL= 1 cap/day
<i>phentermine tab 37.5MG</i> (ADIPEX Equiv)	1	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ( <i>phentermine hcl-topiramate</i> )	2	PA-QL QL= 1 cap/day
<b>ANTI-OBESITY AGENTS - Drugs to help weight loss</b>		
CONTRAVE TAB 8MG-90MG ( <i>naltrexone hcl-bupropion hcl</i> )	2	PA-QL QL= 4 tabs/day
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG ( <i>guanfacine hcl (adhd)</i> )	3	-
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - drugs to treat sleep disorders</b>		
SUNOSI TAB 150MG, 75MG ( <i>solriamfetol hcl</i> )	2	PA-QL QL= 1 tab/day

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2

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	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	VAC	Vaccine Program		

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

**Last Updated 5/5/2020**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - drugs to treat sleep disorders</b>		
WAKIX TAB 17.8MG, 4.45MG ( <i>pitolisant hcl</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
<b>STIMULANTS - MISC. - Miscellaneous stimulant drugs</b>		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	1	PA-QL QL= 1 tab/day
CONCERTA TAB, RITALIN SR TAB 18MG, 27MG, 36MG, 54MG ( <i>methylphenidate hcl</i> )	3	-
DAYTRANA PATCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR ( <i>methylphenidate</i> )	3	-
<i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv)	1	-
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	1	-
FOCALIN TAB 10MG, 2.5MG, 5MG ( <i>dexmethylphenidate hcl</i> )	3	-
FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG ( <i>dexmethylphenidate hcl</i> )	3	-
METADATE CD CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG ( <i>methylphenidate hcl</i> )	3	-
METHYLIN CHEW TAB 10MG, 2.5MG, 5MG ( <i>methylphenidate hcl</i> )	3	-

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

3

<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	KMSP Kroger Mandatory Specialty Pharmacy Program
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	ONC Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC Over-the-Counter
PA Prior Authorization	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	VAC Vaccine Program	

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Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
METHYLIN SOLN 10MG/5ML, 5MG/5ML ( <i>methylphenidate hcl</i> )	2	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	1	-
<i>methylphenidate chew tab 10MG, 2.5MG, 5MG</i> (METHYLIN Equiv)	1	-
<i>methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG</i> (RITALIN LA Equiv)	1	-
<i>methylphenidate ER tab 27MG, 36MG, 54MG</i>	1	-
<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	1	-
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	1	-
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	1	PA-QL QL= 2 tabs/day
NUVIGIL TAB 150MG, 200MG, 250MG, 50MG ( <i>armodafinil</i> )	3	PA-QL QL= 1 tab/day
PROVIGIL TAB 100MG, 200MG ( <i>modafinil</i> )	3	PA-QL QL= 2 tabs/day
RITALIN LA CAP 10MG, 20MG, 30MG, 40MG ( <i>methylphenidate hcl</i> )	3	-
RITALIN TAB 10MG, 20MG, 5MG ( <i>methylphenidate hcl</i> )	3	-

**AMEBICIDES - drugs to treat infections**

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

4

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	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	VAC	Vaccine Program		

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Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>AMEBICIDES - drugs to treat infections</b>		
YODOXIN TAB ( <i>iodoquinol</i> )	3	-
<b>AMINOGLYCOSIDES - Drugs to treat bacterial infections</b>		
<b>AMINOGLYCOSIDES - Drugs to treat infections</b>		
<i>amikacin inj 1GM/4ML, 500MG/2ML</i> (KANAMYCIN Equiv)	M	M
KANAMYCIN INJ ( <i>amikacin sulfate</i> )	M	M
<i>neomycin tab 500MG</i>	1	-
PAROMOMYCIN CAP 250MG ( <i>paromomycin sulfate</i> )	1	-
TOBI PODHALER 28MG ( <i>tobramycin</i> )	4	KMSP-PA
<i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv)	4	KMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system</b>		
RINVOQ ER TAB 15MG ( <i>upadacitinib</i> )	4	LMSP-PA-QL QL= 1 tab/day
XELJANZ TAB 10MG, 5MG ( <i>tofacitinib citrate</i> )	4	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ( <i>tofacitinib citrate</i> )	4	LMSP-PA-QL QL= 1 tab/day
<b>ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system</b>		

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5

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

Last Updated 5/5/2020

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RHEUMATREX TAB 2.5MG ( <i>methotrexate sodium</i> ) ( <i>antirheumatic</i> )	3	-
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system</b>		
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 80MG/0.8ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML, 80MG/0.8ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 2 pens/28 days
<b>GOLD COMPOUNDS - Drugs to treat disorders of the immune system</b>		
RIDAURA CAP 3MG ( <i>auranofin</i> )	2	-
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis</b>		
KINERET INJ 100MG/0.67ML ( <i>anakinra</i> )	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis</b>		

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6

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ACTEMRA ACTPEN INJ 162MG/0.9ML ( <i>tocilizumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML ( <i>tocilizumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ( <i>sarilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation</b>		
ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG ( <i>diclofenac w/ misoprostol</i> )	3	-
CATAFLAM TAB ( <i>diclofenac potassium</i> )	3	-
CELEBREX CAP 100MG, 200MG, 400MG, 50MG ( <i>celecoxib</i> )	3	QL QL= 2 caps/day
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	1	QL QL= 2 caps/day
CLINORIL TAB ( <i>sulindac</i> )	3	-
DAYPRO TAB 600MG ( <i>oxaprozin</i> )	3	-
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	1	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	1	-
<i>diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG</i> (ARTHROTEC Equiv)	1	-

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7

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Last Updated 5/5/2020

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<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	1	-
<i>etodolac ER tab 400MG, 500MG, 600MG</i> (LODINE XL Equiv)	1	-
<i>etodolac tab 400MG, 500MG</i>	1	-
FELDENE CAP 10MG, 20MG ( <i>piroxicam</i> )	3	-
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	1	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-
<i>ibuprofen tab 800MG</i>	1	-
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	1	-
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	1	-
KETOPROFEN ER CAP 200MG ( <i>ketoprofen</i> )	3	-
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
MELOXICAM SUSP 7.5MG/5ML ( <i>meloxicam</i> )	3	-
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	1	-
MOBIC TAB 15MG, 7.5MG ( <i>meloxicam</i> )	3	-
MOTRIN SUSP 100MG/5ML, 50MG/1.25ML ( <i>ibuprofen</i> )	3	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	1	-
NAPROSYN EC TAB 375MG, 500MG ( <i>naproxen</i> )	3	-
NAPROSYN TAB 250MG, 500MG ( <i>naproxen</i> )	3	-
<i>naproxen EC tab 375MG, 500MG</i> (NAPROSYN EC Equiv)	1	-

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8

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

Last Updated 5/5/2020

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

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9

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

Last Updated 5/5/2020

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ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML ( <i>abatacept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system</b>		
ENBREL INJ 25MG 25MG/0.5ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
<b>ANALGESICS - NONNARCOTIC - Drugs to treat pain</b>		
<b>SALICYLATES - Drugs to treat pain</b>		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
aspirin ec tab 325mg 325MG ( <i>aspirin</i> )	\$0	OTC Covered for males age 45-79 and females age 55-79
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)

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Last Updated 5/5/2020

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<i>aspirin tab 325mg 325MG</i>	\$0	OTC Covered for males age 45-79 and females age 55-79
ASPIRIN TAB 81MG ( <i>aspirin</i> )	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
CHOLINE MAGNESIUM TRISALICYLATE TAB (TRILISATE Equiv) ( <i>choline &amp; mag salicylate</i> )	1	-
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	1	-
ZORPRIN TAB ( <i>aspirin</i> )	3	-
<b>ANALGESICS - OPIOID - Drugs to treat pain</b>		
<b>OPIOID AGONISTS - Drugs to treat pain</b>		
ABSTRAL SL TAB 100MCG, 200MCG, 300MCG, 400MCG, 600MCG, 800MCG ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 units/30 days
AVINZA CAP ( <i>morphine sulfate beads</i> )	3	QL QL= 2 caps/day
<i>codeine sulfate tab 60mg 60MG</i>	1	QL QL=180 tabs/30 days
<i>codeine sulfate tablet 15mg, 30mg 15MG, 30MG</i>	1	QL QL= 240 tabs/30 days
DAZIDOX TAB ( <i>oxycodone hcl</i> )	3	QL QL=120 tabs/30 days

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DEMEROL TAB 100MG, 50MG ( <i>meperidine hcl</i> )	3	QL QL=120 tabs/30 days
DILAUDID TAB 2MG 2MG ( <i>hydromorphone hcl</i> )	3	QL QL= 240 tabs/30 days
DILAUDID TAB 4MG 4MG ( <i>hydromorphone hcl</i> )	3	QL QL=180 tabs/30 days
DILAUDID TAB 8MG 8MG ( <i>hydromorphone hcl</i> )	3	QL QL=120 tabs/30 days
DOLOPHINE TAB 10MG, 5MG ( <i>methadone hcl</i> )	3	QL QL=120 tabs/30 days
DURAGESIC PATCH 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR ( <i>fentanyl</i> )	3	QL QL=10 patches/30 days
<i>fentanyl citrate lollipop 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG</i> (ACTIQ Equiv)	1	PA-QL QL= 120 lozenges/30 days
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	1	QL QL=10 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 tabs/30 days
<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	1	QL QL= 240 tabs/30 days

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12

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<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	1	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	1	QL QL=120 tabs/30 days
LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT ( <i>fentanyl citrate</i> )	3	PA-QL QL= 15 bottles/30 days
MEPERIDINE TAB 100MG, 50MG ( <i>meperidine hcl</i> )	1	QL QL=120 tabs/30 days
<i>methadone conc 10MG/ML</i>	1	QL QL=600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i>	1	QL QL=600ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i>	1	QL QL=1200ml/30 days
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	1	QL QL=120 tabs/30 days
<i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days
METHADOSE CONC 10MG/ML, 5MG/0.5ML ( <i>methadone hcl</i> )	3	QL QL=600ml/30 days
MORPHINE SULFATE ER BEAD CAP 120MG, 30MG, 45MG, 60MG, 75MG, 90MG ( <i>morphine sulfate beads</i> )	3	QL QL= 2 caps/day

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13

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Last Updated 5/5/2020

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<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	QL QL= 90 tabs/ 30 days
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML</i>	1	QL QL=120ml/30 days
<i>morphine sulfate tab 15MG, 30MG</i>	1	QL QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG ( <i>tapentadol hcl</i> )	3	QL QL= 180 tabs/30 days
<i>oxycodone cap 5MG</i> (OXYIR Equiv)	1	QL QL=120 caps/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG ( <i>oxycodone hcl</i> )	3	QL QL=120 tabs/30 days
<i>tramadol ER tab 100MG, 200MG, 300MG</i> (ULTRAM ER Equiv)	1	QL QL= 30 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days
ULTRAM TAB 50MG ( <i>tramadol hcl</i> )	3	QL QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ( <i>oxycodone</i> )	2	PA-QL QL= 120 caps/30 days

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Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	1	QL QL=240ml/30 days
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG (TYLENOL/CODEINE Equiv)</i>	1	QL QL=180 tabs/30 days
CAPITAL/CODEINE SUSP 12MG/5ML-120MG/5ML ( <i>acetaminophen w/ codeine</i> )	3	QL QL=240ml/30 days
HYCET SOLN 7.5MG/15ML-325MG/15ML ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen soln 10MG/15ML-325MG/15ML, 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)</i>	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG (LORTAB Equiv)</i>	1	QL QL=120 tabs/30 days
<i>hydrocodone/acetaminophen tab 2.5-325mg 2.5MG-325MG (NORCO Equiv)</i>	1	QL QL=120 tabs/30 days
<i>hydrocodone/ibuprofen tab 10MG-200MG, 5MG-200MG, 7.5MG-200MG (VICOPROFEN Equiv)</i>	1	QL QL= 120 tabs/30 days
LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=120 tabs/30 days

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML <i>(hydrocodone-acetaminophen)</i>	3	QL QL=1800ml/30 days
<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCO CET Equiv)	1	QL QL=120 tabs/30 days
<i>oxycodone/aspirin tab</i>	1	QL QL= 120 tabs/30 days
PERCO CET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG <i>(oxycodone w/ acetaminophen)</i>	3	QL QL=120 tabs/30 days
PERCODAN TAB <i>(oxycodone-aspirin)</i>	3	QL QL=120 tabs/30 days
<i>tramadol/acetaminophen tab 37.5MG-325MG</i> (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB 30MG-300MG, 60MG-300MG <i>(acetaminophen w/ codeine)</i>	3	QL QL=180 tabs/30 days
<b>OPIOID PARTIAL AGONISTS - Drugs to treat pain</b>		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	1	QL QL= 4 patches/28 days
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	1	-

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

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17

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ANDROGEL 1% 50MG, TESTIM GEL 1% 1%, 50MG/5GM ( <i>testosterone</i> )	3	PA-QL QL= 2 packets/day
ANDROGEL 1.62% 1.25GM 20.25MG/1.25GM ( <i>testosterone</i> )	3	PA-QL QL= 1 packet/day
ANDROGEL 1.62% 2.5GM 40.5MG/2.5GM ( <i>testosterone</i> )	3	PA-QL QL= 2 packets/day
ANDROGEL PUMP 1% ( <i>testosterone</i> )	3	PA-QL QL= 4 bottles/30 days
ANDROGEL PUMP 1.62% 1.62% ( <i>testosterone</i> )	3	PA-QL QL= 2 bottles/30 days
ANDROID CAP, TESTRED CAP 10MG ( <i>methyltestosterone</i> )	3	PA
ANDROXY TAB 10MG ( <i>fluoxymesterone</i> )	2	-
AXIRON SOLN 30MG/ACT ( <i>testosterone</i> )	3	PA-QL QL= 2 bottles/30 days
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	1	-
DEPO-TESTOSTERONE INJ 100MG/ML, 200MG/ML ( <i>testosterone cypionate</i> )	3	-
METHITEST TAB 10MG ( <i>methyltestosterone</i> )	3	PA
METHYLTESTOSTERONE CAP 10MG ( <i>methyltestosterone</i> )	3	PA
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	1	-

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18

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Last Updated 5/5/2020

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TESTOSTERONE GEL 1% 25MG 25MG/2.5GM <i>(testosterone)</i>	2	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
<i>testosterone gel 2% 10MG/ACT</i> (FORTESTA Equiv)	1	PA-QL QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP 1% <i>(testosterone)</i>	2	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days
TESTOSTERONE GEL, VOGELXO GEL 1%, 50MG/5GM <i>(testosterone)</i>	3	PA-QL QL= 2 packets/day
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
VOGELXO PUMP 1% <i>(testosterone)</i>	3	PA-QL QL= 4 bottles/30 days
<b>ANORECTAL AGENTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		

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CORTENEMA 100MG/60ML ( <i>hydrocortisone (intrarectal)</i> )	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
UCERIS RECTAL FOAM 2MG/ACT ( <i>budesonide (intrarectal)</i> )	3	PA
<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	1	-
<i>pramoxine/hydrocortisone cream 1%, 1%-2.5%</i> (ANALPRAM-HC Equiv)	1	-
PROCTOFOAM HC FOAM 1% ( <i>hydrocortisone acetate w/ pramoxine</i> )	2	-
<b>RECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
ANUSOL-HC CREAM 1%, 2.5% ( <i>hydrocortisone (rectal)</i> )	3	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
<b>ANTHELMINTICS - Drugs to treat worm infections</b>		
<b>ANTHELMINTICS - Drugs to treat parasites</b>		
<i>albendazole tab 200MG</i> (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG ( <i>albendazole</i> )	3	-
BENZNIDAZOLE TAB 100MG, 12.5MG ( <i>benznidazole</i> )	2	PA
BILTRICIDE TAB 600MG ( <i>praziquantel</i> )	3	-

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EMVERM TAB 100MG ( <i>mebendazole</i> )	2	PA
<i>ivermectin tab 3MG</i> (STROMECTIONOL Equiv)	1	-
<i>mebendazole chew tab</i> (VERMOX Equiv)	1	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
STROMECTIONOL TAB 3MG ( <i>ivermectin</i> )	3	-
<b>ANTIANGINAL AGENTS - Drugs to treat chest pain</b>		
<b>ANTIANGINALS-OTHER - Drugs to treat chest pain</b>		
RANEXA TAB 1000MG, 500MG ( <i>ranolazine</i> )	3	-
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	1	-
<b>NITRATES - Drugs to treat chest pain</b>		
DILATRATE SR CAP 40MG ( <i>isosorbide dinitrate</i> )	3	-
IMDUR TAB ( <i>isosorbide mononitrate</i> )	3	-
ISORDIL TITRADOSE TAB 40MG, 5MG ( <i>isosorbide dinitrate</i> )	3	-
<i>isosorbide dinitrate ER tab</i> (ISOCHRON Equiv)	1	-
<i>isosorbide dinitrate SL tab</i>	1	-
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide dinitrate tab 40mg 40MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	1	-
<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	1	-
NITRO-BID OINT 2% ( <i>nitroglycerin</i> )	2	-

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NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR ( <i>nitroglycerin</i> )	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR ( <i>nitroglycerin</i> )	3	-
<i>nitroglycerin lingual spray .4MG/SPRAY</i> (NITROLINGUAL Equiv)	1	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	1	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	1	-
NITROLINGUAL PUMP SPRAY .4MG/SPRAY ( <i>nitroglycerin</i> )	3	-
NITROSTAT SL TAB .3MG, .4MG, .6MG ( <i>nitroglycerin</i> )	3	-
<b>ANTI-ANXIETY AGENTS - Drugs to treat anxiety</b>		
<b>ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs</b>		
BUSPAR TAB ( <i>bupirone hcl</i> )	3	-
<i>bupirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	1	-
<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	1	-
HYDROXYZINE PAMOATE CAP 100MG 100MG ( <i>hydroxyzine pamoate</i> )	1	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	1	-

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<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	1	-
VISTARIL CAP 25MG, 50MG ( <i>hydroxyzine pamoate</i> )	3	-
<b>BENZODIAZEPINES - Drugs to treat anxiety</b>		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	1	QL QL= 5 tabs/day
ATIVAN TAB .5MG, 1MG, 2MG ( <i>lorazepam</i> )	3	-
<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	1	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	1	QL QL= 180ml/30 days
DIAZEPAM SOLN 5MG/5ML ( <i>diazepam</i> )	1	QL QL= 180ml/30 days
<i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv)	1	QL QL= 4 tabs/day
<i>diazepam tab 5mg 5MG</i> (VALILUM Equiv)	1	QL QL= 3 tabs/day
LIBRIUM CAP ( <i>chlordiazepoxide hcl</i> )	3	-
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	1	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	1	-
OXAZEPAM CAP 10MG, 15MG, 30MG ( <i>oxazepam</i> )	2	-
VALIUM TAB 2MG, 10MG 10MG, 2MG ( <i>diazepam</i> )	3	QL QL= 4 tabs/day

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VALIUM TAB 5MG 5MG ( <i>diazepam</i> )	3	QL QL= 3 tabs/day
XANAX TAB .25MG, .5MG, 1MG, 2MG ( <i>alprazolam</i> )	3	QL QL= 5 tabs/day
<b>ANTIARRHYTHMICS - Drugs to control heart rhythm</b>		
<b>ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm</b>		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG ( <i>disopyramide phosphate</i> )	3	-
<i>quinidine gluconate CR tab 324MG</i>	1	-
QUINIDINE SULFATE ER TAB 300MG ( <i>quinidine sulfate</i> )	3	-
<i>quinidine sulfate tab</i>	1	-
<b>ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm</b>		
MEXILETINE CAP 150MG, 200MG, 250MG ( <i>mexiletine hcl</i> )	2	-
<b>ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm</b>		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	1	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	1	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	1	-

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RYTHMOL SR CAP 225MG, 325MG, 425MG ( <i>propafenone hcl</i> )	3	-
RYTHMOL TAB 225MG ( <i>propafenone hcl</i> )	3	-
TAMBOCOR TAB ( <i>flecainide acetate</i> )	3	-
<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	1	-
CORDARONE TAB ( <i>amiodarone hcl</i> )	3	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	1	-
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	2	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG ( <i>dofetilide</i> )	3	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	4	KMSP-PA-QL QL= 1 inj/56 days
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
<b>ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD</b>		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	1	-
<b>BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders</b>		
ATROVENT HFA INHALER 17MCG/ACT ( <i>ipratropium bromide hfa</i> )	2	-

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INCRUSE ELLIPTA INHALER 62.5MCG/INH ( <i>umeclidinium bromide</i> )	2	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	1	-
SPIRIVA HANDIHALER 18MCG ( <i>tiotropium bromide monohydrate</i> )	3	PA For use with Handihaler device
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT 2.5MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	3	PA
<b>LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD</b>		
ACCOLATE TAB 10MG, 20MG ( <i>zafirlukast</i> )	3	-
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	1	-
SINGULAIR CHEW TAB 4MG, 5MG ( <i>montelukast sodium</i> )	3	-
SINGULAIR GRANULE PACK 4MG ( <i>montelukast sodium</i> )	3	-
SINGULAIR TAB 10MG ( <i>montelukast sodium</i> )	3	-
<i>zafirlukast tab 10MG, 20MG</i> (ACCOLATE Equiv)	1	-
<b>STEROID INHALANTS - Drugs to treat asthma and COPD</b>		

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

Last Updated 5/5/2020

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ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>fluticasone furoate (inhalation)</i> )	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	2	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)</i>	1	-
FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	2	-
FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT ( <i>fluticasone propionate hfa</i> )	2	-
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML ( <i>budesonide (inhalation)</i> )	3	-
<b>SYMPATHOMIMETICS - Drugs to treat asthma and COPD</b>		
ACCUNEB NEB SOLN ( <i>albuterol sulfate</i> )	3	-

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

Last Updated 5/5/2020

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ADVAIR DISKUS INHALER 50MCG/DOSE-100MCG/DOSE, 50MCG/DOSE-250MCG/DOSE, 50MCG/DOSE-500MCG/DOSE <i>(fluticasone-salmeterol)</i>	1	-
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT <i>(fluticasone-salmeterol)</i>	2	-
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	1	-
<i>albuterol sulfate ER tab 4MG, 8MG</i> (VOSPIRE ER Equiv)	1	-
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-
<i>albuterol sulfate tab 2MG, 4MG</i>	1	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv)	1	-
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH <i>(umeclidinium-vilanterol)</i>	2	-
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH <i>(fluticasone furoate-vilanterol)</i>	2	-

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

Last Updated 5/5/2020

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BROVANA NEB SOLN 15MCG/2ML ( <i>arformoterol tartrate</i> )	3	-
COMBIVENT INHALER ( <i>ipratropium-albuterol</i> )	2	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ( <i>ipratropium-albuterol</i> )	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	2	-
DUONEB NEB SOLN ( <i>ipratropium-albuterol</i> )	3	-
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT ( <i>fluticasone-salmeterol</i> )	1	-
LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT ( <i>levalbuterol tartrate</i> )	3	QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	1	-
METAPROTERENOL SYRUP 10MG/5ML ( <i>metaproterenol sulfite</i> )	1	-
PERFOROMIST NEB SOLN 20MCG/2ML ( <i>formoterol fumarate</i> )	3	-

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29

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

Last Updated 5/5/2020

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SEREVENT DISKUS INHALER 50MCG/DOSE ( <i>salmeterol xinafoate</i> )	2	-
STIOLTO INHALER 2.5MCG/ACT ( <i>tiotropium bromide-olodaterol hcl</i> )	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT ( <i>olodaterol hcl</i> )	3	QL QL= 1 inhaler/30 days
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	1	-
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	-
VENTOLIN HFA INHALER 108MCG/ACT ( <i>albuterol sulfate</i> )	2	QL QL= 2 inhalers/30 days
VOSPIRE ER TAB 4MG, 8MG ( <i>albuterol sulfate</i> )	3	-
XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML ( <i>levalbuterol hcl</i> )	3	-
<b>XANTHINES - Drugs to treat asthma and COPD</b>		
<i>aminophylline tab</i>	1	-
ELIXOPHYLLIN ELIXIR 80MG/15ML ( <i>theophylline</i> )	2	-
LUFYLLIN TAB ( <i>dyphylline</i> )	3	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG ( <i>theophylline</i> )	3	-
THEOCHRON TAB 100MG, 200MG, 300MG, 450MG ( <i>theophylline</i> )	1	-

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

Last Updated 5/5/2020

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<i>theophylline CR tab 100MG, 200MG, 300MG, 450MG</i> (QUIBRON-T Equiv)	1	-
<i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv)	1	-
<i>theophylline soln 80MG/15ML</i>	1	-
UNIPHYL TAB ( <i>theophylline tab sr 24hr</i> )	3	-
<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		
COUMADIN TAB 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG ( <i>warfarin sodium</i> )	3	-
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	1	-
<b>DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG ( <i>apixaban</i> )	2	-
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	2	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ( <i>rivaroxaban</i> )	2	-
<b>HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood</b>		
ARIXTRA INJ 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML ( <i>fondaparinux sodium</i> )	3	PA

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

Last Updated 5/5/2020

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<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv)	1	QL QL= 17 days supply
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	1	PA
FRAGMIN INJ ( <i>dalteparin sodium</i> )	3	-
<i>heparin porcine inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML</i>	M	M
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML ( <i>enoxaparin sodium</i> )	3	QL QL= 17 days supply
<b>THROMBIN INHIBITORS - Drugs to thin the blood</b>		
PRADAXA CAP 110MG, 150MG, 75MG ( <i>dabigatran etexilate mesylate</i> )	2	-
<b>ANTICONVULSANTS - Drugs to treat seizures</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures</b>		
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	1	PA
<i>clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-

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

Last Updated 5/5/2020

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DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG ( <i>diazepam (anticonvulsant)</i> )	2	QL QL= 5 inj/30 days
KLONOPIN TAB .5MG, 1MG, 2MG ( <i>clonazepam</i> )	3	-
ONFI TAB 10MG, 20MG ( <i>clobazam</i> )	3	PA
<b>ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs</b>		
BANZEL SUSP 40MG/ML ( <i>rufinamide</i> )	2	PA
BANZEL TAB 200MG, 400MG ( <i>rufinamide</i> )	2	PA
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	1	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	1	-
<i>carbamazepine susp 100MG/5ML</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	1	-
CARBATROL CAP 100MG, 200MG, 300MG ( <i>carbamazepine</i> )	3	-
DIACOMIT CAP 250MG, 500MG ( <i>stiripentol</i> )	4	LD-PA Only available through US Bioservices 888-518-7246
DIACOMIT POWDER PACK 250MG, 500MG ( <i>stiripentol</i> )	4	LD-PA Only available through US Bioservices 888-518-7246
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	1	-

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33

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

Last Updated 5/5/2020

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<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	1	-
<i>gabapentin tab 600MG, 800MG</i> (NEURONTIN Equiv)	1	-
KEPPRA SOLN 100MG/ML ( <i>levetiracetam</i> )	3	-
KEPPRA TAB 1000MG, 250MG, 500MG, 750MG ( <i>levetiracetam</i> )	3	-
KEPPRA XR TAB 500MG, 750MG ( <i>levetiracetam</i> )	3	-
LAMICTAL CHEW TAB 25MG, 5MG ( <i>lamotrigine</i> )	3	-
LAMICTAL CHEW TAB 2MG ( <i>lamotrigine</i> )	2	-
LAMICTAL ODT 100MG, 200MG, 25MG, 50MG ( <i>lamotrigine</i> )	3	-
LAMICTAL ODT KIT, LAMICTAL XR KIT ( <i>lamotrigine</i> )	3	-
LAMICTAL STARTER KIT 25MG ( <i>lamotrigine</i> )	3	-
LAMICTAL TAB 100MG, 150MG, 200MG, 25MG ( <i>lamotrigine</i> )	3	-
LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG ( <i>lamotrigine</i> )	3	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG</i> (LAMICTAL XR Equiv)	1	-
<i>lamotrigine ODT 100MG, 200MG, 25MG, 50MG</i> (LAMICTAL Equiv)	1	-

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34

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

Last Updated 5/5/2020

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<i>lamotrigine ODT kit 25MG</i> (LAMICTAL ODT KIT Equiv)	1	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	1	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	1	-
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	1	-
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-
MYSOLINE TAB 250MG, 50MG ( <i>primidone</i> )	3	-
NEURONTIN CAP 100MG, 300MG, 400MG ( <i>gabapentin</i> )	3	-
NEURONTIN SOLN 250MG/5ML ( <i>gabapentin</i> )	3	-
NEURONTIN TAB 600MG, 800MG ( <i>gabapentin</i> )	3	-
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	1	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG</i> (LYRICA Equiv)	1	-
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	1	-
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-
TEGRETOL CHEW TAB ( <i>carbamazepine</i> )	3	-

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35

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

Last Updated 5/5/2020

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TEGRETOL SUSP 100MG/5ML ( <i>carbamazepine</i> )	3	-
TEGRETOL TAB 200MG ( <i>carbamazepine</i> )	3	-
TEGRETOL XR TAB 100MG, 200MG, 400MG ( <i>carbamazepine</i> )	3	-
TOPAMAX SPRINKLE CAP 15MG, 25MG ( <i>topiramate</i> )	3	-
TOPAMAX TAB 100MG, 200MG, 25MG, 50MG ( <i>topiramate</i> )	3	-
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	1	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	1	-
TRILEPTAL SUSP 300MG/5ML ( <i>oxcarbazepine</i> )	3	-
TRILEPTAL TAB 150MG, 300MG, 600MG ( <i>oxcarbazepine</i> )	3	-
VIMPAT SOLN 10MG/ML ( <i>lacosamide</i> )	2	-
VIMPAT TAB 100MG, 150MG, 200MG, 50MG ( <i>lacosamide</i> )	2	QL QL= 2 tabs/day
ZONEGRAN CAP 100MG, 25MG ( <i>zonisamide</i> )	3	-
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	1	-
<b>CARBAMATES - Drugs to treat seizures</b>		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	1	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	1	-

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Last Updated 5/5/2020

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FELBATOL SUSP 600MG/5ML ( <i>felbamate</i> )	3	-
FELBATOL TAB 400MG, 600MG ( <i>felbamate</i> )	3	-
<b>GABA MODULATORS - Drugs to treat seizures</b>		
GABITRIL TAB 12MG, 16MG, 2MG, 4MG ( <i>tiagabine hcl</i> )	3	-
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	1	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	4	LD-PA Only available through Walgreens 888-347-3416
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	4	LD-PA Only available through Walgreens 888-347-3416
<b>HYDANTOINS - Drugs to treat seizures</b>		
DILANTIN CAP 100MG 100MG, 200MG, 300MG ( <i>phenytoin sodium extended</i> )	3	-
DILANTIN CAP 30MG 30MG ( <i>phenytoin sodium extended</i> )	2	-
DILANTIN INFATABS 50MG ( <i>phenytoin</i> )	3	-
DILANTIN SUSP 125MG/5ML ( <i>phenytoin</i> )	3	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin susp 125MG/5ML</i> (DILANTIN Equiv)	1	-

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Last Updated 5/5/2020

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<b>SUCCINIMIDES - Drugs to treat seizures</b>		
CELONTIN CAP 300MG ( <i>methsuximide</i> )	2	-
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	1	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	1	-
ZARONTIN CAP 250MG ( <i>ethosuximide</i> )	3	-
ZARONTIN SOLN 250MG/5ML ( <i>ethosuximide</i> )	3	-
<b>VALPROIC ACID - Drugs to treat seizures</b>		
DEPAKENE CAP 250MG ( <i>valproic acid</i> )	3	-
DEPAKENE SYRUP 250MG/5ML ( <i>valproate sodium</i> )	3	-
DEPAKOTE ER TAB 250MG, 500MG ( <i>divalproex sodium</i> )	3	-
DEPAKOTE SPRINKLE CAP 125MG ( <i>divalproex sodium</i> )	3	-
DEPAKOTE TAB 125MG, 250MG, 500MG ( <i>divalproex sodium</i> )	3	-
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	1	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	1	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	1	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	1	-
<i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv)	1	-
<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		

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

Last Updated 5/5/2020

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<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG ( <i>mirtazapine</i> )	3	-
REMERON TAB ( <i>mirtazapine tab</i> )	3	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	1	-
MAPROTILINE TAB 25MG, 50MG, 75MG ( <i>maprotiline hcl</i> )	1	-
WELLBUTRIN SR TAB 100MG, 150MG, 200MG ( <i>bupropion hcl</i> )	3	-
WELLBUTRIN TAB 100MG ( <i>bupropion hcl</i> )	3	-
WELLBUTRIN XL TAB 150MG, 300MG ( <i>bupropion hcl</i> )	3	-
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression</b>		
EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR ( <i>selegiline</i> )	3	-
MARPLAN TAB 10MG ( <i>isocarboxazid</i> )	2	-

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

Last Updated 5/5/2020

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NARDIL TAB 15MG ( <i>phenelzine sulfate</i> )	3	-
PARNATE TAB 10MG ( <i>tranylcypromine sulfate</i> )	3	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	1	-
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression</b>		
CELEXA SOLN ( <i>citalopram hydrobromide</i> )	3	-
CELEXA TAB 10MG, 20MG, 40MG ( <i>citalopram hydrobromide</i> )	3	-
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	1	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	1	-
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	1	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	1	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	1	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	1	-
<i>fluoxetine tab 10MG, 20MG</i> (PROZAC Equiv)	1	-
<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	1	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	1	-
LEXAPRO SOLN 5MG/5ML ( <i>escitalopram oxalate</i> )	3	-

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40

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

Last Updated 5/5/2020

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LEXAPRO TAB 10MG, 20MG, 5MG ( <i>escitalopram oxalate</i> )	3	-
LUVOX CR CAP ( <i>fluvoxamine maleate</i> )	3	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	1	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	1	-
PAXIL CR TAB 12.5MG, 25MG, 37.5MG ( <i>paroxetine hcl</i> )	3	-
PAXIL SUSP 10MG/5ML ( <i>paroxetine hcl</i> )	3	-
PAXIL TAB 10MG, 20MG, 30MG, 40MG ( <i>paroxetine hcl</i> )	3	-
PEXEVA TAB 10MG, 20MG, 30MG, 40MG ( <i>paroxetine mesylate</i> )	3	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
PROZAC CAP 10MG, 20MG, 40MG ( <i>fluoxetine hcl</i> )	3	-
PROZAC SOLN ( <i>fluoxetine hcl</i> )	3	-
PROZAC TAB ( <i>fluoxetine hcl tab</i> )	3	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	1	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	1	-

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

Last Updated 5/5/2020

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ZOLOFT CONC 20MG/ML ( <i>sertraline hcl</i> )	3	-
ZOLOFT TAB 100MG, 25MG, 50MG ( <i>sertraline hcl</i> )	3	-
<b>SEROTONIN MODULATORS - Drugs to treat depression</b>		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ( <i>nefazodone hcl</i> )	1	-
<i>nefazodone tab 50mg, 250mg 250MG, 50MG</i>	1	-
OLEPTRO TAB ( <i>trazodone hcl</i> )	3	-
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	1	-
TRINTELLIX TAB 10MG, 20MG, 5MG ( <i>vortioxetine hbr</i> )	3	PA-QL QL= 1 tab/day
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression</b>		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	1	-
<i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	1	-
EFFEXOR TAB ( <i>venlafaxine hcl</i> )	3	-
EFFEXOR XR CAP 150MG, 37.5MG, 75MG ( <i>venlafaxine hcl</i> )	3	-
FETZIMA CAP 120MG, 20MG, 40MG, 80MG ( <i>levomilnacipran hcl</i> )	3	PA-QL QL= 1 cap/day
FETZIMA TITRATION PACK ( <i>levomilnacipran hcl</i> )	3	PA-QL QL= 1 cap/day

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PRISTIQ TAB 100MG, 25MG, 50MG ( <i>desvenlafaxine succinate</i> )	3	-
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	1	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	1	-
<b>TRICYCLIC AGENTS - Drugs to treat depression</b>		
<i>amitriptyline tab</i> (ELAVIL Equiv)	1	-
AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG ( <i>amoxapine</i> )	1	-
ANAFRANIL CAP 25MG, 50MG, 75MG ( <i>clomipramine hcl</i> )	3	-
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	1	-
<i>desipramine tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (NORPRAMIN Equiv)	1	-
<i>doxepin cap 100MG, 10MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	1	-
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	1	-
<i>imipramine pamoate cap 100MG, 125MG, 150MG, 75MG</i> (TOFRANIL PM Equiv)	1	-
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	1	-

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NORPRAMIN TAB 100MG, 10MG, 150MG, 25MG, 50MG, 75MG ( <i>desipramine hcl</i> )	3	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	1	-
<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	1	-
NORTRIPTYLINE SOLN 10MG/5ML ( <i>nortriptyline hcl</i> )	1	-
PAMELOR CAP 10MG, 25MG, 50MG, 75MG ( <i>nortriptyline hcl</i> )	3	-
<i>protriptyline tab 10MG, 5MG</i> (VIVACTIL Equiv)	1	-
SURMONTIL CAP 100MG, 25MG, 50MG ( <i>trimipramine maleate</i> )	3	-
TOFRANIL PM CAP ( <i>imipramine pamoate</i> )	3	-
TOFRANIL TAB 10MG, 25MG, 50MG ( <i>imipramine hcl</i> )	3	-
<i>trimipramine cap 100MG, 25MG, 50MG</i> (SURMONTIL Equiv)	1	-
VIVACTIL TAB ( <i>protriptyline hcl</i> )	3	-
<b>ANTIDIABETICS - Drugs to regulate blood sugar</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar</b>		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	1	-
GLYSET TAB 100MG, 25MG, 50MG ( <i>miglitol</i> )	3	-

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<i>miglitol tab 100MG, 25MG, 50MG</i> (GLYSET Equiv)	1	-
PRECOSE TAB 100MG, 25MG, 50MG ( <i>acarbose</i> )	3	-
<b>ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar</b>		
ACTOPLUS MET XR TAB 15MG-1000MG, 30MG-1000MG ( <i>pioglitazone hcl-metformin hcl</i> )	3	-
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ( <i>alogliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ( <i>alogliptin-pioglitazone</i> )	2	QL QL= 1 tab/day
AVANDAMET TAB ( <i>rosiglitazone maleate-metformin hcl</i> )	2	-
AVANDARYL TAB ( <i>rosiglitazone maleate-glimepiride</i> )	2	-
<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv)	1	-
GLUCOVANCE TAB 2.5MG-500MG, 5MG-500MG ( <i>glyburide-metformin</i> )	3	-
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv)	1	-
JANUMET TAB 50MG-1000MG, 50MG-500MG ( <i>sitagliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day

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45

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG <i>(sitagliptin-metformin hcl)</i>	2	QL QL= 2 tabs/day
METAGLIP TAB <i>(glipizide-metformin hcl)</i>	3	-
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
<b>BIGUANIDES - Drugs to regulate blood sugar</b>		
GLUCOPHAGE TAB 1000MG, 500MG, 850MG <i>(metformin hcl)</i>	3	-
GLUCOPHAGE XR TAB 500MG, 750MG <i>(metformin hcl)</i>	3	-
<i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv)	1	-
<i>metformin soln 500MG/5ML</i> (RIOMET Equiv)	1	-
<i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv)	1	-
RIOMET ER SUSP 500MG/5ML <i>(metformin hcl)</i>	3	-

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

Last Updated 5/5/2020

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RIOMET SOLN 500MG/5ML ( <i>metformin hcl</i> )	3	-
<b>DIABETIC OTHER - Drugs to regulate blood sugar</b>		
BAQSIMI NASAL POWDER 3MG/DOSE ( <i>glucagon</i> )	2	QL QL= 2 inhalations/fill
<i>diazoxide susp 50MG/ML</i> (PROGLYCEM Equiv)	1	-
GLUCAGEN HYPOKIT INJ 1MG ( <i>glucagon hcl (rdna)</i> )	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG ( <i>glucagon (rdna)</i> )	2	QL QL= 2 inj/fill
GVOKE INJ 1MG/0.2ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill
KORLYM TAB 300MG ( <i>mifepristone (hyperglycemia)</i> )	4	LD-PA Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
PROGLYCEM SUSP 50MG/ML ( <i>diazoxide</i> )	3	-
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ( <i>alogliptin benzoate</i> )	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ( <i>sitagliptin phosphate</i> )	2	QL QL= 1 tab/day
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - drugs to regulate blood sugar</b>		

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

Last Updated 5/5/2020

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CYCLOSET TAB .8MG ( <i>bromocriptine mesylate (diabetes)</i> )	3	-
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ( <i>exenatide</i> )	2	QL QL= 4 inj/28 days
BYDUREON INJ 2MG ( <i>exenatide</i> )	2	QL QL= 4 inj/28 days
BYDUREON PEN INJ 2MG ( <i>exenatide</i> )	2	QL QL= 4 inj/28 days
BYETTA INJ 10MCG/0.04ML ( <i>exenatide</i> )	3	QL QL= 1 pen/30 days
OZEMPIC INJ 2MG/1.5ML ( <i>semaglutide</i> )	2	QL QL= 1 pack/28 days
RYBELSUS TAB 14MG, 3MG, 7MG ( <i>semaglutide</i> )	2	QL QL=1 tab/day
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML ( <i>dulaglutide</i> )	2	QL QL= 4 pens/28 days
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	2	QL QL= 9ml/30 days
<b>INSULIN - Drugs to regulate blood sugar</b>		
ADMELOG INJ, INSULIN LISPRO INJ 100UNIT/ML ( <i>insulin lispro</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART

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48

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

Last Updated 5/5/2020

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ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 100UNIT/ML ( <i>insulin lispro</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA INJ 100UNIT/ML ( <i>insulin glulisine</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ 100UNIT/ML ( <i>insulin glulisine</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
BASAGLAR INJ 100UNIT/ML, 300UNIT/ML ( <i>insulin glargine</i> )	2	-
FIASP FLEXTOUCH INJ 100UNIT/ML ( <i>insulin aspart (with niacinamide)</i> )	2	-
FIASP INJ 100UNIT/ML ( <i>insulin aspart (with niacinamide)</i> )	2	-
FIASP PENFILL INJ 20.8MG/ML-100UNIT/ML ( <i>insulin aspart (with niacinamide)</i> )	2	-
HUMALOG MIX INJ ( <i>insulin lispro protamine &amp; lispro (human)</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ 25UNIT/ML-75UNIT/ML ( <i>insulin lispro protamine &amp; lispro</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART

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49

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

Last Updated 5/5/2020

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HUMULIN MIX INJ ( <i>insulin isophane &amp; reg (human)</i> )	3	
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN N INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN R INJ 100UNIT/ML ( <i>insulin regular (human)</i> )	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500 500UNIT/ML ( <i>insulin regular (human)</i> )	2	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ( <i>insulin regular (human)</i> )	2	-
INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) ( <i>insulin aspart</i> )	2	-
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) ( <i>insulin aspart</i> )	2	-

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50

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

Last Updated 5/5/2020

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INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	-
INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) ( <i>insulin aspart</i> )	2	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	2	OTC
NOVOLIN INJ 100UNIT/ML ( <i>insulin regular (human)</i> )	2	OTC
NOVOLIN N FLEXPEN INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	2	OTC
NOVOLIN R FLEXPEN INJ 100UNIT/ML ( <i>insulin regular (human)</i> )	2	OTC
NOVOLOG FLEXPEN INJ 100UNIT/ML ( <i>insulin aspart</i> )	2	-
NOVOLOG INJ 100UNIT/ML ( <i>insulin aspart</i> )	2	-
NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	-

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

Last Updated 5/5/2020

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NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML <i>(insulin aspart protamine &amp; aspart (human))</i>	2	-
NOVOLOG PENFILL INJ 100UNIT/ML <i>(insulin aspart)</i>	2	-
<b>INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar</b>		
ACTOS TAB 15MG, 30MG, 45MG <i>(pioglitazone hcl)</i>	3	-
AVANDIA TAB 2MG, 4MG <i>(rosiglitazone maleate)</i>	2	-
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
<b>MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar</b>		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	1	-
PRANDIN TAB .5MG, 1MG, 2MG <i>(repaglinide)</i>	3	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
STARLIX TAB 120MG, 60MG <i>(nateglinide)</i>	3	-
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar</b>		
JARDIANCE TAB 10MG, 25MG <i>(empagliflozin)</i>	2	QL QL= 1 tab/day
STEGLATRO TAB 15MG, 5MG <i>(ertugliflozin l-pyroglutamic acid)</i>	2	QL QL= 1 tab/day
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
AMARYL TAB 1MG, 2MG, 4MG <i>(glimepiride)</i>	3	-
CHLORPROPAMIDE TAB 100MG, 250MG <i>(chlorpropamide)</i>	1	-
DIABETA TAB <i>(glyburide tab 2.5 mg)</i>	3	-
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-

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

Last Updated 5/5/2020

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<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG ( <i>glipizide</i> )	3	-
GLUCOTROL XL TAB 10MG, 2.5MG, 5MG ( <i>glipizide</i> )	3	-
<i>glyburide micronized tab 1.5MG, 3MG, 6MG</i> (GLYNASE Equiv)	1	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG ( <i>glyburide micronized</i> )	3	-
<i>tolazamide tab 500MG</i> (TOLINASE Equiv)	1	-
TOLBUTAMIDE TAB 500MG ( <i>tolbutamide</i> )	2	-
<b>ANTIDIARRHEALS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	1	-
LOMOTIL LIQUID ( <i>diphenoxylate w/ atropine</i> )	3	-
LOMOTIL TAB ( <i>diphenoxylate w/ atropine tab</i> )	3	-
MOTOFEN TAB .025MG-1MG ( <i>difenoxin w/ atropine</i> )	3	-
<b>ANTIDOTES - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		

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

Last Updated 5/5/2020

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CHEMET CAP 100MG ( <i>succimer</i> )	2	-
FERRIPROX SOLN 100MG/ML ( <i>deferiprone</i> )	4	LD-PA Only available through Ferriprox Total Care 866-758-7071
FERRIPROX TAB 1000MG, 500MG ( <i>deferiprone</i> )	4	LD-PA Only available through Ferriprox Total Care 866-758-7071
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	1	-
<i>naltrexone tab 50MG</i> (REVIA Equiv)	1	-
NARCAN NASAL SPRAY 4MG/0.1ML ( <i>naloxone hcl</i> )	2	-
REVIA TAB ( <i>naltrexone hcl</i> )	3	-
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>deferasirox tab 125MG, 250MG, 500MG</i> (EXJADE Equiv)	4	LMSP
<i>deferasirox tab 90mg, 360mg 180MG, 360MG, 90MG</i> (JADENU Equiv)	4	KMSP
JADENU SPRINKLE 180MG, 360MG, 90MG ( <i>deferasirox</i> )	4	KMSP
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
NALOXONE PREFILLED INJ .4MG/ML ( <i>naloxone hcl</i> )	\$0	-
<b>ANTIEMETICS - Drugs to treat nausea and vomiting</b>		

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

Last Updated 5/5/2020

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<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
ANZEMET TAB 100MG, 50MG ( <i>dolasetron mesylate</i> )	4	QL-SP QL= 9 tabs/fill
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	4	QL-SP QL= 9 tabs/fill
GRANISOL SOLN ( <i>granisetron hcl</i> )	4	QL-SP QL= 60ml/fill
KYTRIL TAB ( <i>granisetron hcl</i> )	4	QL-SP QL= 9 tabs/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFRAN Equiv)	1	-
<i>ondansetron tab 24MG, 4MG, 8MG</i> (ZOFRAN Equiv)	1	-
SANCUSO PATCH 3.1MG/24HR ( <i>granisetron</i> )	4	QL-SP QL= 4 patches/fill
ZOFRAN ODT 4MG, 8MG ( <i>ondansetron</i> )	3	-
ZOFRAN SOLN 4MG/5ML ( <i>ondansetron hcl</i> )	3	-
ZOFRAN TAB 4MG, 8MG ( <i>ondansetron hcl</i> )	3	-
<b>ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting</b>		
<i>maldemar tab</i> (SCOPACE Equiv)	1	-
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	1	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	1	OTC
<i>scopolamine patch 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	1	-
TIGAN CAP 300MG ( <i>trimethobenzamide hcl</i> )	3	-

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55

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

Last Updated 5/5/2020

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TRANSDERM-SCOP PATCH 1.5MG, 1MG/3DAYS ( <i>scopolamine</i> )	3	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	1	-
<b>ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics</b>		
AKYNZEO CAP .5MG-300MG ( <i>netupitant-palonosetron</i> )	2	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
CESAMET CAP 1MG ( <i>nabilone</i> )	3	-
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	1	PA
MARINOL CAP 10MG, 2.5MG, 5MG ( <i>dronabinol</i> )	3	PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<i>aprepitant pak</i> (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<i>EMEND CAP 125MG, 40MG, 80MG</i>	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG ( <i>rolapitant hcl</i> )	2	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		

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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 5/5/2020

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ANCOBON CAP 250MG, 500MG ( <i>flucytosine</i> )	3	-
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	1	-
GRIFULVIN V TAB ( <i>griseofulvin microsize</i> )	3	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	1	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	1	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	1	-
GRIS-PEG TAB 125MG, 250MG ( <i>griseofulvin ultramicrosize</i> )	3	-
LAMISIL TAB 250MG ( <i>terbinafine hcl</i> )	3	-
<i>nystatin powder</i>	1	-
<i>nystatin tab 500000UNIT</i>	1	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	1	-
<b>IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections</b>		
DIFLUCAN SUSP 10MG/ML, 40MG/ML ( <i>fluconazole</i> )	3	-
DIFLUCAN TAB 100MG, 150MG, 200MG, 50MG ( <i>fluconazole</i> )	3	-
<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	1	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	1	-
<i>itraconazole cap 100MG</i> (SPORANOX Equiv)	1	PA
<i>itraconazole soln 10MG/ML</i> (SPORANOX Equiv)	1	PA
<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	1	-

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57

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

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NOXAFIL SUSP 40MG/ML ( <i>posaconazole</i> )	2	-
NOXAFIL TAB 100MG ( <i>posaconazole</i> )	3	-
<i>posaconazole DR tab 100MG</i> (NOXAFIL Equiv)	1	-
SPORANOX CAP 100MG ( <i>itraconazole</i> )	3	PA
SPORANOX SOLN 10MG/ML ( <i>itraconazole</i> )	3	PA
VFEND SUSP 40MG/ML ( <i>voriconazole</i> )	3	RS Restricted to Infectious Disease Specialist
VFEND TAB 200MG, 50MG ( <i>voriconazole</i> )	3	RS Restricted to Infectious Disease Specialist
<i>voriconazole susp 40MG/ML</i> (VFEND Equiv)	1	RS Restricted to Infectious Disease Specialist
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	1	RS Restricted to Infectious Disease Specialist
<b>ANTI-HISTAMINES - Drugs to treat allergies</b>		
<b>ANTI-HISTAMINES - ALKYLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>chlorpheniramine ER cap</i>	1	-
CPM CAP ( <i>chlorpheniramine maleate</i> )	3	-
<b>ANTI-HISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>carbinoxamine soln 4MG/5ML</i>	1	-

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Last Updated 5/5/2020

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CARBINOXAMINE TAB 4MG (PALGIC Equiv) <i>(carbinoxamine maleate)</i>	1	-
<i>clemastine syrup</i> (TAVIST Equiv)	1	-
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv)	M	-
PALGIC SOLN <i>(carbinoxamine maleate)</i>	3	-
PALGIC TAB <i>(carbinoxamine maleate)</i>	3	-
<b>ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms</b>		
ALLEGRA ODT 30MG <i>(fexofenadine hcl)</i>	EXC	OTC
CLARINEX REDITAB <i>(desloratadine)</i>	EXC	-
CLARINEX SYRUP .5MG/ML <i>(desloratadine)</i>	EXC	-
CLARINEX TAB 5MG <i>(desloratadine)</i>	EXC	-
DESLORATADINE ODT 2.5MG, 5MG <i>(desloratadine)</i>	EXC	-
<i>desloratadine tab 5MG</i> (CLARINEX Equiv)	EXC	-
<i>loratadine cap 10MG</i> (CLARITIN Equiv)	EXC	OTC
<b>ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>promethazine supp</i> (PHENERGAN Equiv)	1	-
<i>promethazine syrup 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG <i>(promethazine hcl)</i>	1	-
<b>ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-

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

Last Updated 5/5/2020

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<i>cyproheptadine tab 4MG</i>	1	-
<b>ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS - drugs to treat high cholesterol</b>		
<i>ezetimibe/simvastatin tab 10MG, 10MG-20MG, 10MG-40MG (VYTORIN Equiv)</i>	1	QL QL= 1 tab/day (10-80mg is Not Covered)
<i>LIPTRUZET TAB (ezetimibe-atorvastatin)</i>	3	-
<i>VYTORIN TAB 10MG, 10MG-20MG, 10MG-40MG (ezetimibe-simvastatin)</i>	3	QL QL= 1 tab/day (10/80mg is Not Covered)
<b>ANTIHYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics</b>		
<i>LOVAZA CAP 1GM-375MG-465MG (omega-3-acid ethyl esters)</i>	3	-
<i>omega-3-acid ethyl esters cap 1GM-375MG-465MG (LOVAZA Equiv)</i>	1	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		
<i>cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE Equiv)</i>	1	-
<i>cholestyramine lite powder pack 4GM (QUESTRAN LITE Equiv)</i>	1	-
<i>cholestyramine powder 4GM/DOSE (QUESTRAN Equiv)</i>	1	-
<i>cholestyramine powder pack 4GM (QUESTRAN Equiv)</i>	1	-

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

Last Updated 5/5/2020

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<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	1	-
<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	1	-
COLESTID GRANULE 5GM ( <i>colestipol hcl</i> )	3	-
COLESTID POWDER PACK 5GM, 5GM/7.5GM ( <i>colestipol hcl</i> )	3	-
COLESTID TAB 1GM ( <i>colestipol hcl</i> )	3	-
<i>colestipol granule 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol powder packet 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	1	-
QUESTRAN LITE POWDER 4GM/DOSE ( <i>cholestyramine light</i> )	3	-
QUESTRAN LITE POWDER PACK ( <i>cholestyramine light</i> )	3	-
QUESTRAN POWDER 4GM/DOSE ( <i>cholestyramine</i> )	3	-
QUESTRAN POWDER PACK 4GM ( <i>cholestyramine</i> )	3	-
<b>FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	1	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	1	-
FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG ( <i>fenofibric acid</i> )	3	-

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

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<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	1	-
LOPID TAB 600MG ( <i>gemfibrozil</i> )	3	-
TRICOR TAB 145MG, 48MG ( <i>fenofibrate</i> )	3	-
<b>HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol</b>		
ALTOPREV TAB 20MG, 40MG, 60MG ( <i>lovastatin</i> )	3	-
<i>atorvastatin tab 10mg 10MG</i> (LIPITOR Equiv)	1	-
<i>atorvastatin tab 20mg 20MG</i> (LIPITOR Equiv)	1	-
<i>atorvastatin tab 40mg 40MG</i> (LIPITOR Equiv)	1	-
<i>atorvastatin tab 80mg 80MG</i> (LIPITOR Equiv)	1	-
CRESTOR TAB 10MG, 40MG, 5MG ( <i>rosuvastatin calcium</i> )	3	QL QL= 1 tab/day
CRESTOR TAB 20MG 20MG ( <i>rosuvastatin calcium</i> )	3	QL QL= 1.5 tabs/day
<i>fluvastatin ER tab 80MG</i> (LESCOL XL Equiv)	\$0	-
LESCOL XL TAB 80MG ( <i>fluvastatin sodium</i> )	3	-
LIPITOR TAB 10MG, 20MG, 40MG, 80MG ( <i>atorvastatin calcium</i> )	3	-
LIVALO TAB 1MG, 2MG, 4MG ( <i>pitavastatin calcium</i> )	3	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
MEVACOR TAB 40MG ( <i>lovastatin</i> )	3	-

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Last Updated 5/5/2020

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PRAVACHOL TAB 20MG, 40MG, 80MG ( <i>pravastatin sodium</i> )	3	-
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	\$0	-
<i>rosuvastatin tab 10mg 10MG</i> (CRESTOR Equiv)	1	QL QL= 1 tab/day
<i>rosuvastatin tab 20mg 20MG</i> (CRESTOR Equiv)	1	QL QL= 1.5 tabs/day
<i>rosuvastatin tab 40mg 40MG</i> (CRESTOR Equiv)	1	QL QL= 1 tab/day
<i>rosuvastatin tab 5mg 5MG</i> (CRESTOR Equiv)	1	QL QL= 1 tab/day
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	\$0	80mg is Not Covered
ZOCOR TAB 10MG, 20MG, 40MG, 5MG ( <i>simvastatin</i> )	3	-
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol</b>		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	1	-
<b>NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	1	-
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		

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Last Updated 5/5/2020

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PRALUENT INJ 150MG/ML, 75MG/ML ( <i>alirocumab</i> )	4	KMSP-PA-QL QL= 2 inj/28 days
REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	4	KMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	4	KMSP-PA-QL QL= 1 inj/28 days
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		
ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG ( <i>quinapril hcl</i> )	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG ( <i>ramipril</i> )	3	-
ALTACE TAB ( <i>ramipril</i> )	3	-
<i>benazepril tab</i> (LOTENSIN Equiv)	1	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	1	-
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	1	-
EPANED PREMIXED SOLN 1MG/ML ( <i>enalapril maleate</i> )	3	PA
EPANED SOLN 1MG/ML ( <i>enalapril maleate</i> )	3	PA
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	1	-

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64

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Last Updated 5/5/2020

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<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	1	-
LOTENSIN TAB 10MG, 20MG, 40MG ( <i>benazepril hcl</i> )	3	-
MONOPRIL TAB ( <i>fosinopril sodium</i> )	3	-
PRINIVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG ( <i>lisinopril</i> )	3	-
QBRELIS SOLN 1MG/ML ( <i>lisinopril</i> )	3	PA
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	1	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	1	-
VASOTEC TAB 10MG, 2.5MG, 20MG, 5MG ( <i>enalapril maleate</i> )	3	-
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		
DIBENZYLINE CAP 10MG ( <i>phenoxybenzamine hcl</i> )	3	KMSP
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	1	KMSP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure</b>		
AVAPRO TAB 150MG, 300MG, 75MG ( <i>irbesartan</i> )	3	-
COZAAR TAB 100MG, 25MG, 50MG ( <i>losartan potassium</i> )	3	-
DIOVAN TAB 160MG, 320MG, 40MG, 80MG ( <i>valsartan</i> )	3	-
EDARBI TAB 40MG, 80MG ( <i>azilsartan medoxomil</i> )	3	-

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

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

Last Updated 5/5/2020

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<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	1	-
MINIPRESS CAP 1MG, 2MG, 5MG ( <i>prazosin hcl</i> )	3	-
NEXICLON XR SUSP ( <i>clonidine hcl</i> )	3	-
NEXICLON XR TAB ( <i>clonidine hcl</i> )	3	-
<i>prazosin cap</i> (MINIPRESS Equiv)	1	-
RESERPINE TAB ( <i>reserpine</i> )	3	-
TENEX TAB 1MG, 2MG ( <i>guanfacine hcl</i> )	3	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	1	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ( <i>quinapril-hydrochlorothiazide</i> )	3	-
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	1	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	1	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	1	-

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Last Updated 5/5/2020

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<i>amlodipine/valsartan/hydrochlorothiazide tab 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG</i> (EXFORGE HCT Equiv)	1	-
AMTURNIDE TAB ( <i>aliskiren-amlodipine-hydrochlorothiazide</i> )	3	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG ( <i>irbesartan-hydrochlorothiazide</i> )	3	-
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG ( <i>amlodipine besylate-olmesartan medoxomil</i> )	3	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv)	1	-
BENICAR HCT TAB 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	3	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAM Equiv)	1	-
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG ( <i>captopril &amp; hydrochlorothiazide</i> )	2	-

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

Last Updated 5/5/2020

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CORZIDE TAB 5MG-40MG ( <i>nadolol &amp; bendroflumethiazide</i> )	3	-
CORZIDE TAB 80-5MG 5MG-40MG, 5MG-80MG ( <i>nadolol &amp; bendroflumethiazide</i> )	3	-
DIOVAN HCT TAB 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG ( <i>valsartan-hydrochlorothiazide</i> )	3	-
EDARBYCLOR TAB 12.5MG-40MG, 25MG-40MG ( <i>azilsartan medoxomil-chlorthalidone</i> )	3	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	1	-
EXFORGE HCT TAB 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )	3	-
EXFORGE TAB 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG ( <i>amlodipine besylate-valsartan</i> )	3	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv)	1	-
HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG ( <i>losartan potassium &amp; hydrochlorothiazide</i> )	3	-

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

Last Updated 5/5/2020

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<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG</i> (AVALIDE Equiv)	1	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv)	1	-
LOPRESSOR HCT TAB 25MG-50MG ( <i>metoprolol &amp; hydrochlorothiazide</i> )	3	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv)	1	-
LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ( <i>benazepril &amp; hydrochlorothiazide</i> )	3	-
LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG ( <i>amlodipine besylate-benazepril hcl</i> )	3	-
<i>methyldopa/hydrochlorothiazide tab</i> (ALDORIL Equiv)	1	-
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i> (LOPRESSOR HCT Equiv)	1	-
MONOPRIL HCT TAB ( <i>fosinopril sodium &amp; hydrochlorothiazide</i> )	3	-
<i>nadolol/bendroflumethiazide tab 5MG-80MG</i> (CORZIDE Equiv)	1	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	1	-

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70

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

Last Updated 5/5/2020

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<i>propranolol/hydrochlorothiazide tab</i> (INDERIDE Equiv)	1	
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	1	-
TEKAMLO TAB ( <i>aliskiren-amlodipine</i> )	3	-
TEKTURNA HCT TAB 12.5MG-150MG, 12.5MG-300MG, 25MG-150MG, 25MG-300MG ( <i>aliskiren-hydrochlorothiazide</i> )	3	-
TENORETIC TAB 25MG-100MG, 25MG-50MG ( <i>atenolol &amp; chlorthalidone</i> )	3	-
TEVETEN HCT TAB ( <i>eprosartan mesylate-hydrochlorothiazide</i> )	3	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	1	-
VALTURNA TAB ( <i>aliskiren-valsartan</i> )	3	-
VASERETIC TAB 10MG-25MG ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )	3	-
ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )	3	-
ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG ( <i>bisoprolol &amp; hydrochlorothiazide</i> )	3	-
<b>DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure</b>		
<i>aliskiren tab 150MG, 300MG</i> (TEKTURNA Equiv)	3	-

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

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TEKTURNA TAB 150MG, 300MG ( <i>aliskiren fumarate</i> )	3	-
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure</b>		
<i>eplerenone tab 25MG, 50MG</i> (INSPRA Equiv)	1	-
INSPRA TAB 25MG, 50MG ( <i>eplerenone</i> )	3	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	1	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	1	-
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
FIRST METRONIDAZOLE SUSP 100MG/ML, 50MG/ML ( <i>metronidazole benzoate</i> )	3	-
FLAGYL ER TAB ( <i>metronidazole</i> )	3	-
FLAGYL TAB 250MG, 500MG ( <i>metronidazole</i> )	3	-
IMPAVIDO CAP 50MG ( <i>miltefosine</i> )	4	PA
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	1	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	4	KMSP
PRIMSOL SOLN 50MG/5ML ( <i>trimethoprim hcl</i> )	3	-
TINDAMAX TAB 500MG ( <i>tinidazole</i> )	3	-
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	1	-
<i>trimethoprim tab 100MG</i> (PROLOPRIM Equiv)	1	-

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

Last Updated 5/5/2020

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XIFAXAN TAB 200MG 200MG ( <i>rifaximin</i> )	3	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG ( <i>rifaximin</i> )	3	PA-QL QL= 2 tabs/day
<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		
BACTRIM DS TAB 160MG-800MG, 80MG-400MG ( <i>sulfamethoxazole-trimethoprim</i> )	3	-
<i>erythromycin/sulfisoxazole susp</i> (PEDIAZOLE Equiv)	1	-
PEDIAZOLE SUSP ( <i>erythromycin-sulfisoxazole</i> )	3	-
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	1	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	1	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		
ALINIA SUSP 100MG/5ML ( <i>nitazoxanide</i> )	2	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG ( <i>nitazoxanide</i> )	2	PA-QL QL= 6 tabs/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	1	-
MEPRON SUSP 750MG/5ML ( <i>atovaquone</i> )	3	-
<b>CARBAPENEMS - Drugs to treat bacterial infections</b>		
DORIBAX INJ 250MG, 500MG ( <i>doripenem</i> )	M	M
DORIPENEM INJ 250MG, 500MG ( <i>doripenem</i> )	M	M
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	M

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

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INVANZ INJ 1GM ( <i>ertapenem sodium</i> )	M	M
<i>meropenem inj 1GM, 500MG</i>	M	M
<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		
FIRST-VANCOMYCIN SOLN 25MG/ML, 50MG/ML ( <i>vancomycin hcl</i> )	1	-
FIRVANQ SOLN 25MG/ML, 50MG/ML ( <i>vancomycin hcl</i> )	1	-
VANCOCIN CAP 125MG, 250MG ( <i>vancomycin hcl</i> )	3	QL QL= 56 caps/fill
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
<b>LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)</b>		
<i>dapsone tab 100MG, 25MG</i>	1	-
<b>LINCOSAMIDES - Drugs to treat bacterial infections</b>		
CLEOCIN CAP ( <i>clindamycin hcl cap</i> )	3	-
CLEOCIN SOLN 75MG/5ML ( <i>clindamycin palmitate hydrochloride</i> )	3	-
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	1	-
<i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv)	1	-
<b>MONOBACTAMS - Drugs to treat bacterial infections</b>		
CAYSTON INH SOLN 75MG ( <i>aztreonam lysine</i> )	4	KMSP-RS
<b>OXAZOLIDINONES - Drugs to treat bacterial infections</b>		

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74

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<i>linezolid susp 100MG/5ML (ZYVOX Equiv)</i>	1	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG (ZYVOX Equiv)</i>	1	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ( <i>tedizolid phosphate</i> )	2	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
ZYVOX SUSP 100MG/5ML ( <i>linezolid</i> )	3	RS Restricted to Infectious Disease Specialist
ZYVOX TAB 600MG ( <i>linezolid</i> )	3	RS Restricted to Infectious Disease Specialist
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<b>ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)</b>		
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG (MALARONE Equiv)</i>	1	-
COARTEM TAB 20MG-120MG ( <i>artemether-lumefantrine</i> )	3	-
FANSIDAR TAB ( <i>sulfadoxine &amp; pyrimethamine</i> )	3	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG ( <i>atovaquone-proguanil hcl</i> )	3	-

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75

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ARALEN TAB ( <i>chloroquine phosphate</i> )	3	-
<i>chloroquine tab</i> (ARALEN Equiv)	1	-
<i>hydroxychloroquine tab 200MG</i> (PLAQUENIL Equiv)	1	-
KRINTAFEL TAB 150MG ( <i>tafenoquine succinate</i> )	2	-
LARIAM TAB ( <i>mefloquine hcl</i> )	3	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	1	-
PLAQUENIL TAB 200MG ( <i>hydroxychloroquine sulfate</i> )	3	-
PRIMAQUINE TAB 26.3MG ( <i>primaquine phosphate</i> )	3	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	4	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QUALAQUIN CAP 324MG ( <i>quinine sulfate</i> )	3	-
<i>quinine sulfate cap 324MG</i> (QUALAQUIN Equiv)	1	-
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
GUANIDINE TAB 125MG ( <i>guanidine hcl</i> )	3	-
MESTINON TAB 60MG ( <i>pyridostigmine bromide</i> )	3	-
MESTINON TIMESPAN TAB 180MG ( <i>pyridostigmine bromide</i> )	3	-
MYTELASE TAB ( <i>ambenonium chloride</i> )	3	-
PROSTIGMIN TAB ( <i>neostigmine bromide</i> )	2	-
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	1	-

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

Last Updated 5/5/2020

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<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine soln 60MG/5ML</i> (MESTINON Equiv)	1	-
RUZURGI TAB 10MG ( <i>amifampridine</i> )	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		
RIFAMATE CAP 150MG-300MG ( <i>isoniazid &amp; rifampin</i> )	2	-
RIFATER TAB 50MG-120MG-300MG ( <i>isoniazid-rifampin w/ pyrazinamide</i> )	3	PA
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	1	-
ISONIAZID SYRUP 50MG/5ML ( <i>isoniazid</i> )	1	-
<i>isoniazid tab 100MG, 300MG</i>	1	-
MYAMBUTOL TAB 100MG, 400MG ( <i>ethambutol hcl</i> )	3	-
MYCOBUTIN CAP 150MG ( <i>rifabutin</i> )	3	-
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	2	-
<i>pyrazinamide tab 500MG</i>	1	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	1	-
RIFADIN CAP 150MG, 300MG ( <i>rifampin</i> )	3	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	1	-

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

Last Updated 5/5/2020

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TRECTOR TAB 250MG ( <i>ethionamide</i> )	3	PA
<b>ANTINEOPLASTICS - Drugs to treat cancer</b>		
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	4	KMSP-ONC
<b>MITOTIC INHIBITORS - Drugs to treat cancer</b>		
<i>etoposide cap</i> (VEPESID Equiv)	4	KMSP-ONC
<b>TOPOISOMERASE I INHIBITORS - Drugs to treat cancer</b>		
HYCANTIN CAP .25MG, 1MG ( <i>topotecan hcl</i> )	4	KMSP-ONC-PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
AFINITOR TAB 10MG 10MG ( <i>everolimus</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
ALKERAN TAB 2MG ( <i>melphalan</i> )	3	KMSP-ONC
<i>busulfan inj 6MG/ML</i>	M	M
BUSULFEX INJ ( <i>busulfan</i> )	M	M
CYCLOPHOSPHAMIDE CAP 25MG, 50MG ( <i>cyclophosphamide</i> )	3	ONC
<i>cyclophosphamide tab</i> (CYTOXAN Equiv)	1	ONC
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG ( <i>lomustine</i> )	2	ONC
HEXALEN CAP 50MG ( <i>altretamine</i> )	4	KMSP-ONC
LEUKERAN TAB 2MG ( <i>chlorambucil</i> )	4	KMSP-ONC
<i>melphalan inj 50MG</i> (ALKERAN Equiv)	M	M
<i>melphalan tab 2MG</i> (ALKERAN Equiv)	1	KMSP-ONC

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78

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

Last Updated 5/5/2020

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MYLERAN TAB 2MG ( <i>busulfan</i> )	4	KMSP-ONC
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	4	KMSP-ONC
ZANOSAR INJ 1GM ( <i>streptozocin</i> )	M	M
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	4	KMSP-ONC
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	1	ONC
<i>methotrexate inj 1GM</i>	1	-
<i>methotrexate tab 2.5MG</i> (Trexall Equiv)	1	ONC
PURINETHOL TAB ( <i>mercaptopurine</i> )	3	ONC
TABLOID TAB 40MG ( <i>thioguanine</i> )	2	ONC
XELODA TAB 150MG, 500MG ( <i>capecitabine</i> )	4	KMSP-ONC
<b>ANTINEOPLASTIC - ANTIBODIES - Drugs to treat cancer</b>		
RITUXAN INJ 100MG/10ML, 500MG/50ML ( <i>rituximab</i> )	M	M
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer</b>		
VENCLEXTA STARTER PACK ( <i>venetoclax</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG ( <i>venetoclax</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	4	KMSP-ONC-PA-SF

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

Last Updated 5/5/2020

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ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	4	KMSP-ONC-PA-SF
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer</b>		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	1	KMSP-ONC-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
ARIMIDEX TAB 1MG ( <i>anastrozole</i> )	3	ONC
AROMASIN TAB 25MG ( <i>exemestane</i> )	3	ONC
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	1	ONC
CASODEX TAB 50MG ( <i>bicalutamide</i> )	3	ONC
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	2	ONC
ERLEADA TAB 60MG ( <i>apalutamide</i> )	4	KMSP-ONC-PA-QL QL= 4 tabs/day
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
FARESTON TAB 60MG ( <i>toremifene citrate</i> )	3	ONC
FEMARA TAB 2.5MG ( <i>letrozole</i> )	3	ONC
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	1	ONC
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	1	ONC

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80

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

Last Updated 5/5/2020

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<i>leuprolide inj 1MG/0.2ML</i> (LUPRON Equiv)	M	M
LUPRON DEPOT INJ 45MG ( <i>leuprolide acetate (6 month)</i> )	M	M
LYSODREN TAB 500MG ( <i>mitotane</i> )	4	LD-ONC Only available through Direct Success 732-919-1234
MEGACE SUSP 40MG/ML ( <i>megestrol acetate</i> )	3	ONC
<i>megestrol susp 400MG/10ML, 40MG/ML</i> (MEGACE Equiv)	1	ONC
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	1	ONC
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	4	KMSP-ONC
NUBEQA TAB 300MG ( <i>darolutamide</i> )	4	MSP-PA-QL-SF QL= 4 tabs/day
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	1	ONC
TRELSTAR INJ 11.25MG, 22.5MG, 3.75MG ( <i>triptorelin pamoate</i> )	M	M
<b>ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer</b>		
XPOVIO PAK 20MG ( <i>selinexor</i> )	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306

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

Last Updated 5/5/2020

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<b>ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer</b>		
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG <i>(trifluridine-tipiracil)</i>	4	LD-ONC-PA Only available through Walgreens 888-347-3416
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
AFINITOR DISPERZ 2MG, 3MG, 5MG <i>(everolimus)</i>	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
ALECENSA CAP 150MG <i>(alectinib hcl)</i>	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG <i>(brigatinib)</i>	4	KMSP-ONC-PA-QL-SF QL= 4 tabs/day
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG <i>(brigatinib)</i>	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
BALVERSA TAB 3MG 3MG <i>(erdafitinib)</i>	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG 4MG <i>(erdafitinib)</i>	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 5MG 5MG <i>(erdafitinib)</i>	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BOSULIF TAB 100MG, 400MG, 500MG <i>(bosutinib)</i>	4	KMSP-ONC-PA-SF

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82

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

Last Updated 5/5/2020

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BRAFTOVI CAP 50MG 50MG ( <i>encorafenib</i> )	4	LD-ONC-PA-QL QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRAFTOVI CAP 75MG 75MG ( <i>encorafenib</i> )	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CABOMETYX TAB 20MG, 40MG, 60MG ( <i>cabozantinib s-malate</i> )	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG ( <i>acalabrutinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CAPRELSA TAB 100MG, 300MG ( <i>vandetanib</i> )	4	LD-ONC-PA Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG ( <i>cabozantinib s-malate</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ( <i>duvelisib</i> )	4	LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	4	MSP-ONC-PA-QL QL= 3 tabs/day
<i>erlotinib tab 100MG, 150MG, 25MG</i> (TARCEVA Equiv)	4	KMSP-ONC-PA-SF

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

Last Updated 5/5/2020

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<i>everolimus tab 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
FARYDAK CAP 10MG, 15MG, 20MG ( <i>panobinostat lactate</i> )	4	MSP-ONC-PA-QL QL= 6 caps/21 days
GILOTRIF TAB 20MG, 30MG, 40MG ( <i>afatinib dimaleate</i> )	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 888-773-7376
IBRANCE CAP 100MG, 125MG, 75MG ( <i>palbociclib</i> )	4	KMSP-ONC-PA-QL QL= 21 caps/28 days
ICLUSIG TAB ( <i>ponatinib hcl</i> )	4	LD-ONC-PA-SF Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ( <i>enasidenib mesylate</i> )	4	MSP-ONC-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	4	KMSP-ONC-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118

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

Last Updated 5/5/2020

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INLYTA TAB 1MG, 5MG ( <i>axitinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 8 tabs/day
IRESSA TAB 250MG ( <i>gefitinib</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ( <i>ruxolitinib phosphate</i> )	4	MSP-ONC-PA-QL QL= 2 tabs/day
LENVIMA CAP 10MG, 4MG ( <i>lenvatinib mesylate</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Accredo 888-773-7376
LORBRENA TAB 100MG 100MG ( <i>lorlatinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG ( <i>lorlatinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day
LYNPARZA CAP 50MG ( <i>olaparib</i> )	4	LD-ONC-PA-QL-SF Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB 100MG, 150MG ( <i>olaparib</i> )	4	LD-ONC-PA-QL-SF Only available through Biologics 800-850-4306, QL= 4 tabs/day
MEKINIST TAB 0.5MG .5MG ( <i>trametinib dimethyl sulfoxide</i> )	4	KMSP-ONC-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ( <i>trametinib dimethyl sulfoxide</i> )	4	KMSP-ONC-PA-QL QL= 1 tab/day

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

Last Updated 5/5/2020

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MEKTOVI TAB 15MG ( <i>binimetinib</i> )	4	LD-ONC-PA-QL QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NERLYNX TAB 40MG ( <i>neratinib maleate</i> )	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NEXAVAR TAB 200MG ( <i>sorafenib tosylate</i> )	4	MSP-ONC-PA-SF
NINLARO CAP 2.3MG, 3MG, 4MG ( <i>ixazomib citrate</i> )	4	KMSP-ONC-PA
PIQRAY TAB 150MG, 200MG ( <i>alpelisib</i> )	4	LMSP-PA-SF
RUBRACA TAB 200MG, 250MG, 300MG ( <i>rucaparib camsylate</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
RYDAPT CAP 25MG ( <i>midostaurin</i> )	4	KMSP-ONC-PA
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ( <i>dasatinib</i> )	3	KMSP-ONC-PA-SF
STIVARGA TAB 40MG ( <i>regorafenib</i> )	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG ( <i>sunitinib malate</i> )	4	KMSP-ONC-PA-SF
TAFINLAR CAP 50MG, 75MG ( <i>dabrafenib mesylate</i> )	4	KMSP-ONC-PA-QL QL= 4 caps/day
TAGRISSE TAB 40MG, 80MG ( <i>osimertinib mesylate</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118

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86

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TALZENNA CAP 0.25MG .25MG ( <i>talazoparib tosylate</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 1MG 1MG ( <i>talazoparib tosylate</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ( <i>nilotinib hcl</i> )	4	KMSP-ONC-PA-SF
TIBSOVO TAB 250MG ( <i>ivosidenib</i> )	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TURALIO CAP 200MG ( <i>pexidartinib hcl</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
TYKERB TAB 250MG ( <i>lapatinib ditosylate</i> )	4	KMSP-ONC-PA
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ( <i>abemaciclib</i> )	4	LMSP-ONC-PA-QL-SF QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG 25MG ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN 20MG/ML ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through US Bioservices 888-518-7246

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87

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

Last Updated 5/5/2020

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VIZIMPRO TAB 15MG, 30MG, 45MG ( <i>dacomitinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
VOTRIENT TAB 200MG ( <i>pazopanib hcl</i> )	4	KMSP-ONC-PA-SF
XALKORI CAP 200MG, 250MG ( <i>crizotinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day
XOSPATA TAB 40MG ( <i>gilteritinib fumarate</i> )	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	4	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ( <i>vemurafenib</i> )	4	MSP-ONC-PA-QL
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	4	KMSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG ( <i>idelalisib</i> )	4	LD-ONC-PA-SF Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP 150MG ( <i>ceritinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG ( <i>ceritinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
ACTIMMUNE INJ 2000000UNIT/0.5ML ( <i>interferon gamma-1b</i> )	4	LD-PA Only available through Walgreens 888-347-3416

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88

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

Last Updated 5/5/2020

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ALFERON-N INJ 5MU/ML ( <i>interferon alfa-n3</i> )	4	KMSP
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	4	KMSP-ONC-PA-SF
HYDREA CAP 500MG ( <i>hydroxyurea</i> )	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ ( <i>interferon alfa-2b inj</i> )	4	KMSP
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	2	ONC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>leucovorin tab 25MG, 5MG</i>	1	ONC
MESNEX TAB 400MG ( <i>mesna</i> )	4	KMSP-ONC
<b>ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease</b>		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG ( <i>carbidopa</i> )	3	-
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-
<b>ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease</b>		
COMTAN TAB 200MG ( <i>entacapone</i> )	3	-
<i>entacapone tab 200MG</i> (COMTAN Equiv)	1	-
TASMAR TAB 100MG ( <i>tolcapone</i> )	3	-
<i>tolcapone tab 100MG</i> (TASMAR Equiv)	1	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	1	-

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

Last Updated 5/5/2020

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<i>amantadine syrup 50MG/5ML</i> (SYMMETREL Equiv)	1	-
<i>amantadine tab 100MG</i>	1	-
APOKYN INJ 30MG/3ML ( <i>apomorphine hydrochloride</i> )	4	LD Only available through CVS Specialty 800-237-2767
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	1	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	1	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	1	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	1	-
<i>carbidopa/levodopa tab 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (SINEMET Equiv)	1	-
CARBIDOPA/LEVODOPA/ENTACAPONE TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv) ( <i>carbidopa-levodopa-entacapone</i> )	2	-
MIRAPEX TAB .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG ( <i>pramipexole dihydrochloride</i> )	3	-
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR ( <i>rotigotine</i> )	3	-
PARCOPA ODT ( <i>carbidopa-levodopa</i> )	3	-

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

Last Updated 5/5/2020

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PARLODEL CAP 5MG ( <i>bromocriptine mesylate</i> )	3	-
PARLODEL TAB 2.5MG ( <i>bromocriptine mesylate</i> )	3	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	1	-
REQUIP TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG ( <i>ropinirole hydrochloride</i> )	3	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	1	-
SINEMET CR TAB 25MG-100MG, 50MG-200MG ( <i>carbidopa-levodopa</i> )	3	-
SINEMET TAB 10MG-100MG, 25MG-100MG, 25MG-250MG ( <i>carbidopa-levodopa</i> )	3	-
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease</b>		
AZILECT TAB .5MG, 1MG ( <i>rasagiline mesylate</i> )	3	-
ELDEPYRL CAP 5MG ( <i>selegiline hcl</i> )	3	-
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	1	-
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	1	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	1	-
XADAGO TAB 100MG, 50MG ( <i>safinamide mesylate</i> )	3	PA-QL QL= 1 tab/day
ZELAPAR ODT 1.25MG ( <i>selegiline hcl</i> )	3	-
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	1	-

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
<i>lithium carbonate cap</i> (ESKALITH ER Equiv)	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
<i>lithium citrate soln</i>	1	-
LITHOBID TAB 300MG ( <i>lithium carbonate</i> )	3	-
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		
EQUETRO CAP 100MG, 200MG, 300MG ( <i>carbamazepine (antipsychotic)</i> )	2	-
GEODON CAP 20MG, 40MG, 60MG, 80MG ( <i>ziprasidone hcl</i> )	3	-
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	1	-
<b>BENZISOXAZOLES - Drugs to treat mood disorders</b>		
FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG ( <i>iloperidone</i> )	3	PA-QL QL= 2 tabs/day
FANAPT TITRATION PACK ( <i>iloperidone</i> )	3	PA-QL QL= 1 pack/plan year
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG ( <i>paliperidone</i> )	3	PA
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	1	PA

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Last Updated 5/5/2020

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RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG ( <i>risperidone microspheres</i> )	4	MSP
RISPERDAL M ODT .5MG, 1MG, 2MG, 3MG, 4MG ( <i>risperidone</i> )	3	-
RISPERDAL SOLN 1MG/ML ( <i>risperidone</i> )	3	-
RISPERDAL TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG ( <i>risperidone</i> )	3	-
RISPERIDONE ODT .25MG ( <i>risperidone</i> )	2	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	1	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	1	-
<b>BUTYROPHENONES - Drugs to treat mood disorders</b>		
<i>haloperidol lactate conc 2MG/ML</i> (HALDOL Equiv)	1	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	1	-
<b>DIBENZAPINES - Drugs to treat mood disorders</b>		
CLOZAPINE ODT 150MG, 200MG ( <i>clozapine</i> )	2	-
CLOZAPINE ODT 12.5MG 12.5MG ( <i>clozapine</i> )	1	-
<i>clozapine ODT 25mg, 100mg 100MG, 25MG</i> (CLOZAPINE, FAZACLO Equiv)	1	-
CLOZAPINE ODT, FAZACLO ODT 12.5MG, 150MG, 200MG ( <i>clozapine</i> )	2	-
<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	1	-

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Last Updated 5/5/2020

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CLOZARIL TAB 100MG, 200MG, 25MG, 50MG ( <i>clozapine</i> )	3	-
FAZACLO ODT 12.5MG, 25MG, 100MG 100MG, 12.5MG, 25MG ( <i>clozapine</i> )	3	-
<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	1	-
LOXITANE CAP ( <i>loxapine succinate</i> )	3	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	1	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG,</i> <i>7.5MG</i> (ZYPREXA Equiv)	1	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG,</i> <i>400MG, 50MG</i> (SEROQUEL Equiv)	1	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG,</i> <i>50MG</i> (SEROQUEL XR Equiv)	1	-
SAPHRIS SL TAB 10MG, 2.5MG, 5MG ( <i>asenapine maleate</i> )	3	PA-QL QL= 2 tabs/day
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG ( <i>quetiapine fumarate</i> )	3	-
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG ( <i>quetiapine fumarate</i> )	3	-
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG ( <i>olanzapine</i> )	3	-

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94

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Last Updated 5/5/2020

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ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG (olanzapine)	3	-
<b>PHENOTHIAZINES - Drugs to treat mood disorders</b>		
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	1	-
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv)	1	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	1	-
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	1	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	1	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	1	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	1	-
<b>QUINOLINONE DERIVATIVES - Drugs to treat mood disorders</b>		
ABILIFY DISCMELT ( <i>aripiprazole</i> )	3	PA-QL QL= 2 tabs/day
ABILIFY SOLN ( <i>aripiprazole</i> )	3	PA
ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG ( <i>aripiprazole</i> )	3	-
<i>aripiprazole ODT 10MG, 15MG</i> (ABILIFY Equiv)	1	PA-QL QL= 2 tabs/day

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>aripiprazole soln 1MG/ML</i> (ABILIFY Equiv)	1	PA
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	1	-
<b>THIOXANTHENES - Drugs to treat mood disorders</b>		
NAVANE CAP ( <i>thiothixene</i> )	3	-
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	1	-
<b>ANTISEPTICS &amp; DISINFECTANTS - Drugs to treat bacterial infections</b>		
<b>CHLORINE ANTISEPTICS - Drugs to treat bacterial infections</b>		
PHISOHEX LIQUID ( <i>hexachlorophene</i> )	3	-
<b>ANTIVIRALS - Drugs to treat viral infection</b>		
<b>ANTIRETROVIRALS - Drugs to treat viral infections</b>		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	4	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	4	-
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	4	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	4	-
APTIVUS CAP 250MG ( <i>tipranavir</i> )	4	-
APTIVUS SOLN 100MG/ML ( <i>tipranavir</i> )	4	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	4	-

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96

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

Last Updated 5/5/2020

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ATRIPLA TAB 200MG-300MG-600MG ( <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
BIKTARVY TAB 25MG-50MG-200MG ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	4	QL QL= 1 tab/ day
CIMDUO TAB 300MG ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG ( <i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG ( <i>indinavir sulfate</i> )	4	-
DELSTRIGO TAB 100MG-300MG ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
DESCOVY TAB 25MG-200MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	4	PA
<i>didanosine DR cap 200MG, 250MG, 400MG</i> (VIDEX EC Equiv)	4	-
DOVATO TAB 50MG-300MG ( <i>dolutegravir sodium-lamivudine</i> )	4	QL QL= 1 tab/day
EDURANT TAB 25MG ( <i>rilpivirine hcl</i> )	4	-
<i>efavirenz cap 200MG, 50MG</i> (SUSTIVA Equiv)	4	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	4	-
EMTRIVA CAP 200MG ( <i>emtricitabine</i> )	4	-

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

Last Updated 5/5/2020

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EMTRIVA SOLN 10MG/ML ( <i>emtricitabine</i> )	4	-
EVOTAZ TAB 150MG-300MG ( <i>atazanavir sulfate-cobicistat</i> )	4	-
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	4	-
FUZEON INJ 90MG ( <i>enfuvirtide</i> )	4	-
GENVOYA TAB 10MG-150MG-200MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	4	-
INTELENCE TAB 100MG, 200MG, 25MG ( <i>etravirine</i> )	4	-
INVIRASE CAP 200MG ( <i>saquinavir mesylate</i> )	4	-
INVIRASE TAB 500MG ( <i>saquinavir mesylate</i> )	4	-
ISENTRESS (HD) TAB 400MG, 600MG ( <i>raltegravir potassium</i> )	3	-
ISENTRESS CHEW TAB 100MG, 25MG ( <i>raltegravir potassium</i> )	3	-
ISENTRESS POWDER PACK 100MG ( <i>raltegravir potassium</i> )	3	-
JULUCA TAB 25MG-50MG ( <i>dolutegravir sodium-rilpivirine hcl</i> )	4	QL QL= 1 tab/ day
KALETRA TAB 25MG-100MG, 50MG-200MG ( <i>lopinavir-ritonavir</i> )	4	-
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	1	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	1	-

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Last Updated 5/5/2020

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<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	4	-
LEXIVA SUSP 50MG/ML ( <i>fosamprenavir calcium</i> )	4	-
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	4	-
<i>nevirapine ER tab 100MG, 400MG</i> (VIRAMUNE XR Equiv)	4	ST Step Therapy requires trial of nevirapine
<i>nevirapine susp 50MG/5ML</i> (VIRAMUNE Equiv)	4	-
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	1	-
NORVIR CAP 100MG ( <i>ritonavir</i> )	3	-
NORVIR POWDER PACK 100MG ( <i>ritonavir</i> )	3	-
NORVIR SOLN 80MG/ML ( <i>ritonavir</i> )	3	-
NORVIR TAB 100MG ( <i>ritonavir</i> )	3	-
ODEFSEY TAB 25MG-200MG ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> )	4	QL QL= 1 tab/day
PIFELTRO TAB 100MG ( <i>doravirine</i> )	4	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG ( <i>darunavir-cobicistat</i> )	4	-
PREZISTA SUSP 100MG/ML ( <i>darunavir ethanolate</i> )	4	-
PREZISTA TAB 150MG, 600MG, 75MG, 800MG ( <i>darunavir ethanolate</i> )	4	-

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99

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

Last Updated 5/5/2020

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RESCRIPTOR TAB 100MG, 200MG ( <i>delavirdine mesylate</i> )	4	-
REYATAZ POWDER PACK 50MG ( <i>atazanavir sulfate</i> )	4	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	1	-
SELZENTRY SOLN 20MG/ML ( <i>maraviroc</i> )	4	-
SELZENTRY TAB 150MG, 25MG, 300MG, 75MG ( <i>maraviroc</i> )	4	-
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i> (ZERIT Equiv)	1	-
<i>stavudine soln</i> (ZERIT Equiv)	1	-
STRIBILD TAB 150MG-200MG-300MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	4	-
SYMFI (LO) TAB 300MG-400MG, 300MG-600MG ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
SYMTUZA TAB 10MG-150MG-200MG-800MG ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	4	-
<i>tenofovir disoproxil fumarate tab 300mg 300MG</i> (VIREAD Equiv)	4	-
TIVICAY TAB 10MG, 25MG, 50MG ( <i>dolutegravir sodium</i> )	4	QL QL= 2 tabs/day
TRIUMEQ TAB 50MG-300MG-600MG ( <i>abacavir-dolutegravir-lamivudine</i> )	4	-

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100

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

Last Updated 5/5/2020

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TRUVADA TAB 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG <i>(emtricitabine-tenofovir disoproxil fumarate)</i>	\$0	-
VIDEX SOLN 2GM, 4GM <i>(didanosine)</i>	4	-
VIRACEPT POWDER <i>(nelfinavir mesylate)</i>	4	-
VIRACEPT TAB 250MG, 625MG <i>(nelfinavir mesylate)</i>	4	-
VIRAMUNE SUSP 50MG/5ML <i>(nevirapine)</i>	4	-
VIRAMUNE TAB 200MG <i>(nevirapine)</i>	4	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG <i>(tenofovir disoproxil fumarate)</i>	4	-
VITEKTA TAB 150MG, 85MG <i>(elvitegravir)</i>	3	-
ZERIT CAP 15MG, 20MG, 30MG, 40MG <i>(stavudine)</i>	4	-
ZERIT SOLN 1MG/ML <i>(stavudine)</i>	4	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	1	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	1	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	1	-
<b>CMV AGENTS - Drugs to treat viral infections</b>		
FOSCARNET INJ 6000MG/250ML <i>(foscarnet sodium)</i>	M	M
GANCICLOVIR CAP <i>(ganciclovir)</i>	4	-
VALCYTE TAB 450MG <i>(valganciclovir hcl)</i>	3	-
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	4	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	1	-

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

Last Updated 5/5/2020

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<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	4	KMSP
COPEGUS TAB 200MG ( <i>ribavirin (hepatitis c)</i> )	4	KMSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	4	KMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbv)</i> )	4	-
INCIVEK TAB ( <i>telaprevir</i> )	4	MSP-PA-SF
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	4	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ( <i>ledipasvir-sofosbuvir</i> )	4	KMSP-PA-QL QL= 1 tab/ day
MAVYRET TAB 40MG-100MG ( <i>glecaprevir-pibrentasvir</i> )	4	KMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 135MCG/0.5ML, 180MCG/0.5ML, 180MCG/ML ( <i>peginterferon alfa-2a</i> )	4	KMSP
PEG-INTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 50MCG/0.5ML, 80MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	4	KMSP
REBETOL SOLN 40MG/ML ( <i>ribavirin (hepatitis c)</i> )	4	KMSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	1	KMSP
<i>ribavirin tab 200MG</i> (COPEGUS Equiv)	1	KMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir</i> )	4	KMSP-PA-QL QL= 1 tab/ day
TYZEKA TAB 600MG ( <i>telbivudine</i> )	4	KMSP-PA

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102

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Last Updated 5/5/2020

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VEMLIDY TAB 25MG ( <i>tenofovir alafenamide fumarate</i> )	4	KMSP
VICTRELIS CAP ( <i>boceprevir</i> )	4	MSP-PA-SF
VOSEVI TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	4	KMSP-PA-QL QL= 1 tab/day
<b>HERPES AGENTS - Drugs to treat viral infections</b>		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	1	-
<i>famciclovir tab 125MG, 250MG, 500MG</i> (FAMVIR Equiv)	1	-
FAMVIR TAB 125MG, 250MG, 500MG ( <i>famciclovir</i> )	3	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTRESX Equiv)	1	-
VALTRESX TAB 1GM, 500MG ( <i>valacyclovir hcl</i> )	3	-
ZOVIRAX CAP 200MG ( <i>acyclovir</i> )	3	-
ZOVIRAX SUSP 200MG/5ML ( <i>acyclovir</i> )	3	-
ZOVIRAX TAB 400MG, 800MG ( <i>acyclovir</i> )	3	-
<b>INFLUENZA AGENTS - Drugs to treat viral infections</b>		
FLUMADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	3	-
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	1	QL QL= 10 caps/fill

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103

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Last Updated 5/5/2020

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<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	1	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ( <i>zanamivir</i> )	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	1	-
TAMIFLU CAP 45MG, 75MG ( <i>oseltamivir phosphate</i> )	3	QL QL= 10 caps/fill
TAMIFLU CAP 30MG 30MG ( <i>oseltamivir phosphate</i> )	3	QL QL= 20 caps/fill
<b>ASSORTED CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
D-PENAMINE TAB 125MG ( <i>penicillamine</i> )	2	-
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ( <i>lenalidomide</i> )	3	KMSP-PA-QL QL= 1 cap/day
THALOMID CAP 100MG, 150MG, 200MG, 50MG ( <i>thalidomide</i> )	4	KMSP-PA
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	1	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	4	-

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104

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<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	4	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	4	-
IMURAN TAB 50MG ( <i>azathioprine</i> )	3	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	4	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	4	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	4	-
<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	4	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML ( <i>cyclosporine</i> )	4	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	4	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	4	-
ZORTRESS TAB 1MG 1MG ( <i>everolimus (immunosuppressant)</i> )	4	KMSP-PA
<b>POTASSIUM REMOVING RESINS - Drugs to manage potassium levels</b>		
KAYEXALATE POWDER ( <i>sodium polystyrene sulfonate</i> )	3	-
<i>sodium polystyrene powder</i> (KAYEXALATE Equiv)	1	-
<i>sodium polystyrene susp 15GM/60ML, 30GM/120ML, 50GM/200ML</i> (SPS Equiv)	1	-

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105

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ST	Step Therapy	VAC	Vaccine Program		

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

Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
VELTASSA POWDER 16.8GM, 25.2GM, 8.4GM ( <i>patiromer sorbitex calcium</i> )	4	KMSP-PA
<b>BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<b>ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<i>carvedilol phosphate ER cap 10MG, 20MG, 40MG, 80MG</i> (COREG CR Equiv)	1	-
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	1	-
COREG CR CAP 10MG, 20MG, 40MG, 80MG ( <i>carvedilol phosphate</i> )	3	-
COREG TAB 12.5MG, 25MG, 3.125MG, 6.25MG ( <i>carvedilol</i> )	3	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	1	-
TRANDATE TAB ( <i>labetalol hcl</i> )	3	-
<b>BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv)	1	-
<i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv)	1	-
<i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv)	1	-
BYSTOLIC TAB 10MG, 2.5MG, 20MG, 5MG ( <i>nebivolol hcl</i> )	2	-
LOPRESSOR TAB 100MG, 50MG ( <i>metoprolol tartrate</i> )	3	-

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

Last Updated 5/5/2020

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<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	1	-
<i>metoprolol tab 100MG, 25MG, 50MG</i> (LOPRESSOR Equiv)	1	-
SECTRAL CAP 200MG, 400MG ( <i>acebutolol hcl</i> )	3	-
TENORMIN TAB 100MG, 25MG, 50MG ( <i>atenolol</i> )	3	-
TOPROL XL TAB 100MG, 200MG, 25MG, 50MG ( <i>metoprolol succinate</i> )	3	-
ZEBETA TAB 10MG, 5MG ( <i>bisoprolol fumarate</i> )	3	-
<b>BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure</b>		
BETAPACE AF TAB 120MG, 160MG, 80MG ( <i>sotalol hcl (afib/afl)</i> )	3	-
BETAPACE TAB 120MG, 160MG, 80MG ( <i>sotalol hcl</i> )	3	-
CORGARD TAB 20MG, 40MG, 80MG ( <i>nadolol</i> )	3	-
INDERAL LA CAP 120MG, 160MG, 60MG, 80MG ( <i>propranolol hcl</i> )	3	-
LEVATOL TAB ( <i>penbutolol sulfate</i> )	3	-
<i>nadolol tab</i> (CORGARD Equiv)	1	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	1	-
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	1	-
PROPRANOLOL SOLN 20MG/5ML, 40MG/5ML ( <i>propranolol hcl</i> )	1	-

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107

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

Last Updated 5/5/2020

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<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	1	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	1	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	1	-
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	1	-
<b>BIOLOGICALS MISC - Miscellaneous biological drugs</b>		
<b>BIOLOGICALS MISC - Miscellaneous biological drugs</b>		
ADAGEN INJ 250UNIT/ML ( <i>pegademase bovine</i> )	M	M
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure</b>		
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease</b>		
ADALAT CC TAB 30MG, 60MG, 90MG ( <i>nifedipine</i> )	3	-
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-
CALAN SR TAB 120MG, 180MG, 240MG ( <i>verapamil hcl</i> )	3	-
CALAN TAB 120MG, 80MG ( <i>verapamil hcl</i> )	3	-
CARDENE SR CAP ( <i>nicardipine hcl</i> )	3	-
CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG ( <i>diltiazem hcl coated beads</i> )	3	-
CARDIZEM TAB ( <i>diltiazem hcl tab</i> )	3	-
COVERA-HS TAB ( <i>verapamil hcl</i> )	3	-

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108

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

Last Updated 5/5/2020

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DILTIAZEM CAP 120MG, 180MG, 240MG ( <i>diltiazem hcl</i> )	1	-
<i>diltiazem ER cap 120MG, 60MG, 90MG</i> (TIAZAC Equiv)	1	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	1	-
DYNACIRC CR TAB ( <i>isradipine</i> )	3	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	1	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	1	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	1	-
<i>nimodipine cap 30MG</i> (NIMOTOP Equiv)	1	-
NIMOTOP CAP ( <i>nimodipine</i> )	3	-
NORVASC TAB 10MG, 2.5MG, 5MG ( <i>amlodipine besylate</i> )	3	-
PLENDIL TAB ( <i>felodipine</i> )	3	-
PROCARDIA CAP 10MG ( <i>nifedipine</i> )	3	-
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG ( <i>diltiazem hcl extended release beads</i> )	3	-
VERAPAMIL CAP 100MG 100MG ( <i>verapamil hcl</i> )	1	-
VERAPAMIL ER CAP 200MG 200MG ( <i>verapamil hcl</i> )	1	-

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

Last Updated 5/5/2020

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

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110

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

Last Updated 5/5/2020

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<i>amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG</i> (CADUET Equiv)	1	-
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG ( <i>amlodipine besylate-atorvastatin calcium</i> )	3	-
<b>IMPOTENCE AGENTS - drugs to treat erectile dysfunction</b>		
CAVERJECT INJ 10MCG, 20MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
EDEX INJ 10MCG, 20MCG, 40MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	1	QL QL= 6 tabs/30 days
STENDRA TAB 100MG, 200MG, 50MG ( <i>avanafil</i> )	2	QL QL= 6 tabs/30 days
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days

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Last Updated 5/5/2020

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<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>vardenafil ODT 10MG</i> (STAXYN Equiv)	1	QL QL= 6 tabs/30 days
<i>vardenafil tab 10MG, 2.5MG, 20MG, 5MG</i> (LEVITRA Equiv)	1	QL QL= 6 tabs/30 days
<b>PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions</b>		
<i>isoxsuprine tab 10MG, 20MG</i>	1	-
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		
TYVASO INH SOLN .6MG/ML ( <i>treprostinil</i> )	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 888-773-7376
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ( <i>iloprost</i> )	4	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 888-773-7376
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension</b>		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416

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112

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

Last Updated 5/5/2020

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OPSUMIT TAB 10MG ( <i>macitentan</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
TRACLEER TAB 32MG 32MG ( <i>bosentan</i> )	4	LD-PA-QL QL=4 tabs/day; Only available through Walgreens 888-347-3416
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension</b>		
REVATIO TAB 20MG ( <i>sildenafil citrate (pulmonary hypertension)</i> )	3	PA
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	1	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	4	LMSP-PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>selexipag</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 888-773-7376
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension</b>		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ( <i>riociguat</i> )	4	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 888-773-7376
<b>SINUS NODE INHIBITORS - Drugs to control heart rhythm</b>		
CORLANOR TAB 5MG, 7.5MG ( <i>ivabradine hcl</i> )	3	PA

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113

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

Last Updated 5/5/2020

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<b>TRANSTHYRETIN STABILIZERS - drugs to treat heart problems due to transthyretin amyloidosis</b>		
VYNDAMAX CAP 61MG ( <i>tafamidis</i> )	4	MSP-PA-QL QL= 1 cap/day
VYNDAQEL CAP 20MG ( <i>tafamidis meglumine (cardiac)</i> )	4	MSP-PA-QL QL= 4 caps/day
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	M
CEFAZOLIN INJ 100GM, 1GM, 20GM, 300GM ( <i>cefazolin sodium</i> )	M	M
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	1	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	1	-
KEFLEX CAP 250MG, 500MG ( <i>cephalexin</i> )	3	-
<b>CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections</b>		
<i>cefactor cap 250MG, 500MG</i> (CECLOR Equiv)	1	-
CEFACTOR ER TAB 500MG ( <i>cefactor monohydrate</i> )	3	-
CEFACTOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML ( <i>cefactor</i> )	3	-
<i>cefoxitin inj 10GM, 1GM, 2GM</i>	M	M
CEFTIN SUSP 125MG/5ML, 250MG/5ML ( <i>cefuroxime axetil</i> )	3	-
CEFTIN TAB 250MG, 500MG ( <i>cefuroxime axetil</i> )	3	-
<i>cefuroxime susp</i> (CEFTIN Equiv)	1	-

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

Last Updated 5/5/2020

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<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	1	-
<b>CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections</b>		
CEDAX CAP 400MG ( <i>ceftibuten</i> )	3	-
CEDAX SUSP 180MG/5ML ( <i>ceftibuten</i> )	3	-
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	1	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	1	-
CEFDITOREN TAB 200MG ( <i>cefditoren pivoxil</i> )	3	-
<i>cefixime cap 400MG</i> (SUPRAX Equiv)	1	-
<i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv)	1	-
CEFOTAXIME INJ 10GM, 1GM, 2GM, 500MG ( <i>cefotaxime sodium</i> )	M	M
<i>cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv)	1	-
<i>cefpodoxime proxetil tab 100MG, 200MG</i> (VANTIN Equiv)	1	-
<i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i>	M	M
OMNICEF SUSP ( <i>cefdinir</i> )	3	-
SPECTRACEF TAB 400MG ( <i>cefditoren pivoxil</i> )	3	-
SUPRAX CAP 400MG ( <i>cefixime</i> )	3	-
SUPRAX CHEW TAB 100MG, 200MG ( <i>cefixime</i> )	3	-
SUPRAX SUSP 100MG/5ML, 200MG/5ML ( <i>cefixime</i> )	3	-

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115

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

Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
SUPRAX SUSP 500MG/5ML 500MG/5ML ( <i>cefixime</i> )	3	-
SUPRAX TAB ( <i>cefixime</i> )	3	-
VANTIN TAB ( <i>cefpodoxime proxetil</i> )	3	-
<b>CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy</b>		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-
<i>aranelle tab</i> (TRI-NORINYL Equiv)	\$0	-
<i>aviane tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-
<i>cesia tab</i> (CYCLESSA Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
CYCLESSA TAB ( <i>desogestrel-ethinyl estradiol (triphasic)</i> )	3	-
DESOGEN TAB .15MG-30MCG ( <i>desogestrel &amp; ethinyl estradiol</i> )	3	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
ESTROSTEP FE TAB 1MG-75MG ( <i>norethindrone acetate-ethinyl estradiol-fe</i> )	3	-
FEMCON FE CHEW TAB .4MG-35MCG, .8MG-25MCG-75MG ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )	3	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab</i> (DESOGEN Equiv)	\$0	-

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116

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	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
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Last Updated 5/5/2020

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<i>jolessa tab, amethia tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	3 copays per Rx
<i>junel FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>junel tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG ( <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i> )	3	-
LOESTRIN 24 FE TAB ( <i>norethin acet &amp; estrad-fe</i> )	3	-
LOESTRIN FE TAB 1.5MG-30MCG-75MG, 1MG-20MCG-75MG ( <i>norethin acet &amp; estrad-fe</i> )	3	-
LOESTRIN TAB 1.5MG-30MCG, 1MG-20MCG ( <i>norethindrone acet &amp; eth estra</i> )	3	-
<i>mibelas chew tab 1MG-20MCG-75MG</i> (MINASTRIN Equiv)	1	-
MINASTRIN CHEW TAB 1MG-20MCG-75MG ( <i>norethin acet &amp; estrad-fe</i> )	3	-
MIRCETTE TAB ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )	3	-
NATAZIA TAB ( <i>estradiol valerate-dienogest</i> )	3	-

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117

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

Last Updated 5/5/2020

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<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
OGESTREL TAB .5MG-50MCG ( <i>norgestrel &amp; ethinyl estradiol</i> )	3	-
ORTHO TRI-CYCLEN (LO) TAB ( <i>norgestimate-ethinyl estradiol (triphasic)</i> )	3	-
ORTHO-CYCLEN TAB .25MG-35MCG ( <i>norgestimate-ethinyl estradiol</i> )	3	-
OVCON 35 TAB .4MG-35MCG, .5MG-35MCG, 1MG-35MCG ( <i>norethindrone &amp; eth estradiol</i> )	3	-
SEASONIQUE TAB ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	3	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-
TRI-NORINYL TAB ( <i>norethindrone-eth estradiol (triphasic)</i> )	3	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
<i>wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
ORTHO-EVRA PATCH ( <i>norelgestromin-ethinyl estradiol</i> )	3	-

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Last Updated 5/5/2020

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XULANE PATCH 35MCG/24HR-150MCG/24HR <i>(norelgestromin-ethinyl estradiol)</i>	\$0	-
<b>COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy</b>		
NUVARING .015MG/24HR-.12MG/24HR <i>(etonogestrel-ethinyl estradiol)</i>	\$0	-
<b>COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy</b>		
PARAGARD IUD <i>(copper (iud))</i>	EXC	-
<b>EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
ELLA TAB 30MG <i>(ulipristal acetate)</i>	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
LEVONORGESTREL TAB 0.75MG <i>(levonorgestrel (emergency oc))</i>	\$0	-
PLAN B TAB 1.5MG <i>(levonorgestrel (emergency oc))</i>	\$0	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy</b>		
IMPLANON IMPLANT, NEXPLANON IMPLANT 68MG <i>(etonogestrel)</i>	EXC	-
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones</b>		
DEPO-PROVERA INJ 150MG/ML <i>(medroxyprogesterone acetate (contraceptive))</i>	EXC	-
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML <i>(medroxyprogesterone acetate (contraceptive))</i>	EXC	-
<i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv)	EXC	-
<b>PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy</b>		

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119

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Last Updated 5/5/2020

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MIRENA IUD 13.5MG, 19.5MCG/DAY, 19.5MG, 20MCG/24HR ( <i>levonorgestrel (iud)</i> )	EXC	-
<b>PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones</b>		
<i>norethindrone tab</i> (NORA-QD Equiv)	\$0	-
NOR-QD TAB .35MG ( <i>norethindrone (contraceptive)</i> )	3	-
<b>CORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<b>GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>budesonide ER tab 9MG</i> (UCERIS Equiv)	1	PA-QL QL=1 tab/day
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	1	-
CORTEF TAB 10MG, 20MG, 5MG ( <i>hydrocortisone</i> )	3	-
DEXAMETHASONE CONC 1MG/ML ( <i>dexamethasone</i> )	1	-
<i>dexamethasone elixir .5MG/5ML</i>	1	-
<i>dexamethasone tab</i> (DECADRON Equiv)	1	-
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	1	-
MEDROL DOSE PACK 4MG ( <i>methylprednisolone</i> )	3	-
MEDROL TAB 16MG, 32MG, 4MG, 8MG ( <i>methylprednisolone</i> )	3	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	1	-
MILLIPRED TAB 5MG ( <i>prednisolone</i> )	3	-

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120

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ORAPRED ODT 10MG, 15MG, 30MG ( <i>prednisolone sodium phosphate</i> )	3	-
ORAPRED SOLN 10MG/5ML, 20MG/5ML, 6.7MG/5ML ( <i>prednisolone sodium phosphate</i> )	3	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	1	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 5MG/5ML, 6.7MG/5ML</i> (PEDIAPRED Equiv)	1	-
PREDNISOLONE SYRUP 15MG/5ML (PRELONE Equiv) ( <i>prednisolone</i> )	1	-
PREDNISONONE SOLN 5MG/5ML ( <i>prednisone</i> )	1	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	1	-
UCERIS TAB 9MG ( <i>budesonide</i> )	3	PA-QL QL= 1 tab/day
<b>MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions</b>		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	1	-
<b>COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<b>ANTITUSSIVES - Drugs to treat cough</b>		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG</i> (TESSALON Equiv)	1	-
HYCODAN SYRUP ( <i>hydrocodone w/ homatropine</i> )	3	-

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121

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<i>hydrocodone/homatropine syrup</i> 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)	1	-
TESSALON CAP 100MG ( <i>benzonatate</i> )	3	-
<i>tussigon tab 1.5MG-5MG</i> (HYCODAN Equiv)	1	-
<b>COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms</b>		
ALBATUSSIN LIQUID ( <i>phenyleph-dm-pyiril-pot guai-sod cit-citric acid</i> )	3	-
BRONCOPECTOL SYRUP ( <i>phenylephrine-chlorpheniramine w/ dm-gg</i> )	3	-
BROVEX PEB LIQUID 2MG/ML-5MG/ML, 4MG/5ML-10MG/5ML ( <i>brompheniramine &amp; phenyleph</i> )	EXC	OTC
CLARINEX-D TAB ( <i>desloratadine-pseudoephedrine</i> )	EXC	-
DECON-A ELIXIR 2MG/5ML-5MG/5ML ( <i>brompheniramine &amp; phenyleph</i> )	EXC	-
DECON-A LIQUID ( <i>brompheniramine &amp; phenyleph</i> )	EXC	OTC
GILTUSS LIQUID ( <i>phenylephrine w/ codeine-gg</i> )	3	-
GILTUSS TR TAB ( <i>phenylephrine w/ dm-gg</i> )	3	-
<i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML, 8MG/5ML-200MG/5ML</i> (BRONTEX Equiv)	1	OTC
<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 6.3MG/5ML-100MG/5ML</i> (TUSSI-ORGANIDIN-S Equiv)	1	OTC-QL QL= 240ml/fill

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122

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<i>hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML</i> (TUSSIONEX Equiv)	1	QL QL= 120ml/fill; 2 fills/30 days
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID 4MG/5ML-5MG/5ML-60MG/5ML ( <i>pseudoephed-cpm w/ hydrocod</i> )	3	QL QL= 120ml/fill, 2 fills/month
<i>lohist liquid 2MG/10ML-5MG/10ML</i> (DECON-A Equiv)	EXC	OTC
NEOTUSS-D LIQUID ( <i>pseudoephedrine-chlorpheniramine w/ dm-gg</i> )	3	-
PEDIATEX TDM SUSP ( <i>pseudoeph-triprolidine-dm</i> )	3	-
<i>promethazine DM syrup 6.25MG/5ML-15MG/5ML</i>	1	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> (PHENERGAN VC Equiv)	1	-
<i>promethazine VC/codeine syrup</i>	1	-
<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML</i> (PHENERGAN/CODEINE Equiv)	1	-
<i>pseudoephedrine/brompheniramine/codeine liquid 1.33MG/5ML-6.33MG/5ML-10MG/5ML</i> (CPB WC LIQUID Equiv)	1	OTC
RESCON TAB ( <i>dexchlorpheniramine-phenylephrine</i> )	3	-
REZIRA SOLN 5MG/5ML-60MG/5ML ( <i>pseudoephedrine w/ hydrocodone</i> )	3	-

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123

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SEMPREX-D CAP 8MG-60MG ( <i>acrivastine &amp; pseudoephedrine</i> )	EXC	-
SUTTAR SF SYRUP ( <i>pseudoephedrine w/ codeine-gg</i> )	3	-
TRIAMINIC SYRUP ( <i>chlorpheniramine &amp; phenylephrine</i> )	EXC	OTC
TUSNEL SYRUP 10MG/5ML-30MG/5ML-100MG/5ML ( <i>pseudoephedrine w/ codeine-gg</i> )	3	-
TUSSIONEX SUSP 8MG/5ML-10MG/5ML ( <i>hydrocodone polistirex-chlorpheniramine polistirex</i> )	3	QL QL= 120ml/fill; 2 fills/30 days
TUSSI-ORGANI SYRUP ( <i>guaifenesin-codeine</i> )	3	QL QL= 240ml/fill
ZUTRIPRO LIQUID 4MG/5ML-5MG/5ML-60MG/5ML ( <i>pseudoephed-cpm w/ hydrocod</i> )	3	QL QL= 120ml/fill, 2 fills/30 days
<b>MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants</b>		
HYPER-SAL NEB SOLN 7% ( <i>sodium chloride inhalant</i> )	3	-
NEBUSAL NEB SOLN 3.5%, 6% ( <i>sodium chloride inhalant</i> )	2	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	1	-
<b>MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	1	-

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<b>DERMATOLOGICALS - Drugs to treat skin conditions</b>		
<b>ACNE PRODUCTS - Drugs to treat skin conditions</b>		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
AKNE-MYCIN OINT ( <i>erythromycin (acne aid)</i> )	3	-
<i>amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (AC CUTANE Equiv)	1	-
ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% ( <i>tretinoin</i> )	3	PA
BENZA CLIN GEL 1%-5%, 1.2%-2.5% ( <i>clindamycin phosphate-benzoyl peroxide</i> )	3	-
BENZAMYCIN GEL 3%-5% ( <i>benzoyl peroxide-erythromycin</i> )	3	-
CLEOCIN-T GEL 1% ( <i>clindamycin phosphate (topical)</i> )	3	-

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125

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CLEOCIN-T LOTION 1% ( <i>clindamycin phosphate (topical)</i> )	3	-
CLEOCIN-T PAD 1% ( <i>clindamycin phosphate (topical)</i> )	3	-
CLEOCIN-T SOLN 1% ( <i>clindamycin phosphate (topical)</i> )	3	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	1	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	1	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	1	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	1	-
<i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-2.5%</i> (DUAC GEL Equiv)	1	-
<i>clindamycin/tretinoin gel .025%-1.2%</i> (ZIANA Equiv)	1	-
DIFFERIN CREAM .1% ( <i>adapalene</i> )	3	PA
DIFFERIN GEL .1%, .3% ( <i>adapalene</i> )	3	PA
DUAC CS KIT ( <i>clindamycin phosphate-benzoyl peroxide w/ cleanser</i> )	3	-
DUAC GEL 1.2%-5% ( <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> )	3	-
EPIDUO FORTE GEL .3%-2.5% ( <i>adapalene-benzoyl peroxide</i> )	2	PA Acne Only – members age 35 or older require Prior Authorization
EPIDUO GEL 0.1-2.5% .1%-2.5% ( <i>adapalene-benzoyl peroxide</i> )	3	PA

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126

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	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	VAC	Vaccine Program		

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

Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
ERY PAD 2% ( <i>erythromycin (acne aid)</i> )	1	-
<i>erythromycin gel 2%</i>	1	-
<i>erythromycin pad 2%</i>	1	-
<i>erythromycin soln 2%</i>	1	-
<i>erythromycin/benzoyl peroxide gel 3%-5%</i> (BENZAMYCIN Equiv)	1	-
KLARON LOTION 10% ( <i>sulfacetamide sodium (acne)</i> )	3	-
RETIN-A CREAM .025%, .05%, .1% ( <i>tretinoin</i> )	3	PA
<i>sodium sulfacetamide lotion 10%</i> (KLARON Equiv)	1	-
<i>sodium sulfacetamide/sulfur emulsion 10-5% 5% -10%</i>	1	-
<i>sodium sulfacetamide/sulfur wash 9-4.5% 4.5%-9%</i>	1	-
<i>tretinoin cream .025%, .05%, .1%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .04%, .1%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
TRETIN-X CREAM .038%, .075% ( <i>tretinoin</i> )	3	PA
VELTIN GEL .025%-1.2% ( <i>clindamycin phosphate-tretinoin</i> )	3	-
ZIANA GEL .025%-1.2% ( <i>clindamycin phosphate-tretinoin</i> )	3	-

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - drugs for cosmetic uses</b>		
RENOVA CREAM .02%, .05% ( <i>tretinoin (facial wrinkles)</i> )	EXC	-
<b>ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections</b>		
BACTROBAN OINT 2% ( <i>mupirocin</i> )	3	-
CENTANY OINT 2% ( <i>mupirocin</i> )	3	-
CORTISPORIN CREAM .5% -3.5MG/GM-10000UNIT/GM ( <i>neomycin-polymyxin-hc</i> )	3	-
CORTISPORIN OINT .5%-1% -400UNIT/GM-5000UNIT/GM ( <i>bacitracin-polymyxin-neomycin hc</i> )	3	-
<i>gentamicin sulfate cream</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	1	-
<b>ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections</b>		
<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	1	-
<i>ciclopirox gel .77%</i> (LOPROX GEL Equiv)	1	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	1	-
<i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv)	1	-
<i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv)	1	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	1	-

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128

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

Last Updated 5/5/2020

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<i>clotrimazole/betamethasone lotion .05%-1%</i> (LOTRISONE LOTION Equiv)	1	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	1	-
EXELDERM CREAM, SULCONAZOLE CREAM 1% ( <i>sulconazole nitrate</i> )	3	-
EXELDERM SOLN 1% ( <i>sulconazole nitrate</i> )	3	-
EXELDERM SOLN, SULCONAZOLE SOLN 1% ( <i>sulconazole nitrate</i> )	3	-
<i>ketoconazole cream 2%</i> (NIZORAL CREAM Equiv)	1	-
<i>ketoconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% ( <i>ciclopirox olamine</i> )	3	-
LOPROX GEL ( <i>ciclopirox</i> )	3	-
LOPROX SHAMPOO 1% ( <i>ciclopirox</i> )	3	-
LOTRISONE CREAM .05%-1% ( <i>clotrimazole w/ betamethasone</i> )	3	-
LOTRISONE LOTION ( <i>clotrimazole w/ betamethasone</i> )	3	-
MENTAX CREAM 1% ( <i>butenafine hcl</i> )	3	-
<i>naftifine cream 1%, 2%</i> (NAFTIN Equiv)	1	-
<i>naftifine gel 1%</i> (NAFTIN Equiv)	1	-
NAFTIN CREAM 2% ( <i>naftifine hcl</i> )	3	-
NAFTIN GEL 1% ( <i>naftifine hcl</i> )	3	-
NIZORAL SHAMPOO 2% ( <i>ketoconazole (topical)</i> )	3	-

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129

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

Last Updated 5/5/2020

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<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<i>nystatin oint 100000UNIT/GM</i>	1	-
<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	1	-
<i>oxiconazole nitrate cream 1%</i> (OXISTAT Equiv)	1	-
OXISTAT CREAM 1% ( <i>oxiconazole nitrate</i> )	3	-
OXISTAT LOTION 1% ( <i>oxiconazole nitrate</i> )	3	-
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation</b>		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	1	QL QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH 1.3% ( <i>diclofenac epolamine</i> )	3	QL QL= 30 patches/fill
VOLTAREN GEL 1% ( <i>diclofenac sodium (topical)</i> )	3	QL QL= 5 tubes/fill
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer</b>		
<i>diclofenac gel 3%</i> (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days
EFUDEX CREAM 5% ( <i>fluorouracil (topical)</i> )	3	-
FLUOROPLEX CREAM 1%, 4% ( <i>fluorouracil (topical)</i> )	2	-
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	1	-

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130

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

Last Updated 5/5/2020

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FLUOROURACIL CREAM 0.5% .5% ( <i>fluorouracil (topical)</i> )	2	-
FLUOROURACIL SOLN 2%, 5% ( <i>fluorouracil (topical)</i> )	2	-
PANRETIN GEL .1% ( <i>alitretinoin</i> )	4	KMSP-PA
PICATO GEL .05% ( <i>ingenol mebutate</i> )	3	QL QL= 1 box/fill
SOLARAZE GEL 3% ( <i>diclofenac sodium (actinic keratoses)</i> )	3	PA-QL QL= 300gm/30 days
TARGRETIN GEL 1% ( <i>bexarotene (topical)</i> )	4	KMSP-PA
VALCHLOR GEL .016% ( <i>mechlorethamine hcl (topical)</i> )	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
<b>ANTIPRURITICS - TOPICAL - Drugs to treat itching</b>		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM 5% ( <i>doxepin hcl (antipruritic)</i> )	3	PA
<b>ANTIPSORIATICS - Drugs to treat psoriasis</b>		
8-MOP CAP 10MG ( <i>methoxsalen</i> )	2	KMSP
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	4	KMSP
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	1	-
<i>calcipotriene oint .005%</i>	1	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	1	-

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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

Last Updated 5/5/2020

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CALCITRIOL OINT 3MCG/GM ( <i>calcitriol (topical)</i> )	3	-
COSENTYX INJ (1-PACK) 150MG/ML ( <i>secukinumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
COSENTYX INJ (2-PACK) 150MG/ML ( <i>secukinumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
DOVONEX CREAM .005% ( <i>calcipotriene</i> )	3	-
DOVONEX SOLN ( <i>calcipotriene</i> )	3	-
DRITHO-SCALP CREAM 1%, 1.2% ( <i>anthralin</i> )	3	-
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	1	KMSP
OXSORALEN ULTRA CAP 10MG ( <i>methoxsalen rapid</i> )	3	KMSP
SKYRIZI INJ 75MG/0.83ML ( <i>risankizumab-rzaa</i> )	4	LMSP-PA-QL QL= 2 inj/84 days
SORIATANE CK KIT ( <i>acitretin w/ moisturizer</i> )	2	KMSP
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	1	-
TAZORAC CREAM .1% ( <i>tazarotene</i> )	3	-
TAZORAC CREAM 0.05% .05% ( <i>tazarotene</i> )	3	-
<b>ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions</b>		
OVACE PLUS CREAM 10% ( <i>sulfacetamide sodium</i> )	3	-
OVACE PLUS GEL 10% ( <i>sulfacetamide sodium</i> )	3	-
OVACE PLUS SHAMPOO 10% ( <i>sulfacetamide sodium</i> )	3	-
ROSULA PAD ( <i>sulfacetamide sodium-urea</i> )	3	-
<i>seb-prev cream</i> (OVACE CREAM Equiv)	1	-

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

Last Updated 5/5/2020

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<i>selenium sulfide lotion 1%, 2.5%</i>	1	-
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	1	-
<i>sodium sulfacetamide gel 10%</i> (OVACE PLUS Equiv)	1	-
<i>sodium sulfacetamide shampoo 10%</i> (OVACE Equiv)	1	-
<i>sodium sulfacetamide/urea pad</i> (ROSULA Equiv)	1	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
<i>acyclovir cream 5%</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% ( <i>penciclovir</i> )	2	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
SILVADENE CREAM 1% ( <i>silver sulfadiazine</i> )	3	-
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	1	-
SULFAMYLON CREAM 85MG/GM ( <i>mafenide acetate</i> )	2	-
<b>CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation</b>		
ACLOVATE CREAM .05% ( <i>alclometasone dipropionate</i> )	3	-
ACLOVATE OINT ( <i>alclometasone dipropionate</i> )	3	-
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	1	-
<i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv)	1	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	1	-
<i>betamethasone augmented gel .05%</i>	1	-

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

Last Updated 5/5/2020

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<i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv)	1	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv)	1	-
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv)	1	-
<i>betamethasone dipropionate lotion .05%</i>	1	-
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv)	1	-
<i>betamethasone valerate cream .1%</i>	1	-
<i>betamethasone valerate lotion .1%</i>	1	-
<i>betamethasone valerate oint .1%</i>	1	-
<i>calcipotriene/betamethasone oint .005%-.064%</i> (TACLONEX Equiv)	1	-
CALCIPOTRIENE/BETAMETHASONE SUSP, TACLONEX SCALP SUSP .005%-.064% ( <i>calcipotriene-betamethasone dipropionate</i> )	3	-
CAPEX SHAMPOO .01% ( <i>fluocinolone acetonide</i> )	3	-
CARMOL-HC CREAM ( <i>hydrocortisone acetate-urea</i> )	3	-
<i>clobetasol foam .05%</i> (OLUX Equiv)	1	PA
<i>clobetasol lotion .05%</i> (CLOBEX Equiv)	1	PA
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	1	-

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134

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

Last Updated 5/5/2020

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<i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv)	1	-
<i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv)	1	-
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate soln .05%</i> (TEMOVATE Equiv)	1	PA
<i>clobetasol shampoo .05%</i> (CLOBEX Equiv)	1	PA
<i>clobetasol spray .05%</i> (CLOBEX Equiv)	1	PA
CLOBEX LOTION .05% ( <i>clobetasol propionate</i> )	3	PA
CLOBEX SHAMPOO .05% ( <i>clobetasol propionate</i> )	3	PA
CLOBEX SPRAY .05% ( <i>clobetasol propionate</i> )	3	PA
CLOCORTOLONE CREAM .1% ( <i>clocortolone pivalate</i> )	3	-
CLODERM CREAM .1% ( <i>clocortolone pivalate</i> )	3	-
CUTIVATE CREAM ( <i>fluticasone propionate</i> )	3	-
CUTIVATE OINT ( <i>fluticasone propionate</i> )	3	-
DERMA-SMOOTH/FS OIL .01% ( <i>fluocinolone acetonide</i> )	2	-
DERMATOP CREAM .1% ( <i>prednicarbate</i> )	3	-
DERMATOP OINT .1% ( <i>prednicarbate</i> )	3	-
<i>desoximetasone cream .05%, .25%</i> (TOPICORT CREAM Equiv)	1	-
<i>desoximetasone gel .05%</i> (TOPICORT Equiv)	1	-
<i>desoximetasone oint .05%, .25%</i> (TOPICORT Equiv)	1	-

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135

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

Last Updated 5/5/2020

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DIPROLENE AF CREAM .05% ( <i>betamethasone dipropionate augmented</i> )	3	-
DIPROLENE LOTION .05% ( <i>betamethasone dipropionate augmented</i> )	3	-
DIPROLENE OINT .05% ( <i>betamethasone dipropionate augmented</i> )	3	-
ELOCON CREAM .1% ( <i>mometasone furoate</i> )	3	-
ELOCON OINT .1% ( <i>mometasone furoate</i> )	3	-
ELOCON SOLN .1% ( <i>mometasone furoate</i> )	3	-
EPIFOAM AEROSOL 1% ( <i>pramoxine-hc</i> )	2	-
<i>fluocinolone acetonide cream .01%, .025%</i>	1	-
<i>fluocinolone acetonide oil .01%</i> (DERMA-SMOOTH/FS Equiv)	1	-
<i>fluocinolone acetonide oint .025%</i>	1	-
<i>fluocinolone acetonide soln .01%</i>	1	-
<i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv)	1	-
<i>fluocinonide emollient cream .05%</i>	1	-
<i>fluocinonide gel .05%</i>	1	-
<i>fluocinonide oint .05%</i>	1	-
<i>fluocinonide soln .05%</i>	1	-
<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	1	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	1	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	1	-

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136

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

Last Updated 5/5/2020

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<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	1	PA
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	1	-
<i>hydrocortisone lotion 1%, 2%, 2.5%</i> (HYTONE Equiv)	1	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	1	-
KENALOG SPRAY .147MG/GM ( <i>triamcinolone acetonide (topical)</i> )	3	-
<i>mometasone cream .1%</i> (ELOCON Equiv)	1	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	1	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	1	-
NUCORT LOTION 2% ( <i>hydrocortisone acetate (topical)</i> )	3	-
OLUX FOAM .05% ( <i>clobetasol propionate</i> )	3	PA
PANDEL CREAM .1% ( <i>hydrocortisone probutate</i> )	3	-
PRAMOSONE LOTION 1%, 1%-2.5% ( <i>pramoxine-hc</i> )	3	-
PRAMOSONE OINT 1%, 1%-2.5% ( <i>pramoxine-hc</i> )	2	-
PREDNICARBATE CREAM .1% ( <i>prednicarbate</i> )	2	-
PREDNICARBATE OIN .1% ( <i>prednicarbate</i> )	2	-
PROCTOCORT CREAM 1% ( <i>hydrocortisone (topical)</i> )	3	-
TACLONEX OINT .005%-.064% ( <i>calcipotriene-betamethasone dipropionate</i> )	3	-
TEMOVATE CREAM .05% ( <i>clobetasol propionate</i> )	3	-
TEMOVATE GEL ( <i>clobetasol propionate</i> )	3	-

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

Last Updated 5/5/2020

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TEMOVATE OINT .05% ( <i>clobetasol propionate</i> )	3	-
TEMOVATE SOLN ( <i>clobetasol propionate</i> )	3	PA
TEMOVATE-E CREAM .05% ( <i>clobetasol propionate emollient base</i> )	3	-
TEXACORT SOLN 2.5% ( <i>hydrocortisone (topical)</i> )	3	-
TOPICORT CREAM .05%, .25% ( <i>desoximetasone</i> )	3	-
TOPICORT GEL .05% ( <i>desoximetasone</i> )	3	-
TOPICORT OINT .05%, .25% ( <i>desoximetasone</i> )	3	-
<i>triamcinolone cream .025%, .1%, .5%</i>	1	-
<i>triamcinolone lotion .025%, .1%</i>	1	-
<i>triamcinolone oint .025%, .1%, .5%</i>	1	-
<i>triamcinolone spray .147MG/GM</i> (KENALOG Equiv)	1	-
U-CORT CREAM ( <i>hydrocortisone acetate-urea</i> )	2	-
ULTRAVATE CREAM .05% ( <i>halobetasol propionate</i> )	3	-
ULTRAVATE OINT .05% ( <i>halobetasol propionate</i> )	3	-
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		
DUPIXENT INJ 300MG/2ML ( <i>dupilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
<b>EMOLLIENTS - Drugs to treat skin conditions</b>		
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	1	-
<i>ammonium lactate lotion 10%, 12%, 5%</i> (LAC-HYDRIN Equiv)	1	-
LAC-HYDRIN CREAM 12% ( <i>lactic acid (ammonium lactate)</i> )	3	-

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

Last Updated 5/5/2020

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LAC-HYDRIN LOTION 12% ( <i>lactic acid (ammonium lactate)</i> )	3	-
<b>ENZYMES - TOPICAL - Drugs to treat skin conditions</b>		
SANTYL OINT 250UNIT/GM ( <i>collagenase</i> )	2	QL QL= 90gm/30 days
<b>HAIR GROWTH AGENTS - drugs to grow hair</b>		
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
<b>HAIR REDUCTION AGENTS - drugs to remove hair</b>		
VANIQA CREAM 13.9% ( <i>eflornithine hcl</i> )	EXC	-
<b>IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
ALDARA CREAM 5% ( <i>imiquimod</i> )	3	-
<i>imiquimod cream 5%</i> (ALDARA Equiv)	1	-
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
ELIDEL CREAM 1% ( <i>pimecrolimus</i> )	3	Covered for members 2 years or older
<i>pimecrolimus cream 1%</i> (ELIDEL Equiv)	1	Covered for members 2 years or older
PROTOPIC OINT .03%, .1% ( <i>tacrolimus (topical)</i> )	3	-
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	1	-
<b>KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions</b>		
CONDYLOX GEL .5% ( <i>podofilox</i> )	3	-
CONDYLOX SOLN .5% ( <i>podofilox</i> )	3	-
PODOCON SOLN 25% ( <i>podophyllum resin</i> )	2	-
<i>podofilox soln</i> (CONDYLOX Equiv)	1	-
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		
EMLA CREAM 2.5% ( <i>lidocaine-prilocaine</i> )	3	-

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139

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

Last Updated 5/5/2020

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<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel 2%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine oint</i>	1	QL QL= 107gm/30 days
<i>lidocaine patch 4%, 5%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% ( <i>lidocaine</i> )	3	QL QL= 3 patches/day
SYNERA PATCH 70MG ( <i>lidocaine-tetracaine</i> )	3	-
XYLOCAINE SOLN 4% ( <i>lidocaine hcl</i> )	3	-
<b>MISC. TOPICAL - Miscellaneous topical products</b>		
<i>aluminum chloride soln</i> (DRYSOL Equiv)	1	-
DRYSOL SOLN 12%, 20% ( <i>aluminum chloride</i> )	1	-
<b>PIGMENTING-DEPIGMENTING AGENTS - drugs to treat skin discoloration</b>		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ( <i>fluocinolone-hydroquinone-tretinoin</i> )	EXC	-
<b>ROSACEA AGENTS - Drugs to treat skin conditions</b>		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	1	-
FINACEA FOAM 15% ( <i>azelaic acid</i> )	2	-
FINACEA GEL 15% ( <i>azelaic acid</i> )	3	-

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140

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

Last Updated 5/5/2020

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FINACEA PLUS KIT ( <i>azelaic acid w/ cleanser &amp; moisturizing lotion</i> )	2	
METROCREAM .75% ( <i>metronidazole (topical)</i> )	3	-
METROGEL 1% 1% ( <i>metronidazole (topical)</i> )	3	-
METROLOTION .75% ( <i>metronidazole (topical)</i> )	3	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	1	-
<i>metronidazole gel .75%, 1%</i> (METROGEL Equiv)	1	-
<i>metronidazole lotion .75%</i> (METROLOTION Equiv)	1	-
NORITATE CREAM 1% ( <i>metronidazole (topical)</i> )	3	ST Step Therapy requires trial of FINACEA
<b>SCABICIDES &amp; PEDICULICIDES - Drugs to treat skin conditions</b>		
CROTAN LOTION 10% ( <i>crotamiton</i> )	3	-
ELIMITE CREAM 5% ( <i>permethrin</i> )	3	-
EURAX CREAM 10% ( <i>crotamiton</i> )	2	-
EURAX LOTION 10% ( <i>crotamiton</i> )	3	-
LINDANE LOTION ( <i>lindane</i> )	3	-
<i>lindane shampoo 1%</i>	1	-
<i>malathion lotion .5%</i> (OVIDE Equiv)	1	QL QL= 2 bottles/fill
NATROBA SUSP .9% ( <i>spinosad</i> )	3	QL QL= 1 bottle/fill
OVIDE LOTION .5% ( <i>malathion</i> )	3	QL QL= 2 bottles/fill
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	1	-

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

Last Updated 5/5/2020

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SKLICE LOTION .5% ( <i>ivermectin (pediculicide)</i> )	3	PA-QL QL= 1 tube/fill
SPINOSAD SUSP .9% ( <i>spinosad</i> )	2	QL QL= 1 bottle/fill
<b>WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers</b>		
REGRANEX GEL .01% ( <i>becaplermin</i> )	2	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM ( <i>balsam peru-castor oil</i> )	2	-
<b>DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products</b>		
<b>DIAGNOSTIC PRODUCTS, MISC. - drugs to diagnose or monitor conditions</b>		
FREESTYLE LITE TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
<b>DIAGNOSTIC TESTS - Miscellaneous diagnostic test products</b>		
ACCU-CHEK AVIVA PLUS TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK GUIDE TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication

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142

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

Last Updated 5/5/2020

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ACCU-CHEK TEST STRIP ( <i>glucose blood</i> )	2	
FREESTYLE INSULINX TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE PRECISION NEO TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
KETO-DIASTIX TEST STRIP ( <i>urine glucose-ketones test</i> )	1	OTC
KETOSTIX ( <i>acetone (urine) test</i> )	1	OTC
PRECISION XTRA TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition</b>		
<b>INFANT FOODS</b>		
INFANT FORMULA LIQUID ( <i>infant foods</i> )	2	OTC-PA
INFANT FORMULA POWDER ( <i>infant foods</i> )	2	OTC-PA
<b>NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency</b>		
NUTRITIONAL SUPPLEMENT LIQUID ( <i>nutritional supplements</i> )	2	OTC-PA

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143

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Last Updated 5/5/2020

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NUTRITIONAL SUPPLEMENT POWDER ( <i>nutritional supplements</i> )	2	
<b>DIGESTIVE AIDS - Drugs to treat low digestive enzymes</b>		
<b>DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes</b>		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	-
<b>DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	1	-
<i>acetazolamide tab 125MG, 250MG</i>	1	-
DIAMOX SEQUEL CAP 500MG ( <i>acetazolamide</i> )	3	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	1	-
NEPTAZANE TAB 25MG, 50MG ( <i>methazolamide</i> )	3	-
<b>DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
ALDACTAZIDE TAB 25MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	3	-
ALDACTAZIDE TAB 50-50MG 50MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	3	-

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Last Updated 5/5/2020

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<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	1	-
DYAZIDE CAP 25MG-37.5MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	3	-
MAXZIDE TAB 25MG-37.5MG, 50MG-75MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	3	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	1	-
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg 25MG-50MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	2	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	1	-
<b>LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	1	-
DEMADEX TAB 10MG, 20MG, 5MG ( <i>torseamide</i> )	3	-
EDECIN TAB 25MG ( <i>ethacrynic acid</i> )	3	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	1	-
FUROSEMIDE SOLN 8MG/ML (LASIX Equiv) ( <i>furosemide</i> )	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG ( <i>furosemide</i> )	3	-

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145

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	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	VAC	Vaccine Program		

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

Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<i>torse mide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
<b>POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
ALDACTONE TAB 100MG, 25MG, 50MG ( <i>spironolactone</i> )	3	-
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	1	-
MIDAMOR TAB ( <i>amiloride hcl</i> )	3	-
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	1	-
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
CHLOROTHIAZIDE TAB 250MG, 500MG ( <i>chlorothiazide</i> )	1	-
<i>chlorthalidone tab 25MG, 50MG</i>	1	-
DIURIL SUSP 250MG/5ML ( <i>chlorothiazide</i> )	2	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	1	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	1	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	1	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	1	-
MICROZIDE CAP 12.5MG ( <i>hydrochlorothiazide</i> )	3	-
ZAROXOLYN TAB ( <i>metolazone</i> )	3	-

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones</b>		
<b>BONE DENSITY REGULATORS - Drugs to treat bone disease</b>		
ACTONEL TAB 150MG, 30MG, 35MG, 5MG <i>(risedronate sodium)</i>	3	ST Step Therapy requires trial of alendronate
ALENDRONATE SOLN 70MG/75ML <i>(alendronate sodium)</i>	3	-
<i>alendronate tab 10MG, 35MG, 5MG, 70MG</i> (FOSAMAX Equiv)	1	-
ALENDRONATE TAB 40MG 40MG, 5MG <i>(alendronate sodium)</i>	2	-
ATELVIA TAB 35MG <i>(risedronate sodium)</i>	3	ST Step Therapy requires trial of alendronate
BONIVA TAB 150MG 150MG <i>(ibandronate sodium)</i>	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	1	-
FORTEO INJ 600MCG/2.4ML <i>(teriparatide recombinant)</i>	4	KMSP
FOSAMAX TAB 70MG <i>(alendronate sodium)</i>	3	-

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147

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

Last Updated 5/5/2020

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FOSAMAX+D TAB 70MG-2800UNIT, 70MG-5600UNIT ( <i>alendronate sodium-cholecalciferol</i> )	3	-
<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
MIACALCIN INJ 200UNIT/ML ( <i>calcitonin (salmon)</i> )	4	KMSP
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ( <i>parathyroid hormone (recombinant)</i> )	4	LD-PA Only available through Walgreens 888-347-3416
PROLIA INJ 60MG/ML ( <i>denosumab</i> )	M	M
<i>risedronate DR tab 35MG</i> (ATELVIA Equiv)	1	ST Step Therapy requires trial of alendronate
<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate
SKELID TAB ( <i>tiludronate disodium</i> )	3	-
TYMLOS INJ 3120MCG/1.56ML ( <i>abaloparatide</i> )	4	KMSP
<b>GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis</b>		
ORLISSA TAB 150MG 150MG ( <i>elagolix sodium</i> )	2	PA-QL QL= 1 tab/day
ORLISSA TAB 200MG 200MG ( <i>elagolix sodium</i> )	2	PA-QL QL= 2 tabs/day

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148

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ( <i>pegvisomant</i> )	4	LD-PA Only available through Walgreens 888-347-3416
<b>GROWTH HORMONES - Drugs to regulate hormones</b>		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 12MG, 1MG, 2MG, 5MG ( <i>somatropin</i> )	4	KMSP-PA
<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
EVISTA TAB 60MG ( <i>raloxifene hcl</i> )	3	-
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	4	MSP
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones</b>		
LUPRON DEPOT PED INJ 11.25MG, 30MG ( <i>leuprolide acetate (cpp)</i> (3 month))	M	M
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG ( <i>leuprolide acetate (cpp)</i> )	M	M
SYNAREL NASAL SOLN 2MG/ML ( <i>nafarelin acetate</i> )	4	KMSP
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
ALDURAZYME INJ 2.9MG/5ML ( <i>laronidase</i> )	M	M

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149

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MSP Mandatory Specialty Pharmacy Program	ONC Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC Over-the-Counter
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ST Step Therapy	VAC Vaccine Program	



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

Last Updated 5/5/2020

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<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	1	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	1	-
CARBAGLU TAB 200MG ( <i>carglumic acid</i> )	4	LD-PA Only available through Accredo 888-773-7376
CARNITOR SOLN 1GM/10ML ( <i>levocarnitine (metabolic modifiers)</i> )	3	-
CARNITOR TAB 330MG ( <i>levocarnitine (metabolic modifiers)</i> )	3	-
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	4	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	1	-
FABRAZYME INJ 35MG, 5MG ( <i>agalsidase beta</i> )	M	M
HECTOROL CAP .5MCG, 1MCG, 2.5MCG ( <i>doxercalciferol</i> )	3	-
KUVAN POWDER PACK 100MG, 500MG ( <i>sapropterin dihydrochloride</i> )	4	LD-PA Only available through Walgreens 888-347-3416
KUVAN TAB 100MG ( <i>sapropterin dihydrochloride</i> )	4	LD-PA Only available through Walgreens 888-347-3416
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	1	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	1	-

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150

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

Last Updated 5/5/2020

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PALYNZIQ INJ 20MG/ML ( <i>pegvaliase-pqpz</i> )	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	1	-
ROCALTROL CAP .25MCG, .5MCG ( <i>calcitriol</i> )	3	-
ROCALTROL SOLN 1MCG/ML ( <i>calcitriol</i> )	3	-
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ( <i>asfotase alfa</i> )	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
ZEMPLAR CAP 1MCG, 2MCG ( <i>paricalcitol</i> )	3	-
<b>POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones</b>		
DDAVP INJ 4MCG/ML ( <i>desmopressin acetate</i> )	3	-
DDAVP NASAL SOLN .01% ( <i>desmopressin acetate refrigerated</i> )	3	-
DDAVP NASAL SPRAY .01% ( <i>desmopressin acetate spray</i> )	3	-
DDAVP TAB .1MG, .2MG ( <i>desmopressin acetate</i> )	3	-
<i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate nasal spray .01%</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-
<i>desmopressin nasal soln</i> (DDAVP Equiv)	1	-

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151

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
STIMATE NASAL SOLN 1.5MG/ML ( <i>desmopressin acetate</i> )	2	KMSP
<b>PROLACTIN INHIBITORS - Drugs to regulate hormones</b>		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	1	-
<b>SOMATOSTATIC AGENTS - Drugs to regulate hormones</b>		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	4	KMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ( <i>pasireotide diaspertate</i> )	4	LD-PA-QL QL= 2 vials/day; Only available through Accredo 888-773-7376
<b>VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
JYNARQUE PAK ( <i>tolvaptan</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ( <i>tolvaptan</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
<b>ESTROGENS - Drugs to replace female hormones</b>		
<b>ESTROGEN COMBINATIONS - Drugs to replace female hormones</b>		
ACTIVELLA TAB .1MG-.5MG, .5MG-1MG ( <i>estradiol &amp; norethindrone acetate</i> )	3	-
ANGELIQ TAB .25MG-.5MG, .5MG-1MG ( <i>drospirenone-estradiol</i> )	3	-

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152

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

Last Updated 5/5/2020

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CLIMARA PRO PATCH .015MG/DAY-.045MG/DAY ( <i>estradiol-levonorgestrel</i> )	3	-
COMBIPATCH .05MG/DAY-.14MG/DAY, .05MG/DAY-.25MG/DAY ( <i>estradiol &amp; norethindrone acetate</i> )	3	-
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	1	-
FEMHRT TAB .5MG-2.5MCG ( <i>norethindrone acetate-ethinyl estradiol</i> )	3	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	1	-
PREFEST TAB ( <i>estradiol-norgestimate</i> )	3	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	-
<b>ESTROGENS - Drugs used for contraception</b>		
ALORA PATCH .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ( <i>estradiol</i> )	3	-
CENESTIN TAB ( <i>estrogens, conjugated synthetic a</i> )	3	-
CLIMARA PATCH .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR ( <i>estradiol</i> )	3	-

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153

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Last Updated 5/5/2020

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DIVIGEL GEL, ELESTRIN GEL .06%, .25MG/0.25GM, .5MG/0.5GM, .75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM ( <i>estradiol</i> )	3	-
ENJUVIA TAB .3MG, .45MG, .625MG, .9MG ( <i>estrogens, conjugated synthetic b</i> )	3	-
ESTRACE TAB .5MG, 1MG, 2MG ( <i>estradiol</i> )	3	-
<i>estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR</i> (CLIMARA Equiv)	1	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	1	-
<i>estradiol valerate inj 20MG/ML, 40MG/ML</i>	1	-
ESTRASORB EMULSION ( <i>estradiol</i> )	3	-
EVAMIST SPRAY 1.53MG/SPRAY ( <i>estradiol</i> )	3	-
MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG ( <i>esterified estrogens</i> )	3	-
MENOSTAR PATCH 14MCG/24HR ( <i>estradiol</i> )	3	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ( <i>estrogens, conjugated</i> )	2	-
VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ( <i>estradiol</i> )	3	-
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
AVELOX TAB 400MG ( <i>moxifloxacin hcl</i> )	3	-

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154

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

Last Updated 5/5/2020

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CIPRO SUSP 5% 500MG/5ML, 5GM/100ML ( <i>ciprofloxacin</i> )	3	-
CIPRO TAB 250MG, 500MG ( <i>ciprofloxacin hcl</i> )	3	-
CIPRO XR TAB 1000MG, 500MG ( <i>ciprofloxacin-ciprofloxacin hcl</i> )	3	-
CIPROFLOXACIN 100MG TAB 100MG ( <i>ciprofloxacin hcl</i> )	3	-
CIPROFLOXACIN ER TAB 1000MG, 500MG ( <i>ciprofloxacin-ciprofloxacin hcl</i> )	3	-
<i>ciprofloxacin susp 250MG/5ML, 500MG/5ML</i> (CIPRO Equiv)	1	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	1	-
LEVAQUIN SOLN ( <i>levofloxacin</i> )	3	-
LEVAQUIN TAB 250MG, 500MG, 750MG ( <i>levofloxacin</i> )	3	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	1	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	1	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	1	-
NOROXIN TAB ( <i>norfloxacin</i> )	3	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	1	-
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs</b>		
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - drugs to treat constipation</b>		

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155

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ST Step Therapy	VAC Vaccine Program	

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRULANCE TAB 3MG ( <i>plecanatide</i> )	2	PA
<b>BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders</b>		
CHOLBAM CAP 250MG, 50MG ( <i>cholic acid</i> )	4	LD-PA Only available through Dohmen LSS 844-246-5226
<b>FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis</b>		
OCALIVA TAB 10MG, 5MG ( <i>obeticholic acid</i> )	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Walgreens 888-347-3416
<b>GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
ACTIGALL CAP 300MG ( <i>ursodiol</i> )	3	-
URSO FORTE TAB 250MG, 500MG ( <i>ursodiol</i> )	3	-
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	1	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	1	-
<b>GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	1	-
GASTROCROM CONC 100MG/5ML ( <i>cromolyn sodium (mastocytosis)</i> )	3	-
<b>GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	1	-
<i>metoclopramide tab</i> (REGLAN Equiv)	1	-
REGLAN TAB 10MG, 5MG ( <i>metoclopramide hcl</i> )	3	-

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156

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

Last Updated 5/5/2020

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<b>INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system</b>		
AZULFIDINE EN TAB 500MG ( <i>sulfasalazine</i> )	3	-
AZULFIDINE TAB 500MG ( <i>sulfasalazine</i> )	3	-
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	1	-
CIMZIA INJ 200MG, 200MG/ML ( <i>certolizumab pegol</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML ( <i>certolizumab pegol</i> )	4	LMSP-PA-QL QL= 1 kit/plan year
COLAZAL CAP 750MG ( <i>balsalazide disodium</i> )	3	-
DIPENTUM CAP 250MG ( <i>olsalazine sodium</i> )	3	-
<i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv)	1	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	1	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	1	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	1	-
SFROWASA ENEMA 4GM/60ML ( <i>mesalamine</i> )	3	-
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	1	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	1	-
<b>INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>lactulose soln 10GM/15ML</i>	1	-
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system</b>		
<i>alose tron tab .5MG, 1MG</i> (LOTRONEX Equiv)	1	-
LOTRONEX TAB .5MG, 1MG ( <i>alose tron hcl</i> )	3	-
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		

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157

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

Last Updated 5/5/2020

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MOVANTIK TAB 12.5MG, 25MG ( <i>naloxegol oxalate</i> )	2	PA
SYMPROIC TAB .2MG ( <i>naldemedine tosylate</i> )	2	PA
<b>PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels</b>		
AURYXIA TAB 210MG ( <i>ferric citrate</i> )	3	-
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	1	-
FOSRENOL CHEW TAB 1000MG, 500MG, 750MG ( <i>lanthanum carbonate</i> )	3	-
FOSRENOL POWDER PACK 1000MG, 750MG ( <i>lanthanum carbonate</i> )	2	-
<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv)	1	-
PHOSLO CAP 667MG ( <i>calcium acetate (phosphate binder)</i> )	3	-
PHOSLYRA SOLN 667MG/5ML ( <i>calcium acetate (phosphate binder)</i> )	2	-
RENAGEL TAB 800MG 800MG ( <i>sevelamer hcl</i> )	3	-
RENVELA TAB 800MG ( <i>sevelamer carbonate</i> )	3	-
<i>sevelamer hydrochloride tab 800MG</i> (RENAGEL Equiv)	1	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv)	1	-
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	1	-
VELPHORO CHEW TAB 500MG ( <i>sucroferric oxyhydroxide</i> )	3	-

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

Last Updated 5/5/2020

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<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs</b>		
<b>ALKALINIZERS - Drugs to treat low pH</b>		
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ( <i>pot &amp; sod citrates w/citric ac</i> )	1	-
ORACIT SOLN 490MG/5ML-640MG/5ML ( <i>sodium citrate &amp; citric acid</i> )	1	-
POLYCITRA CRYSTAL PACK ( <i>potassium citrate-citric acid</i> )	3	-
POLYCITRA-LC SOLN ( <i>pot &amp; sod citrates w/citric ac</i> )	3	-
<i>potassium citrate CR tab 1080MG, 15MEQ, 540MG</i> (UROCIT-K TAB Equiv)	1	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv)	1	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv)	1	-
<i>sodium citrate/citric acid soln 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	1	-
<i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML</i> (POLYCITRA-LC Equiv)	1	-
UROCIT-K TAB 1080MG, 15MEQ, 540MG ( <i>potassium citrate (alkalinizer)</i> )	3	-

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159

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

Last Updated 5/5/2020

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<b>CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies</b>		
CYSTAGON CAP 150MG, 50MG ( <i>cysteamine bitartrate</i> )	4	LD-PA Only available through CVS Specialty 800-238-7828
<b>GENTOURINARY IRRIGANTS - Drugs to treat the urinary system</b>		
<i>sodium chloride 0.9% irr soln .9%</i>	1	-
<b>INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence</b>		
ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	2	-
<b>PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate</b>		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-
AVODART CAP .5MG ( <i>dutasteride</i> )	3	-
CARDURA XL TAB 4MG, 8MG ( <i>doxazosin mesylate (bph)</i> )	3	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG ( <i>tamsulosin hcl</i> )	3	-
PROSCAR TAB ( <i>finasteride tab</i> )	3	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG ( <i>alfuzosin hcl</i> )	3	-
<b>URINARY ANALGESICS - Drugs to treat urinary pain</b>		
<i>phenazopyridine tab 100MG, 200MG, 95MG, 97.5MG</i> (PYRIDIDIUM Equiv)	1	-

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160

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

Last Updated 5/5/2020

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PYRIDIDIUM TAB 100MG, 200MG, 97.2MG (phenazopyridine hcl)	3	-
<b>URINARY STONE AGENTS - Drugs to prevent kidney stones</b>		
LITHOSTAT TAB 250MG (acetohydroxamic acid)	3	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		
colchicine/probenecid tab .5MG-500MG (COL-BENEMID Equiv)	1	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
allopurinol tab (ZYLOPRIM Equiv)	1	-
colchicine tab .6MG (COLCRYS Equiv)	1	PA
febuxostat tab 40MG, 80MG (ULORIC Equiv)	1	ST Step Therapy requires trial of allopurinol
MITIGARE CAP .6MG (colchicine)	2	-
ULORIC TAB 40MG, 80MG (febuxostat)	3	ST Step Therapy requires trial of allopurinol
ZYLOPRIM TAB 100MG, 300MG (allopurinol)	3	-
<b>URICOSURICS - Drugs to treat gout</b>		
probenecid tab 500MG (BENEMID Equiv)	1	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		

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161

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

Last Updated 5/5/2020

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HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML ( <i>emicizumab-kxwh</i> )	4	LMSP-PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions</b>		
<i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv)	M	M
<b>COMPLEMENT INHIBITORS - Drugs to treat blood disorders</b>		
CINRYZE INJ 500UNIT ( <i>c1 esterase inhibitor (human)</i> )	M	M
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders</b>		
TAVALISSE TAB 100MG, 150MG ( <i>fostamatinib disodium</i> )	4	LD-PA-QL-SF QL= 2 tab/day; Only available through Biologics 800-850-4306
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	1	-
TRENTAL TAB ( <i>pentoxifylline</i> )	3	-
<b>PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood</b>		
AGRYLIN CAP .5MG ( <i>anagrelide hcl</i> )	3	-
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	1	-
BRILINTA TAB 60MG, 90MG ( <i>ticagrelor</i> )	3	-
CABLIVI INJ KIT 11MG ( <i>caplacizumab-yhdp</i> )	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	1	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	1	-

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162

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

Last Updated 5/5/2020

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<i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG ( <i>prasugrel hcl</i> )	3	-
PERSANTINE TAB 25MG, 50MG, 75MG ( <i>dipyridamole</i> )	3	-
PLAVIX TAB 75MG 75MG ( <i>clopidogrel bisulfate</i> )	3	-
PLETAL TAB ( <i>cilostazol</i> )	3	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	1	-
<i>ticlopidine tab</i>	1	-
ZONTIVITY TAB 2.08MG ( <i>vorapaxar sulfate</i> )	3	RS Restricted to Cardiology Specialist
<b>HEMATOPOIETIC AGENTS - Drugs to treat blood disorders</b>		
<b>AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders</b>		
CERDELGA CAP 84MG ( <i>eliglustat tartrate</i> )	4	MSP-PA
CEREZYME INJ 400UNIT ( <i>imiglucerase</i> )	M	M
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	4	LD-PA Only available through Accredo 888-773-7376
<b>AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders</b>		
DROXIA CAP 200MG, 300MG, 400MG ( <i>hydroxyurea (sickle cell anemia)</i> )	2	-
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-

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163

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

Last Updated 5/5/2020

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NASCOBAL NASAL SPRAY 500MCG/0.1ML ( <i>cyanocobalamin</i> )	3	-
<b>FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency</b>		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		
ARANESP INJ 100MCG/0.5ML, 10MCG/0.4ML, 150MCG/0.3ML, 200MCG/0.4ML, 25MCG/0.42ML, 300MCG/0.6ML, 40MCG/0.4ML, 500MCG/ML, 60MCG/0.3ML ( <i>darbepoetin alfa</i> )	4	KMSP-ST Step Therapy requires trial of EPOGEN or PROCRIT
DOPTELET TAB 20MG ( <i>avatrombopag maleate</i> )	4	KMSP-PA-QL QL= 2 tabs/day
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML ( <i>epoetin alfa</i> )	4	KMSP
FULPHILA INJ 6MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	4	KMSP
NEUMEGA INJ ( <i>oprelvekin</i> )	4	KMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-aafi</i> )	4	KMSP

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164

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

Last Updated 5/5/2020

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PROCRIT INJ 40000UNIT/ML ( <i>epoetin alfa</i> )	4	KMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG ( <i>eltrombopag olamine</i> )	4	KMSP-PA
RETACRIT INJ 40000UNIT/ML ( <i>epoetin alfa-epbx</i> )	4	KMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-sndz</i> )	4	KMSP
ZIEXTENZO INJ 6MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	4	KMSP
<b>HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders</b>		
CHROMAGEN FA TAB ( <i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i> )	3	-
<i>ferrex 150 forte cap 1MG-25MCG-150MG</i>	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG ( <i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i> )	3	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG ( <i>fe asp gly-fe polysaccharide-succ acid-c-threonic acid-b12-fa</i> )	1	-
<i>multigen folic tab</i> (CHROMAGEN FA Equiv)	1	-
<i>multigen plus tab</i> (CHROMAGEN FORTE Equiv)	1	-
<i>multigen tab</i> (CHROMAGEN Equiv)	1	-

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165

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

Last Updated 5/5/2020

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MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG <i>(iron-vitamin c-vitamin b12-folic acid)</i>	3	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG <i>(ferrous fumarate w/ fa-dss-b complex-vit c)</i>	2	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	1	-
<b>IRON - Drugs to treat iron deficiency</b>		
<i>ferrous sulfate elixir 220MG/5ML</i>	\$0	OTC Covered for members 1 year or younger
FERROUS SULFATE LIQUID 220MG/5ML, 5MG/20ML <i>(ferrous sulfate)</i>	\$0	OTC Covered for members 1 year or younger
<i>ferrous sulfate soln 15MG/ML</i>	\$0	OTC Covered for members 1 year or younger
FERROUS SULFATE SYRUP 300MG/5ML <i>(ferrous sulfate)</i>	\$0	OTC Covered for members 1 year or younger
IRON SUSP <i>(iron)</i>	\$0	OTC Covered for members 1 year or younger

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166

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>HEMOSTATICS - Drugs to stop bleeding/treat blood disorders</b>		
<b>HEMOSTATICS - SYSTEMIC - Drugs to thin the blood</b>		
AMICAR SOLN .25GM/ML ( <i>aminocaproic acid</i> )	3	-
AMICAR SYRUP ( <i>aminocaproic acid</i> )	3	-
AMICAR TAB 1000MG, 500MG ( <i>aminocaproic acid</i> )	3	-
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	1	-
<i>aminocaproic acid syrup</i> (AMICAR Equiv)	1	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	1	-
CYKLOKAPRON INJ 1000MG/10ML ( <i>tranexamic acid</i> )	M	M
LYSTEDA TAB 650MG ( <i>tranexamic acid</i> )	3	-
<i>tranexamic acid inj 1000MG/10ML</i> (CYKLOKAPRON Equiv)	M	M
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
<b>HYPNOTICS - Drugs to treat insomnia</b>		
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia</b>		
<b>ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<b>BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		

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Last Updated 5/5/2020

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BUTISOL ELIXIR ( <i>butabarbital sodium</i> )	3	
BUTISOL TAB 30MG ( <i>butabarbital sodium</i> )	3	-
<i>phenobarbital elixir 20MG/5ML</i>	1	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	1	-
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
AMBIEN TAB 10MG, 5MG ( <i>zolpidem tartrate</i> )	3	QL QL= 1 tab/day
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	1	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	1	QL QL= 1 tab/day
FLURAZEPAM CAP 15MG, 30MG ( <i>flurazepam hcl</i> )	1	-
HALCION TAB .25MG ( <i>triazolam</i> )	3	-
LUNESTA TAB 1MG, 2MG, 3MG ( <i>eszopiclone</i> )	3	QL QL= 1 tab/day
PROSOM TAB ( <i>estazolam</i> )	3	-
RESTORIL CAP 15MG 15MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 22.5MG 22.5MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 30MG 30MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 7.5MG 7.5MG ( <i>temazepam</i> )	3	-
SONATA CAP 10MG, 5MG ( <i>zaleplon</i> )	3	-
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 22.5mg 22.5MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	1	-

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168

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

Last Updated 5/5/2020

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<i>temazepam cap 7.5mg 7.5MG</i> (RESTORIL Equiv)	1	-
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	1	-
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	1	-
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia</b>		
<i>ramelteon tab 8MG</i> (ROZEREM Equiv)	1	QL QL= 1 tab/day
ROZEREM TAB 8MG ( <i>ramelteon</i> )	3	QL QL= 1 tab/day
<b>LAXATIVES - Drugs to treat constipation</b>		
<b>LAXATIVE COMBINATIONS - Drugs to treat constipation</b>		
CLENPIQ SOLN 3.5GM/160ML-10MG/160ML-12GM/160ML ( <i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i> )	2	-
GOLYTELY PACKET 2.82GM-5.53GM-6.36GM-21.5GM-227.1GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	1	-
MOVIPREP SOLN 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM ( <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	3	ST Step Therapy requires trial of CLENPIQ

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169

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Last Updated 5/5/2020

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<i>peg 3350/electrolytes soln</i> 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (COLYTE Equiv)	\$0	QL Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
SUPREP SOLN 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	3	ST Step Therapy requires trial of CLENPIQ
<i>trilyte soln</i> 1.48GM-5.72GM-11.2GM-420GM (NULYTELY Equiv)	\$0	QL Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		
<i>lactulose soln</i>	1	-
<b>SALINE LAXATIVES - Drugs to treat constipation</b>		
OSMOPREP TAB .398GM-1.102GM ( <i>sodium phosphate monobasic-sodium phosphate dibasic</i> )	3	ST Step Therapy requires trial of CLENPIQ
VISICOL TAB ( <i>sodium phosphate monobasic-sodium phosphate dibasic-mcc</i> )	3	-
<b>MACROLIDES - Drugs to treat bacterial infections</b>		
<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		

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170

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

Last Updated 5/5/2020

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<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	1	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	1	-
ZITHROMAX POWDER PACK 1GM ( <i>azithromycin</i> )	3	-
ZITHROMAX SUSP 100MG/5ML, 200MG/5ML ( <i>azithromycin</i> )	3	-
ZITHROMAX TAB 250MG, 500MG, 600MG ( <i>azithromycin</i> )	3	-
ZMAX SUSP 2GM ( <i>azithromycin</i> )	3	-
<b>CLARITHROMYCIN - Drugs to treat bacterial infections</b>		
BIAXIN SUSP 250MG/5ML ( <i>clarithromycin</i> )	3	-
BIAXIN TAB 250MG, 500MG ( <i>clarithromycin</i> )	3	-
BIAXIN XL TAB ( <i>clarithromycin</i> )	3	-
<i>clarithromycin ER tab 500MG</i> (BIAXIN XL Equiv)	1	-
<i>clarithromycin susp 125MG/5ML, 250MG/5ML</i> (BIAXIN Equiv)	1	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	1	-
<b>ERYTHROMYCINS - Drugs to treat bacterial infections</b>		
<i>erythromycin DR cap 250MG</i> (ERYC Equiv)	1	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	1	-
ERYTHROMYCIN ETHYLSUCCINATE TAB 400MG ( <i>erythromycin ethylsuccinate</i> )	3	-

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<i>erythromycin stearate tab 250MG</i>	1	-
<i>erythromycin tab 250MG, 500MG</i> (ERYTHROMYCIN Equiv)	1	all forms except PCE
PCE TAB 333MG, 500MG ( <i>erythromycin base (coated)</i> )	3	-
<b>FIDAXOMICIN - drugs to treat infections</b>		
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	2	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	\$0	-
DIAPHRAGM ( <i>diaphragms</i> )	\$0	-
FEMALE CONDOMS ( <i>condoms - female</i> )	\$0	OTC
<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
ACCU-CHEK AVIVA PLUS METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK GUIDE CARE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK GUIDE ME KIT ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK NANO METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC

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172

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CALIBRATION LIQUID ( <i>blood glucose calibration</i> )	1	
FREESTYLE FREEDOM LITE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
FREESTYLE INSULINX METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
FREESTYLE LIBRE RECEIVER ( <i>continuous blood glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY) ( <i>continuous blood glucose system sensor</i> )	2	PA-QL QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY) ( <i>continuous blood glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LITE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
FREESTYLE PRECISION NEO METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
LANCET DEVICE ( <i>lancet devices</i> )	1	OTC
LANCET KIT ( <i>lancets misc.</i> )	1	OTC
LANCETS ( <i>lancets</i> )	1	OTC
PRECISION XTRA METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
V-GO INJ KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/day
<b>MISC. DEVICES - Drugs for miscellaneous use</b>		
ALCOHOL SWABS 70% ( <i>alcohol swabs</i> )	1	OTC

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Last Updated 5/5/2020

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<b>PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies</b>		
B-D AUTOSHIELD DUO PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
B-D INSULIN SYRINGE U-500 ( <i>insulin syringe/needle u-500</i> )	1	-
TECHLITE INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	OTC
TECHLITE PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
TRUEPLUS INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	OTC
TRUEPLUS PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
<b>RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders</b>		
AEROCHAMBER ( <i>spacer/aerosol-holding chambers</i> )	2	OTC
AEROCHAMBER SUPPLIES ( <i>spacer/aerosol-holding chamber supplies - mouthpieces</i> )	2	-
PEAK FLOW METER ( <i>peak flow meter</i> )	1	OTC
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<b>MIGRAINE COMBINATIONS - Drugs to treat migraine headaches</b>		
<i>ergotamine tartrate/caffeine tab 1MG-100MG</i> (CAFERGOT Equiv)	1	-
MIGERGOT SUPP 2MG-100MG ( <i>ergotamine w/ caffeine</i> )	2	-
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		

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ERGOMAR SL TAB ( <i>ergotamine tartrate sl tab</i> )	3	
<b>SEROTONIN AGONISTS - Drugs to treat migraine headaches</b>		
AMERGE TAB 1MG, 2.5MG ( <i>naratriptan hcl</i> )	3	QL QL= 9 tabs/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML, 6MG/0.5ML ( <i>sumatriptan succinate</i> )	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB 100MG, 25MG, 50MG ( <i>sumatriptan succinate</i> )	3	QL QL= 9 tabs/fill, 2 fills/30 days
MAXALT MLT TAB 10MG, 5MG ( <i>rizatriptan benzoate</i> )	3	QL QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB 10MG, 5MG ( <i>rizatriptan benzoate</i> )	3	QL QL= 12 tabs/fill, 3 fills/60 days
<i>naratriptan tab 1MG, 2.5MG</i> (AMERGE Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i> (IMITREX Equiv)	1	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ( <i>sumatriptan succinate</i> )	2	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days

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<b>MINERALS &amp; ELECTROLYTES - Drugs to treat electrolyte disorders</b>		
<b>CHLORIDE - Drugs to treat electrolyte disorders</b>		
AMMONIUM CHLORIDE INJ ( <i>ammonium chloride</i> )	M	M
<b>FLUORIDE - Drugs to treat mineral deficiency</b>		
FLUORABON SOLN .25MG/DROP, .55MG/0.6ML ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay
FLUOR-A-DAY CHEW TAB .25MG-236.79MG, .5MG-236.79MG, 1MG-236.79MG ( <i>sodium fluoride-xylitol</i> )	1	-
LURIDE SOLN .5MG/ML ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay
LURIDE TAB ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay
SODIUM FLUORIDE LOZENGE 1MG ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay

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176

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

Last Updated 5/5/2020

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SODIUM FLUORIDE TAB .5MG, 1MG (LURIDE Equiv) ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<b>MAGNESIUM - Drugs to treat electrolyte disorders</b>		
<i>magnesium sulfate inj 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML, 50%</i>	M	M
<b>PHOSPHATE - Drugs to treat electrolyte deficiency</b>		
K-PHOS NEUTRAL TAB 130MG-155MG-852MG ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	3	-
K-PHOS TAB 500MG ( <i>potassium phosphate monobasic</i> )	2	-
<i>phospha 250 neutral tab</i> (K-PHOS NEUTRAL Equiv)	1	-
<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
KLOR-CON M15 TAB 15MEQ ( <i>potassium chloride microencapsulated crystals er</i> )	2	-
KLOR-CON POWDER PACKET ( <i>potassium chloride</i> )	3	-
KLOR-CON POWDER PACKET 25MEQ 25MEQ ( <i>potassium chloride</i> )	3	-
K-TAB 20MEQ, 8MEQ ( <i>potassium chloride</i> )	1	-
MICRO-K CAP 10MEQ, 8MEQ ( <i>potassium chloride</i> )	3	-
POT/CHLORIDE EFFER TAB .5GM-.55GM-.91GM-1.5GM ( <i>potassium bicarb &amp; chloride</i> )	1	-

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177

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

Last Updated 5/5/2020

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<i>potassium bicarbonate effer tab 25MEQ, 2GM-2.5GM</i> (K-LYTE Equiv)	1	-
<i>potassium chloride effer tab .7GM-.77GM-1.25GM-1.5GM</i> (K-LYTE/CL Equiv)	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-
<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	1	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	1	-
<i>potassium chloride soln 10%, 20%</i>	1	-
<i>sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%</i>	M	M
<i>GALZIN CAP 25MG, 50MG (zinc acetate (oral))</i>	2	-
<i>zinc sulfate cap 220MG</i>	1	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>DEPEN TITRATAB 250MG (penicillamine)</i>	3	-
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	4	KMSP-PA

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

Last Updated 5/5/2020

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<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<i>everolimus tab 0.25mg, 0.5mg, 0.75mg .25MG, .5MG, .75MG</i> (ZORTRESS Equiv)	4	KMSP-PA
<i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv)	4	-
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		
LOKELMA PAK 10GM, 5GM ( <i>sodium zirconium cyclosilicate</i> )	4	KMSP-PA
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		
BENLYSTA AUTO-INJECTOR 200MG/ML ( <i>belimumab</i> )	4	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ( <i>belimumab</i> )	4	LMSP-PA-QL QL= 4 inj/28 day
<b>MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth</b>		
<b>ANESTHETICS TOPICAL ORAL - Drugs for numbing</b>		
FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM/119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/237ML ( <i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i> )	3	-
LIDOCAINE ORAL SOLN 4% 4% ( <i>lidocaine hcl</i> ( <i>mouth-throat</i> ))	2	-
<i>lidocaine viscous soln 2%</i>	1	-
LTA 360 KIT ( <i>lidocaine hcl</i> ( <i>mouth-throat</i> ))	3	-

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179

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

Last Updated 5/5/2020

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<b>ANTI-INFECTIVES - THROAT - Drugs to treat throat infections</b>		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	1	-
FIRST DUKES MOUTHWASH .06GM/237ML-.525GM/237ML-.6GM/237ML ( <i>diphenhydramine-hydrocortisone-nystatin</i> )	3	-
FIRST MARYS MOUTHWASH .06GM/237ML-.45GM/237ML-1.2GM/237ML-1.5GM/237ML ( <i>diphenhydramine-hydrocortisone-nystatin-tetracycline</i> )	3	-
MYCELEX TROCHES ( <i>clotrimazole</i> )	3	-
<i>nystatin susp 100000UNIT/ML</i>	1	-
ORAVIG TAB 50MG ( <i>miconazole (mouth-throat)</i> )	3	-
<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		
<i>chlorhexidine gluconate soln .12%</i> (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% ( <i>chlorhexidine gluconate (mouth-throat)</i> )	3	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		
PREVIDENT 5000 PLUS CREAM 1.1% ( <i>sodium fluoride (dental)</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay
PREVIDENT GEL 1.1% ( <i>sodium fluoride (dental)</i> )	2	-

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180

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

Last Updated 5/5/2020

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PREVIDENT PASTE 1.1%-5% ( <i>sodium fluoride-potassium nitrate</i> )	2	-
PREVIDENT RINSE .02%, .022%, .2% ( <i>sodium fluoride (dental)</i> )	2	-
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	1	-
<b>STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling</b>		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	1	-
<b>THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat</b>		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	1	-
EVOXAC CAP 30MG ( <i>cevimeline hcl</i> )	3	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	1	-
SALAGEN TAB 5MG, 7.5MG ( <i>pilocarpine hcl (oral)</i> )	3	-
<b>MULTIVITAMINS - Drugs to treat vitamin deficiency</b>		
<b>B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency</b>		

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181

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

Last Updated 5/5/2020

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DIALYVITE TAB ( <i>b-complex w/ c-biotin-e-minerals &amp; folic acid</i> )	1	
DIALYVITE/ZINC TAB ( <i>b-complex w/ c-zn &amp; folic acid</i> )	1	-
DIATZ ZN TAB ( <i>b-complex w/ c-biotin-minerals &amp; folic acid</i> )	3	-
FOLBEE PLUS CZ TAB ( <i>b-complex w/ c-biotin-minerals &amp; folic acid</i> )	1	-
NEPHROCAP ( <i>b-complex w/ c &amp; folic acid</i> )	3	-
<i>renaphro cap</i> (NEPHROCAP Equiv)	1	-
<b>MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency</b>		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	1	-
STROVITE TAB ( <i>multiple vitamins w/ minerals</i> )	3	-
V-C FORTE CAP ( <i>multiple vitamins w/ minerals</i> )	3	-
<b>PED MULTI VITAMINS W/FL &amp; FE - Drugs to treat vitamin deficiency</b>		
ESCAVITE CHEW TAB ( <i>ped multivitamins w/fl &amp; iron</i> )	3	-
<i>pediatric multiple vitamins/fluoride/iron soln</i>	1	-
<b>PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency</b>		
FLORIVA PLUS DROPS ( <i>pediatric multivitamins w/fl</i> )	2	-
<i>pediatric multiple vitamins/fluoride chew tab</i>	1	-
<i>pediatric multiple vitamins/fluoride soln</i>	1	-

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182

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

Last Updated 5/5/2020

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QUFLORA PEDIATRIC CHEW TAB ( <i>pediatric multivitamins w/fl</i> )	3	
<b>PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency</b>		
CONCEPT DHA CAP ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> )	3	-
MYNATAL-Z TAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	3	-
PRENATABS RX TAB ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	3	-
PRENATAL 19 CHEW TAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	3	-
PRENATAL 19 TAB ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	3	-
PRENATAL VITAMINS (NON-PREFERRED) ( <i>prenatal without a w/fe fum-fe polysacch complex-fa-dha</i> )	3	-
VITAFOL STRIPS ( <i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i> )	3	-
VP-PNV-DHA CAP ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	3	-
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>baclofen tab 10mg, 20mg 10MG, 20MG</i>	1	-

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

Last Updated 5/5/2020

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<i>carisoprodol tab 250MG, 350MG</i> (SOMA Equiv)	1	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	1	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	1	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	1	-
<i>cyclobenzaprine tab 7.5mg 7.5MG</i> (FEXMID Equiv)	1	-
FEXMID TAB 7.5MG ( <i>cyclobenzaprine hcl</i> )	3	-
FLEXERIL TAB ( <i>cyclobenzaprine hcl</i> )	3	-
<i>metaxalone tab 800MG</i> (SKELAXIN Equiv)	1	-
METAXALONE TAB 400MG 400MG ( <i>metaxalone</i> )	3	-
<i>methocarbamol tab</i> (ROBAXIN Equiv)	1	-
PARAFON FORTE TAB 500MG ( <i>chlorzoxazone</i> )	3	-
ROBAXIN TAB 500MG, 750MG ( <i>methocarbamol</i> )	3	-
SKELAXIN TAB 800MG ( <i>metaxalone</i> )	3	-
SOMA TAB 250MG, 350MG ( <i>carisoprodol</i> )	3	QL QL=120 tabs/30 days
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG ( <i>tizanidine hcl</i> )	3	-
<b>DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
DANTRIUM CAP 25MG, 50MG ( <i>dantrolene sodium</i> )	3	-
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	1	-
<b>MUSCLE RELAXANT COMBINATIONS - Drugs to treat muscle spasms</b>		

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184

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

Last Updated 5/5/2020

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NORGESIC TAB FORTE 50MG-60MG-770MG <i>(orphenadrine w/ aspirin &amp; caff)</i>	3	-
<i>orphenadrine/aspirin/caffeine tab</i> (NORGESIC FORTE Equiv)	1	-
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<b>NASAL AGENT COMBINATIONS - Drugs to treat allergy symptoms</b>		
<i>azelastine/fluticasone nasal spray</i> 50MCG/ACT-137MCG/ACT (DYMISTA Equiv)	1	PA
DYMISTA SPRAY 50MCG/ACT-137MCG/ACT <i>(azelastine hcl-fluticasone propionate)</i>	3	PA
<b>NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	1	-
<i>olopatadine nasal spray .6%</i> (PATANASE Equiv)	1	-
PATANASE NASAL SPRAY .6% <i>(olopatadine hcl (nasal))</i>	3	-
<b>NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms</b>		
ATROVENT NASAL SPRAY .03%, .06% <i>(ipratropium bromide (nasal))</i>	3	-
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	1	-
<b>NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms</b>		

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185

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

Last Updated 5/5/2020

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BECONASE AQ NASAL SPRAY 42MCG/SPRAY ( <i>beclomethasone diprop monohyd</i> )	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT ( <i>triamcinolone acetonide (nasal)</i> )	1	OTC-QL QL= 2 bottles/fill
<i>triamcinolone nasal spray 55MCG/ACT</i> (NASACORT Equiv)	1	QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	1	OTC-QL QL= 2 bottles/fill
ZETONNA NASAL SPRAY 37MCG/ACT ( <i>ciclesonide (nasal)</i> )	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone
<b>SYMPATHOMIMETIC DECONGESTANTS - Drugs to treat sinus congestion</b>		
TYZINE NASAL SOLN .05% ( <i>tetrahydrozoline hcl</i> )	3	-
<b>NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles</b>		
<b>ALS AGENTS - Drugs to treat ALS</b>		
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	1	-
<b>NUTRIENTS - Drugs to treat nutrient disorders</b>		
<b>LIPIDS - Drugs to treat nutrient disorders</b>		
LIQUIGEN ( <i>medium chain triglycerides</i> )	2	OTC-PA

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186

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ST	Step Therapy	VAC	Vaccine Program		

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

Last Updated 5/5/2020

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MCT OIL ( <i>medium chain triglycerides</i> )	2	
<b>MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances</b>		
CREATINE PACKET 5000MG ( <i>creatine</i> )	2	OTC-PA
<b>PROTEINS - Drugs to treat nutrient disorders</b>		
CITRULLINE PACKET ( <i>citrulline</i> )	2	OTC-PA
<i>phlexy-10 tab</i>	1	OTC-PA
<i>pro-stat liquid</i>	1	OTC-PA
<b>OPHTHALMIC AGENTS - Drugs to treat eye conditions</b>		
<b>BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma</b>		
BETAGAN OPTH SOLN .5% ( <i>levobunolol hcl</i> )	3	-
COMBIGAN OPTH SOLN .2%-.5% ( <i>brimonidine tartrate-timolol maleate</i> )	2	-
COSOPT OPTH SOLN 6.8MG/ML-22.3MG/ML ( <i>dorzolamide hcl-timolol maleate</i> )	3	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	1	-
<i>levobunolol ophth soln .5%</i>	1	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	1	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	1	-
<i>timolol maleate ophth soln 0.5% .5%</i> (ISTALOL Equiv)	1	-

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

Last Updated 5/5/2020

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TIMOLOL OPHTH GEL SOLN .25%, .5% ( <i>timolol maleate (ophth)</i> )	2	-
TIMOPTIC OCUDOSE OPHTH SOLN .25%, .5% ( <i>timolol maleate (ophth)</i> )	3	-
TIMOPTIC OPHTH SOLN .25%, .5% ( <i>timolol maleate (ophth)</i> )	3	-
TIMOPTIC-XE OPHTH GEL .25% ( <i>timolol maleate (ophth)</i> )	3	-
<b>CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions</b>		
<i>atropine ophth oint 1%</i>	1	-
<i>atropine ophth soln</i> (ISOPTO ATROPINE Equiv)	1	-
CYCLOGYL OPHTH SOLN .5%, 1%, 2% ( <i>cyclopentolate hcl</i> )	3	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ( <i>cyclopentolate w/ phenylephrine</i> )	2	-
<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	1	-
<i>homatropine ophth soln 5%</i> (ISOPTO HOMATROPINE Equiv)	1	-
ISOPTO ATROPINE OPHTH SOLN ( <i>atropine sulfate (ophthalmic)</i> )	3	-
ISOPTO HYOSCINE OPHTH SOLN ( <i>scopolamine hbr (ophth)</i> )	2	-
MYDRIACYL OPHTH SOLN ( <i>tropicamide ophth soln</i> )	3	-

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

Last Updated 5/5/2020

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<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	1	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	1	-
<b>MIOTICS - Drugs to treat eye conditions</b>		
ISOPTO CARBACHOL OPHTH SOLN ( <i>carbachol (ophth)</i> )	2	-
ISOPTO CARPINE OPHTH SOLN 1%, 2%, 4% ( <i>pilocarpine hcl</i> )	3	-
PHOSPHOLINE OPHTH SOLN .125% ( <i>echothiophate iodide</i> )	2	-
<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	1	-
PILOPINE HS OPHTH GEL ( <i>pilocarpine hcl</i> )	3	-
<b>OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions</b>		
ALPHAGAN P OPHTH SOLN 0.1% .1% ( <i>brimonidine tartrate</i> )	2	-
ALPHAGAN P OPHTH SOLN 0.15% .15% ( <i>brimonidine tartrate</i> )	3	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	1	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	1	-
<i>brimonidine ophth soln 0.2% .2%</i>	1	-
IOPIDINE OPHTH SOLN .5% ( <i>apraclonidine hcl</i> )	3	-
IOPIDINE OPHTH SOLN 1% 1% ( <i>apraclonidine hcl</i> )	2	-

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

Last Updated 5/5/2020

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SIMBRINZA OPHTH SUSP .2%-1% <i>(brinzolamide-brimonidine tartrate)</i>	2	-
<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% <i>(azithromycin (ophth))</i>	2	-
BACITRACIN OPHTH OINT 500UNIT/GM <i>(bacitracin (ophthalmic))</i>	2	-
<i>bacitracin/neomycin/polymyxin b ophth oint</i> <b>3.5MG/GM-400UNIT/GM-10000UNIT/GM,</b> <b>5MG/GM-400UNIT/GM-10000UNIT/GM</b> (NEOSPORIN Equiv)	1	-
<i>bacitracin/polymyxin b ophth oint</i> <b>500UNIT/GM-10000UNIT/GM</b> (POLYSPORIN Equiv)	1	-
BLEPH-10 OPHTH SOLN 10% <i>(sulfacetamide sodium (ophth))</i>	3	-
CILOXAN OPHTH OINT .3% <i>(ciprofloxacin hcl (ophth))</i>	3	-
CILOXAN OPHTH SOLN .3% <i>(ciprofloxacin hcl (ophth))</i>	3	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	1	-
<i>erythromycin ophth oint 5MG/GM</i>	1	-
<i>gatifloxacin ophth soln .5%</i> (ZYMAXID Equiv)	1	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA

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190

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

Last Updated 5/5/2020

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GENTAK OPHTH OINT .3% ( <i>gentamicin sulfate (ophth)</i> )	1	-
<i>gentamicin ophth oint .3%</i> (GARAMYCIN Equiv)	1	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	1	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	1	-
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	1	-
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-gramicidin</i> )	1	-
NEOSPORIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-gramicidin</i> )	3	-
OCUFLOX OPHTH SOLN .3% ( <i>ofloxacin (ophth)</i> )	3	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	1	-
<i>polymyxin b/trimethoprim ophth soln .1% -10000UNIT/ML</i> (POLYTRIM Equiv)	1	-
POLYTRIM OPHTH SOLN .1%-10000UNIT/ML ( <i>polymyxin b-trimethoprim</i> )	3	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	1	-
<i>tobramycin ophth soln</i> (TOBEX Equiv)	1	-
TOBEX OPHTH OINT ( <i>tobramycin sulfate (ophth)</i> )	3	-
TOBEX OPHTH SOLN ( <i>tobramycin sulfate (ophth)</i> )	3	-

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

Last Updated 5/5/2020

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<i>trifluridine ophth soln 1%</i>	1	-
VIGAMOX OPHTH SOLN .5% ( <i>moxifloxacin hcl (ophth)</i> )	3	-
VIROPTIC OPHTH SOLN 1% ( <i>trifluridine</i> )	3	-
ZIRGAN OPHTH GEL .15% ( <i>ganciclovir ophthalmic</i> )	2	-
ZYMAXID OPHTH SOLN .5% ( <i>gatifloxacin (ophth)</i> )	3	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
<b>OPHTHALMIC DECONGESTANTS - Drugs to treat eye conditions</b>		
MYDFRIN OPHTH SOLN ( <i>phenylephrine hcl (ophth)</i> )	3	-
<i>naphazoline ophth soln</i>	1	-
<b>OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes</b>		
RESTASIS OPHTH EMULSION .05% ( <i>cyclosporine (ophth)</i> )	2	RS Restricted to Ophthalmology or Optometry Specialist
<b>OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing</b>		
ALCAINE OPHTH SOLN .5% ( <i>proparacaine hcl</i> )	3	-
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	1	-
<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		
ALREX OPHTH SUSP .2%, .5% ( <i>loteprednol etabonate</i> )	2	-

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192

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

Last Updated 5/5/2020

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<i>bacitracin/polymyxin/neomycin/hydrocortisone ophthalmic oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	1	-
BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% ( <i>sulfacetamide sod-prednisolone</i> )	3	-
CORTISPORIN OPHTH SOLN ( <i>neomycin-polymyxin-hc (ophth)</i> )	3	-
<i>dexamethasone ophthalmic soln</i>	1	-
DUREZOL OPHTH EMULSION .05% ( <i>difluprednate</i> )	2	-
FLAREX OPHTH SUSP .1% ( <i>fluorometholone acetate</i> )	3	-
<i>fluorometholone ophthalmic soln .1%</i> (FML LIQUIFILM Equiv)	1	-
FML FORTE OPHTH SUSP .25% ( <i>fluorometholone (ophth)</i> )	3	-
FML LIQUIFILM OPHTH SUSP .1% ( <i>fluorometholone (ophth)</i> )	3	-
FML S.O.P. OPHTH OINT .1% ( <i>fluorometholone (ophth)</i> )	3	-
LOTEMAX OPHTH GEL .5% ( <i>loteprednol etabonate</i> )	2	-
LOTEMAX OPHTH OINT .5% ( <i>loteprednol etabonate</i> )	2	-
LOTEMAX OPHTH SUSP .5% ( <i>loteprednol etabonate</i> )	3	-

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193

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

Last Updated 5/5/2020

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<i>loteprednol ophth susp .5%</i> (LOTEMAX Equiv)	1	-
MAXIDEX OPHTH SOLN .1%, 9% ( <i>dexamethasone ophth</i> )	2	-
MAXITROL OPHTH OINT .1% -3.5MG/GM-10000UNIT/GM ( <i>neomycin-polymy-dexameth</i> )	3	-
MAXITROL OPHTH SUSP .1% -3.5MG/ML-10000UNIT/ML ( <i>neomycin-polymy-dexameth</i> )	3	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1%</i> -3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1%</i> -3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/hydrocortisone ophth soln</i> (CORTISPORIN Equiv)	1	-
PRED FORTE OPHTH SUSP 1% ( <i>prednisolone acetate ophth</i> )	3	-
PRED MILD OPHTH SOLN .12% ( <i>prednisolone acetate ophth</i> )	2	-
PRED-G OPHTH SOLN .3%-1% ( <i>gentamicin-prednisolone acetate</i> )	2	-
PREDNISOLONE OPHTH SUSP 1% ( <i>prednisolone acetate ophth</i> )	1	-

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194

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Last Updated 5/5/2020

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PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ( <i>prednisolone sodium phosphate (ophth)</i> )	2	-
<i>sulfacetamide sodium/prednisolone ophth soln .23% -10%</i> (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% ( <i>sulfacetamide sod-prednisolone</i> )	1	-
TOBRADEX OPHTH OINT .1%-.3% ( <i>tobramycin-dexamethasone</i> )	2	-
TOBRADEX OPHTH SOLN .1%-.3% ( <i>tobramycin-dexamethasone</i> )	3	-
TOBRADEX ST OPHTH SUSP ( <i>tobramycin-dexamethasone ophth susp</i> )	3	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	1	-
VEXOL OPHTH SUSP 1% ( <i>rimexolone</i> )	2	-
ZYLET OPHTH SUSP .3%-.5% ( <i>loteprednol etabonate-tobramycin</i> )	2	QL QL= 5ml/fill (10ml bottle is Not Covered)
<b>OPHTHALMICS - MISC. - Miscellaneous eye agents</b>		
ACULAR (LS) OPHTH SOLN .4%, .5% ( <i>ketorolac tromethamine (ophth)</i> )	3	-
ACUVAIL OPHTH SOLN .45% ( <i>ketorolac tromethamine (ophth)</i> )	3	-
ALAMAST OPHTH SOLN ( <i>pemirolast potassium</i> )	2	-

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195

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

Last Updated 5/5/2020

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ALOCRILOPHTH SOLN 2% ( <i>nedocromil sodium (ophth)</i> )	2	-
ALOMIDOPHTH SOLN .1% ( <i>lodoxamide tromethamine</i> )	2	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	1	-
AZOPTOPHTH SUSP 1% ( <i>brinzolamide</i> )	2	-
BEPREVEOPHTH SOLN 1.5% ( <i>bepotastine besilate</i> )	3	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	1	-
BROMFENACOPHTH SOLN 0.09% (TWICE DAILY) .09% ( <i>bromfenac sodium (ophth)</i> )	1	-
CROLOMOPHTH SOLN ( <i>cromolyn sodium (ophth)</i> )	3	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-
CYSTARANOPHTH SOLN .44% ( <i>cysteamine hcl</i> )	4	LD-PA-QL QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	1	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	1	-
ELESTATOPHTH SOLN .05% ( <i>epinastine hcl (ophth)</i> )	3	-
EMADINEOPHTH SOLN .05% ( <i>emedastine difumarate</i> )	3	-
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-
<i>flurbiprofen ophth soln .03%</i> (OCUFEN Equiv)	1	-
ILEVROOPHTH SUSP .3% ( <i>nepafenac</i> )	2	-

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	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	VAC	Vaccine Program		

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-
<i>ketotifen ophth soln .025%</i> (ZADITOR Equiv)	1	OTC OTC covered only
LASTACAFT OPHTH SOLN .25% ( <i>alcaftadine</i> )	3	QL QL= 3ml/30 days
NEVANAC OPHTH SUSP .1% ( <i>nepafenac</i> )	2	-
OCUFEN OPHTH SOLN .03% ( <i>flurbiprofen sodium</i> )	3	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	1	-
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	1	QL QL= 2.5ml/30 days
OPTIVAR OPHTH SOLN ( <i>azelastine hcl (ophth)</i> )	3	-
PATANOL OPHTH SOLN .1% ( <i>olopatadine hcl</i> )	3	-
PROLENSA OPHTH SOLN .07% ( <i>bromfenac sodium (ophth)</i> )	2	-
TRUSOPT OPHTH SOLN 2% ( <i>dorzolamide hcl</i> )	3	-
VOLTAREN OPTH SOLN ( <i>diclofenac sodium (ophth)</i> )	3	-
<b>PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>bimatoprost ophth soln .03%</i>	1	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% ( <i>bimatoprost</i> )	2	QL QL= 2.5ml/30 days

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197

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

Last Updated 5/5/2020

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TRAVATAN Z DROPS .004% ( <i>travoprost</i> )	3	QL QL= 2.5ml/30 days
<i>travoprost ophth soln .004%</i> (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days
XALATAN OPHTH SOLN .005% ( <i>latanoprost</i> )	3	QL QL= 2.5ml/30 days
<b>OTIC AGENTS - Drugs to treat ear infection</b>		
<b>OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents</b>		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	1	-
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN 2% ( <i>acetic acid-aluminum acetate</i> )	1	-
CRESYLATE OTIC SOLN ( <i>cresyl acetate</i> )	3	-
VOSOL OTIC SOLN ( <i>acetic acid (otic)</i> )	3	-
<b>OTIC ANTI-INFECTIVES - Drugs to treat ear infections</b>		
CIPROFLOXACIN OTIC SOLN .2% ( <i>ciprofloxacin hcl (otic)</i> )	2	-
<i>ofloxacin otic soln .3%</i> (FLOXIN Equiv)	1	-
<b>OTIC COMBINATIONS - Drugs to treat ear conditions</b>		
CIPRO HC OTIC SUSP .2%-1% ( <i>ciprofloxacin-hydrocortisone</i> )	3	-
CIPRODEX OTIC SUSP .1%-.3% ( <i>ciprofloxacin-dexamethasone</i> )	2	-

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198

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

Last Updated 5/5/2020

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COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ( <i>neomycin-colistin-hc-thonzonium</i> )	2	-
CORTANE-B AQUEOUS OTIC SOLN 1MG/ML-10MG/ML ( <i>pramoxine-hc-chloroxylonol aqueous</i> )	3	-
CORTISPORIN OTIC SOLN ( <i>neomycin-polymyxin-hc (otic)</i> )	3	-
<i>neomycin/polymixin/hydrocortisone otic soln 1% -3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
<i>neomycin/polymixin/hydrocortisone otic susp 1% -3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
OTOZIN OTIC DROPS ( <i>antipyrine-benzocaine-glycerin-zinc acetate</i> )	3	-
<i>pramoxine-HC AQ otic soln</i> (CORTANE-B AQUEOUS Equiv)	1	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
ACETASOL HC OTIC SOLN ( <i>hydrocortisone w/acetic acid</i> )	3	-
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% ( <i>fluocinolone acetonide (otic)</i> )	3	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	1	-

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199

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

Last Updated 5/5/2020

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VOSOL HC OTIC SOLN ( <i>hydrocortisone w/acetic acid</i> )	3	
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	1	QL QL= 28 tabs/fill, 1 fill/365 days
<b>PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
GAMASTAN INJ ( <i>immune globulin (human) im</i> )	M	M
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM ( <i>immune globulin (human) iv</i> )	M	M
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML ( <i>immune globulin (human) subcutaneous</i> )	3	KMSP
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	3	KMSP
<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
<i>amoxicillin chew tab</i> (AMOXIL Equiv)	1	-
AMOXICILLIN CHEW TAB 250MG 125MG, 250MG ( <i>amoxicillin</i> )	1	-

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
<i>ampicillin cap 250MG, 500MG</i>	1	-
<i>ampicillin susp 125MG/5ML, 250MG/5ML</i> (PRINCIPEN Equiv)	1	-
<b>NATURAL PENICILLINS - Drugs to treat bacterial infections</b>		
PENICILLIN G PROCAINE INJ 600000UNIT/ML ( <i>penicillin g procaine</i> )	M	M
PENICILLIN G SODIUM INJ 5000000UNIT ( <i>penicillin g sodium</i> )	M	M
<i>penicillin vk soln 125MG/5ML, 250MG/5ML</i>	1	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	1	-
<i>pfizerpen g inj 2000000UNIT, 5000000UNIT</i> (PFIZERPEN G Equiv)	M	M
<b>PENICILLIN COMBINATIONS - Drugs to treat bacterial infections</b>		
<i>amoxicillin/clavulanate chew tab</i> (AUGMENTIN Equiv)	1	-
<i>amoxicillin/clavulanate ER tab 62.5MG-1000MG</i> (AUGMENTIN XR Equiv)	1	-

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

Last Updated 5/5/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>amoxicillin/clavulanate susp</i> 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML (AUGMENTIN ES Equiv)	1	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg</i> 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i>	M	M
AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
AUGMENTIN TAB 125MG-500MG, 125MG-875MG ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
AUGMENTIN XR TAB 62.5MG-1000MG ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
<i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i>	M	M
TIMENTIN INJ ( <i>ticarcillin &amp; pot clavulanate</i> )	M	M

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202

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EXC Plan Exclusion	INF Infertility	KMSP Kroger Mandatory Specialty Pharmacy Program
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	ONC Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC Over-the-Counter
PA Prior Authorization	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	VAC Vaccine Program	

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

Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections</b>		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	1	-
<i>nafcillin inj 10GM, 1GM, 2GM</i>	M	M
<i>oxacillin inj 10GM, 1GM, 2GM</i>	M	M
<b>PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects</b>		
<b>SEMI SOLID VEHICLES - Miscellaneous compounding ingredients</b>		
POLYETHYLENE GLYCOL 8000 GRANULES ( <i>polyethylene glycol 8000</i> )	2	-
<b>PROGESTINS - Drugs to replace female hormones</b>		
<b>PROGESTINS - Drugs used for contraception</b>		
AYGESTIN TAB 5MG ( <i>norethindrone acetate</i> )	3	-
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	4	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG ( <i>progesterone micronized</i> )	3	-
PROVERA TAB 10MG, 2.5MG, 5MG ( <i>medroxyprogesterone acetate</i> )	3	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions</b>		

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

Last Updated 5/5/2020

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<b>AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency</b>		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
ANTABUSE TAB 250MG, 500MG ( <i>disulfiram</i> )	3	-
CAMPRAL TAB ( <i>acamprosate calcium</i> )	3	-
<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	1	-
<b>ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders</b>		
XYREM SOLN 500MG/ML ( <i>sodium oxybate</i> )	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
<b>ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss</b>		
ARICEPT ODT ( <i>donepezil hydrochloride</i> )	3	QL QL= 1 tab/day
ARICEPT TAB 10MG, 5MG ( <i>donepezil hydrochloride</i> )	3	QL QL= 2 tabs/day
ARICEPT TAB 23MG 23MG ( <i>donepezil hydrochloride</i> )	3	QL-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 2 tabs/day

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Last Updated 5/5/2020

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<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	1	QL-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
EXELON CAP 1.5MG, 3MG, 4.5MG, 6MG ( <i>rivastigmine tartrate</i> )	3	-
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR ( <i>rivastigmine</i> )	3	ST Step Therapy requires trial of rivastigmine cap
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	1	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	1	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
NAMENDA SOL 10MG/5ML ( <i>memantine hcl</i> )	3	-
NAMENDA TAB 10MG, 5MG ( <i>memantine hcl</i> )	3	-
RAZADYNE ER CAP 16MG, 24MG, 8MG ( <i>galantamine hydrobromide</i> )	3	-
RAZADYNE TAB 12MG, 4MG, 8MG ( <i>galantamine hydrobromide</i> )	3	-

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

Last Updated 5/5/2020

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<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
<b>COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses</b>		
<i>chlordiazepoxide/amitriptyline tab</i> (LIMBITROL Equiv)	1	-
LIMBITROL TAB ( <i>chlordiazepoxide-amitriptyline</i> )	3	-
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	1	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG ( <i>perphenazine-amitriptyline</i> )	1	-
SYMBYAX CAP 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG ( <i>olanzapine-fluoxetine hcl</i> )	3	-
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK ( <i>milnacipran hcl</i> )	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ( <i>milnacipran hcl</i> )	2	QL QL= 2 tabs/day
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		

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206

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

Last Updated 5/5/2020

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INGREZZA CAP 40MG, 80MG ( <i>valbenazine tosylate</i> )	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	4	LMSP-PA
<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		
AUBAGIO TAB 14MG, 7MG ( <i>teriflunomide</i> )	4	LMSP
AVONEX INJ 30MCG/0.5ML ( <i>interferon beta-1a</i> )	4	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
EXTAVIA INJ .3MG ( <i>interferon beta-1b</i> )	4	MSP
GILENYA CAP .25MG, .5MG ( <i>fingolimod hcl</i> )	4	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	4	LMSP
MAYZENT TAB .25MG, 2MG ( <i>siponimod fumarate</i> )	4	LMSP
MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	4	LMSP
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	LMSP
TECFIDERA CAP 120MG, 240MG ( <i>dimethyl fumarate</i> )	4	LMSP
TECFIDERA STARTER PACK ( <i>dimethyl fumarate</i> )	4	LMSP

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207

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

Last Updated 5/5/2020

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

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

Last Updated 5/5/2020

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NICOTROL NASAL SPRAY 10MG/ML ( <i>nicotine</i> )	\$0	SMKG
ZYBAN TAB 150MG ( <i>bupropion hcl (smoking deterrent)</i> )	\$0	SMKG
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis</b>		
TEGSEDI INJ 284MG/1.5ML ( <i>inotersen sodium</i> )	4	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 888-773-7376
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
KALYDECO PAK 25MG, 50MG, 75MG ( <i>ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 2 packets/day
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG ( <i>lumacaftor-ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ( <i>lumacaftor-ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 4 tabs/day
PULMOZYME INH SOLN 1MG/ML ( <i>dornase alfa</i> )	4	KMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ( <i>tezacaftor-ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 2 tabs/day
<b>PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis</b>		
ESBRIET CAP 267MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 9 caps/day

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209

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

Last Updated 5/5/2020

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ESBRIET TAB 267MG 267MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG ( <i>nintedanib esylate</i> )	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Walgreens 888-347-3416
<b>SULFONAMIDES - Drugs to treat bacterial infections</b>		
<b>SULFONAMIDES - Drugs to treat infection</b>		
SULFADIAZINE TAB 500MG ( <i>sulfadiazine</i> )	1	-
<b>TETRACYCLINES - Drugs to treat bacterial infections</b>		
<b>TETRACYCLINES - Drugs to treat infections</b>		
ADOXA TAB 100MG, 50MG, 75MG ( <i>doxycycline (monohydrate)</i> )	3	-
<i>demeclocycline tab 150MG, 300MG</i> (DECLOMYCIN Equiv)	1	-
DORYX TAB 50MG ( <i>doxycycline hyclate</i> )	3	-
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	1	-
DOXYCYCLINE HYCLATE DR CAP ( <i>doxycycline hyclate</i> )	3	-
<i>doxycycline hyclate DR tab 100MG, 150MG, 50MG, 75MG</i> (DORYX Equiv)	1	-

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210

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Last Updated 5/5/2020

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<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	1	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate cap 150mg 150MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate cap 75mg 75MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	1	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	1	-
DYNACIN TAB ( <i>minocycline hcl</i> )	3	-
MINOCIN CAP 100MG, 50MG, 75MG ( <i>minocycline hcl</i> )	3	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	1	-
<i>minocycline tab 100MG, 50MG, 75MG</i> (DYNACIN Equiv)	1	-
MONODOX CAP 100MG, 75MG ( <i>doxycycline monohydrate</i> )	3	-
ORAXYL CAP ( <i>doxycycline hyclate</i> )	3	-
<i>tetracycline cap 250MG, 500MG</i>	1	-

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

Last Updated 5/5/2020

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VIBRAMYCIN CAP 100MG ( <i>doxycycline hyclate</i> )	3	-
VIBRAMYCIN SUSP 25MG/5ML ( <i>doxycycline (monohydrate)</i> )	3	-
VIBRAMYCIN SYRUP 50MG/5ML ( <i>doxycycline calcium</i> )	3	-
<b>THYROID AGENTS - Drugs to regulate thyroid hormones</b>		
<b>ANTITHYROID AGENTS - Drugs to treat high thyroid level</b>		
<i>methimazole tab</i> (TAPAZOLE Equiv)	1	-
<i>propylthiouracil tab 50MG</i>	1	-
TAPAZOLE TAB 10MG, 5MG ( <i>methimazole</i> )	3	-
<b>THYROID HORMONES - Drugs to regulate thyroid hormones</b>		
ARMOUR THYROID TAB, NATURE THROID TAB 120MG, 15MG, 30MG, 60MG, 90MG ( <i>thyroid</i> )	1	-
CYTOMEL TAB 25MCG, 50MCG, 5MCG ( <i>liothyronine sodium</i> )	3	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	1	-
<i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG</i> (ARMOUR THYROID, NATURE THROID Equiv)	1	-
SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG ( <i>levothyroxine sodium</i> )	1	-

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212

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THYROLAR TAB 120MG, 15MG, 180MG, 30MG, 60MG ( <i>liotrix (t3-t4)</i> )	2	-
<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
ANASPAZ ODT .125MG ( <i>hyoscyamine sulfate</i> )	3	-
BENTYL CAP 10MG ( <i>dicyclomine hcl</i> )	3	-
BENTYL SYRUP ( <i>dicyclomine hcl</i> )	3	-
BENTYL TAB 20MG ( <i>dicyclomine hcl</i> )	3	-
CANTIL TAB ( <i>mepenzolate bromide</i> )	3	-
CUVPOSA SOLN 1MG/5ML ( <i>glycopyrrolate</i> )	4	MSP
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	1	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	1	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-
DONNATAL EXTENTABS ( <i>phenobarbital-hyoscyamine-atropine-scopolamine</i> )	2	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	1	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv)	1	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate soln .125MG/ML</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate SR cap</i> (LEVSINEX Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-

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LEVBID TAB .375MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSIN SL TAB .125MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSIN TAB .125MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSINEX CAP ( <i>hyoscyamine sulfate</i> )	3	-
<i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv)	1	-
PAMINE TAB ( <i>methscopolamine bromide</i> )	3	-
PROPANTHELINE TAB 15MG ( <i>propantheline bromide</i> )	2	-
ROBINUL TAB 1MG, 2MG ( <i>glycopyrrolate</i> )	3	-
SYMAX DUOTAB .375MG ( <i>hyoscyamine sulfate</i> )	3	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	1	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	1	-
<i>nizatidine cap 150MG, 300MG</i> (AXID Equiv)	1	-
PEPCID SUSP 40MG/5ML ( <i>famotidine</i> )	3	-
PEPCID TAB 10MG, 20MG, 40MG ( <i>famotidine</i> )	3	-
<i>ranitidine syrup 150MG/10ML, 15MG/ML, 75MG/5ML</i> (ZANTAC Equiv)	1	-
<i>ranitidine tab (Rx Only)</i> (ZANTAC Equiv)	1	-
ZANTAC EFFER TAB ( <i>ranitidine hcl</i> )	3	-
ZANTAC GRANULE PACKET ( <i>ranitidine hcl</i> )	3	-
ZANTAC SYRUP ( <i>ranitidine hcl</i> )	3	-
ZANTAC TAB 150MG, 300MG, 75MG ( <i>ranitidine hcl</i> )	3	-

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<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
CARAFATE TAB 1GM ( <i>sucralfate</i> )	3	-
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	1	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
FIRST OMEPRAZOLE SUSP 2MG/ML ( <i>omeprazole</i> )	3	-
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	1	OTC
LANSOPRAZOLE SUSP 3MG/ML ( <i>lansoprazole</i> )	3	-
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	1	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	1	-
PREVACID OTC CAP ( <i>lansoprazole</i> )	1	OTC
<b>ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions</b>		
CYTOTEC TAB 100MCG, 200MCG ( <i>misoprostol</i> )	3	-
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
<b>ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>lansoprazole/amoxicillin/clarithromycin kit 30MG-500MG</i> (PREVPAC Equiv)	1	-
PREVPAC KIT 30MG-500MG ( <i>amoxicillin-clarithromycin w/ lansoprazole</i> )	3	-
PYLERA CAP 125MG-140MG ( <i>bismuth subcitrate potassium-metronidazole-tetracycline</i> )	3	-
ZEGERID CAP OTC 20MG-1100MG ( <i>omeprazole-sodium bicarbonate</i> )	1	OTC

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215

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

Last Updated 5/5/2020

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<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
METHSCOPOLAMINE TAB 2.5MG, 5MG <i>(methscopolamine bromide)</i>	3	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
CARAFATE SUSP 1GM/10ML <i>(sucralfate)</i>	3	-
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	1	-
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
<b>URINARY ANTI-INFECTIVE COMBINATIONS - Drugs to treat bladder/kidney infections</b>		
UROQID #2 TAB <i>(methenamine mandelate-sodium phosphate monobasic)</i>	3	-
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
HIPREX TAB 1GM <i>(methenamine hippurate)</i>	3	-
MACROBID CAP 100MG <i>(nitrofurantoin monohydrate macro)</i>	3	-
MACRODANTIN CAP 100MG, 50MG <i>(nitrofurantoin macrocrystal)</i>	3	-
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	1	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	1	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	1	-
<b>URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms</b>		

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216

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Last Updated 5/5/2020

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<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms</b>		
<i>darifenacin SR tab 15MG, 7.5MG</i> (ENABLEX Equiv)	1	PA
DETROL LA CAP 2MG, 4MG ( <i>tolterodine tartrate</i> )	3	-
DETROL TAB 1MG, 2MG ( <i>tolterodine tartrate</i> )	3	-
DITROPAN XL TAB 10MG, 15MG, 5MG ( <i>oxybutynin chloride</i> )	3	-
ENABLEX TAB 15MG, 7.5MG ( <i>darifenacin hydrobromide</i> )	3	PA
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	1	-
<i>oxybutynin syrup 5MG/5ML</i>	1	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	1	-
OXYTROL PATCH (OTC) 3.9MG/24HR ( <i>oxybutynin</i> )	1	OTC
SANCTURA TAB ( <i>trospium chloride</i> )	3	-
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	1	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	1	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	1	-
<i>trospium chloride SR cap 60MG</i> (SANCTURA XR Equiv)	1	PA
<i>trospium tab 20MG</i> (SANCTURA Equiv)	1	-
VESICARE TAB 10MG, 5MG ( <i>solifenacin succinate</i> )	3	-
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms</b>		

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217

NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	KMSP Kroger Mandatory Specialty Pharmacy Program
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	ONC Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC Over-the-Counter
PA Prior Authorization	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	VAC Vaccine Program	

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

Last Updated 5/5/2020

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MYRBETRIQ TAB 25MG, 50MG ( <i>mirabegron</i> )	2	-
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention</b>		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	1	-
URECHOLINE TAB 10MG, 25MG, 50MG, 5MG ( <i>bethanechol chloride</i> )	3	-
<b>VACCINES - Drugs to prevent infection</b>		
<b>BACTERIAL VACCINES - Drugs to prevent infection</b>		
PNEUMOVAX INJ 25MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	\$0	VAC
PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	\$0	PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.
VIVOTIF CAP ( <i>typhoid vaccine</i> )	2	QL-VAC QL= 4 caps/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
AFLURIA INJ ( <i>influenza virus vaccine split preservative free</i> )	\$0	VAC
AFLURIA INJ, FLUZONE INJ ( <i>influenza virus vaccine split</i> )	\$0	VAC
FLUAD INJ ( <i>influenza virus vaccine types a &amp; b surface antigen adjuvant</i> )	\$0	VAC

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218

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

Last Updated 5/5/2020

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
FLUAD QUAD INJ .5ML ( <i>influenza virus vacc types a &amp; b surf antigen adjuvant quad</i> )	\$0	VAC
FLUBLOK INJ ( <i>influenza virus vaccine recombinant hemagglutinin (ha)</i> )	\$0	VAC
FLUBLOK QUAD PF INJ ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i> )	\$0	VAC
FLUCELVAX INJ ( <i>influenza virus vaccine tissue-cultured subunit</i> )	\$0	VAC
FLUCELVAX QUAD INJ ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	\$0	VAC
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC
FLUMIST QUADRIVALENT NASAL SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	\$0	VAC
FLUVIRIN INJ ( <i>influenza virus vaccine types a &amp; b surface antigen</i> )	\$0	VAC
FLUVIRIN PF INJ ( <i>influenza virus vaccine types a &amp; b preservative free</i> )	\$0	VAC
FLUZONE HIGH DOSE PF INJ ( <i>influenza virus vaccine split high-dose preservative free</i> )	\$0	VAC
FLUZONE INTRADERMAL INJ ( <i>influenza virus vaccine split</i> )	\$0	VAC
FLUZONE QUADRIVALENT INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC

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

Last Updated 5/5/2020

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FLUZONE/FLUARIX QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	
<b>VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders</b>		
ACIDIC VAGINAL JELLY ( <i>acetic acid vaginal</i> )	2	-
FEM PH GEL .025%-.9% ( <i>acetic acid-oxyquinoline vaginal</i> )	3	-
<b>SPERMICIDES - Drugs to prevent pregnancy</b>		
CONCEPTROL GEL 4% ( <i>nonoxynol-9</i> )	\$0	OTC
CONTRACEPTIVE FILM 28% ( <i>nonoxynol-9</i> )	\$0	OTC
CONTRACEPTIVE FOAM 12.5% ( <i>nonoxynol-9</i> )	\$0	OTC
CONTRACEPTIVE GEL 2%, 3% ( <i>nonoxynol-9</i> )	\$0	OTC
CONTRACEPTIVE SUPP 100MG ( <i>nonoxynol-9</i> )	\$0	OTC
TODAY SPONGE 1000MG ( <i>nonoxynol-9</i> )	\$0	OTC
<i>vcf vaginal gel 4%</i> (CONCEPTROL Equiv)	\$0	OTC
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
AVC VAGINAL CREAM 15% ( <i>sulfanilamide vaginal</i> )	2	-
CLEOCIN VAGINAL CREAM 2% ( <i>clindamycin phosphate vaginal</i> )	3	-
CLEOCIN VAGINAL SUPP 100MG ( <i>clindamycin phosphate vaginal</i> )	3	-
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	1	-

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

Last Updated 5/5/2020

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CLINDESSE VAGINAL CREAM 2% ( <i>clindamycin phosphate (one dose)</i> )	3	-
METROGEL VAGINAL GEL .75% ( <i>metronidazole vaginal</i> )	3	-
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	1	-
MICONAZOLE 3 SUPP 200MG 200MG ( <i>miconazole nitrate vaginal</i> )	3	-
NYSTATIN VAGINAL TAB ( <i>nystatin vaginal</i> )	1	-
TERAZOL CREAM .4%, .8% ( <i>terconazole vaginal</i> )	3	-
TERAZOL SUPP ( <i>terconazole vaginal</i> )	3	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% .8% ( <i>terconazole vaginal</i> )	1	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	1	-
<b>VAGINAL ESTROGENS - Drugs to treat low hormones</b>		
ESTRACE VAGINAL CREAM .1MG/GM ( <i>estradiol vaginal</i> )	3	-
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	1	-
<i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv)	1	QL QL= 8 tabs/28 days (18 tabs on first fill)
ESTRING 2MG ( <i>estradiol vaginal</i> )	2	-
FEMRING .05MG/24HR, .1MG/24HR ( <i>estradiol acetate vaginal</i> )	3	3 copays per Rx

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

Last Updated 5/5/2020

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PREMARIN VAGINAL CREAM .625MG/GM <i>(estrogens, conjugated vaginal)</i>	2	-
VAGIFEM TAB 10MCG <i>(estradiol vaginal)</i>	3	QL QL= 8 tabs/28 days (18 tabs on first fill)
<b>VAGINAL PROGESTINS - Drugs to treat low hormones</b>		
CRINONE GEL 4%, 8% <i>(progesterone (vaginal))</i>	2	PA
ENDOMETRIN INSERT 100MG <i>(progesterone (vaginal))</i>	2	PA
PROGESTERONE SUPP 100MG, 200MG, 25MG, 400MG, 50MG <i>(progesterone (vaginal))</i>	3	PA
<b>VASOPRESSORS - Drugs to treat heart and circulation conditions</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions</b>		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML (EPIPEN (JR) Equiv)</i>	1	QL QL= 2 inj/fill
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML <i>(epinephrine (anaphylaxis))</i>	1	QL QL= 2 inj/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
<i>midodrine tab 10MG, 2.5MG, 5MG (PROAMATINE Equiv)</i>	1	-
PROAMATINE TAB <i>(midodrine hcl)</i>	3	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency</b>		

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222

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Last Updated 5/5/2020

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PRENATAL VITAMINS (NON-PREFERRED) <i>(prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)</i>	3	
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	1	-
<b>OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>cholecalciferol cap 50000 unit 1.25MG, 50000UNIT</i>	1	OTC
DRISDOL CAP 50000UNIT <i>(ergocalciferol)</i>	3	-
MEPHYTON TAB 5MG <i>(phytonadione)</i>	3	-
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	1	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	1	Rx covered Only
<i>vitamin D cap 1000unit 1000UNIT, 25MCG</i>	\$0	OTC Covered for members 65 years or older
<i>vitamin D cap 400unit 400UNIT</i>	\$0	OTC Covered for members 65 years or older
VITAMIN D TAB 400UNIT 400UNIT <i>(ergocalciferol)</i>	\$0	OTC Covered for members 65 years or older
<b>WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>niacin cap</i>	1	OTC
<i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv)	1	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	1	OTC
NIACIN TR TAB 1000MG <i>(niacin)</i>	1	OTC

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

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ALPHABETICAL LISTING OF DRUGS

<b>Other</b>		ACCU-CHEK NANO	172	ACTEMRA ACTPEN INJ	7
8-MOP CAP	131	METER		ACTEMRA SC INJ	7
<b>A</b>		ACCU-CHEK	142	ACTIGALL CAP	156
abacavir soln	96	SMARTVIEW TEST		ACTIMMUNE INJ	88
abacavir tab	96	STRIP		ACTIQ LOZENGE	11
abacavir/lamivudine tab	96	ACCU-CHEK TEST STRIP	142	ACTIVELLA TAB	152
abacavir/lamivudine/zidovu	96	ACCUNEB NEB SOLN	27	ACTONEL TAB	147
dine tab		ACCUPRIL TAB	64	ACTOPLUS MET XR TAB	45
ABILIFY DISCMELT	95	ACCURETIC TAB	67	ACTOS TAB	52
ABILIFY SOLN	95	acebutolol cap	106	ACULAR (LS) OPHTH	195
ABILIFY TAB	95	acetaminophen/codeine	15	SOLN	
abiraterone tab 250mg	80	soln		ACUVAIL OPHTH SOLN	195
ABSTRAL SL TAB	11	acetaminophen/codeine tab	15	acyclovir cap	103
acamprosate calcium DR	204	ACETASOL HC OTIC	199	acyclovir cream	133
tab		SOLN		acyclovir oint	133
acarbose tab	44	acetazolamide ER cap	144	acyclovir susp	103
ACCOLATE TAB	26	acetazolamide tab	144	acyclovir tab	103
ACCU-CHEK AVIVA	172	acetic acid otic soln	198	ADAGEN INJ	108
PLUS METER		ACETIC	198	ADALAT CC TAB	108
ACCU-CHEK AVIVA	142	ACID/ALUMINUM		adapalene cream	125
PLUS TEST STRIP		ACETATE OTIC SOLN		adapalene gel	125
ACCU-CHEK GUIDE	172	acetic acid/hydrocortisone	199	adapalene/benzoyl	125
CARE METER		otic soln		peroxide gel 0.1-2.5%	
ACCU-CHEK GUIDE ME	172	acetylcysteine soln	124	ADDERALL TAB	1
KIT		ACIDIC VAGINAL JELLY	220	ADDERALL XR CAP	1
ACCU-CHEK GUIDE	142	acitretin cap	131	adefovir dipivoxil tab	102
TEST STRIP		ACLOVATE CREAM	133	ADEMPAS TAB	113
		ACLOVATE OINT	133	ADIPEX-P CAP	2

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## ALPHABETICAL LISTING OF DRUGS

ADIPEX-P TAB	2	albuterol sulfate tab	28	ALOGLIPTIN-METFORM	45
ADMELOG INJ, INSULIN LISPRO INJ	48	albuterol/ipratropium neb soln	28	IN TAB	
ADMELOG SOLOSTAR INJ, INSULIN LISPRO	49	ALCAINE OPHTH SOLN	192	ALOGLIPTIN-PIOGLITA ZONE TAB	45
KWIKPEN INJ (JUNIOR)		alclometasone cream	133	ALOMIDE OPHTH SOLN	196
ADOXA TAB	210	alclometasone oint	133	ALORA PATCH	153
ADVAIR DISKUS INHALER	28	ALCOHOL SWABS	173	alosepron tab	157
ADVAIR HFA INHALER	28	ALDACTAZIDE TAB	144	ALPHAGAN P OPHTH SOLN 0.1%	189
AEROCHAMBER	174	ALDACTAZIDE TAB	144	ALPHAGAN P OPHTH SOLN 0.15%	189
AEROCHAMBER SUPPLIES	174	ALDACTONE TAB	146	alprazolam tab	23
AFINITOR DISPERZ	82	ALDARA CREAM	139	ALREX OPHTH SUSP	192
AFINITOR TAB 10MG	78	ALDURAZYME INJ	149	ALTACE CAP	64
AFLURIA INJ	218	ALECENSA CAP	82	ALTACE TAB	64
AFLURIA INJ, FLUZONE INJ	218	ALENDRONATE SOLN	147	ALTOPREV TAB	62
AGRYLIN CAP	162	alendronate tab	147	aluminum chloride soln	140
AKNE-MYCIN OINT	125	ALENDRONATE TAB	147	ALUNBRIG TAB 30MG	82
AKYNZEO CAP	56	40MG		ALUNBRIG TAB 90MG, 180MG	82
ALAMAST OPHTH SOLN	195	ALFERON-N INJ	89	amantadine cap	89
ALBATUSIN LIQUID	122	alfuzosin SR tab	160	amantadine syrup	90
albendazole tab	20	ALINIA SUSP	73	amantadine tab	90
ALBENZA TAB	20	ALINIA TAB	73	AMARYL TAB	52
albuterol neb soln	28	aliskiren tab	71	AMBIEN TAB	168
albuterol sulfate ER tab	28	ALKERAN TAB	78	ambrisentan tab	112
albuterol sulfate syrup	28	ALLEGRA ODT	59	AMERGE TAB	175
		allopurinol tab	161	amethyst tab	116
		ALOCRILOPHTH SOLN	196		
		ALOGLIPTIN TAB	47		

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226

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## ALPHABETICAL LISTING OF DRUGS

AMICAR SOLN	167	amoxicillin cap	200	ANDROGEL 1% 50MG,	18
AMICAR SYRUP	167	amoxicillin chew tab	200	TESTIM GEL 1%	
AMICAR TAB	167	AMOXICILLIN CHEW	200	ANDROGEL 1.62%	18
amikacin inj	5	TAB 250MG		1.25GM	
amiloride tab	146	amoxicillin susp	201	ANDROGEL 1.62%	18
amiloride/hydrochlorothia	145	amoxicillin tab	201	2.5GM	
zide tab		amoxicillin/clavulanate	201	ANDROGEL PUMP 1%	18
aminocaproic acid soln	167	chew tab		ANDROGEL PUMP	18
aminocaproic acid syrup	167	amoxicillin/clavulanate ER	201	1.62%	
aminocaproic acid tab	167	tab		ANDROID CAP,	18
aminophylline tab	30	amoxicillin/clavulanate	202	TESTRED CAP	
amiodarone tab	25	susp		ANDROXY TAB	18
amitriptyline tab	43	amoxicillin/clavulanate tab	202	ANGELIQ TAB	152
amlodipine tab	108	500-125mg, 875-125mg		ANORO ELLIPTA	28
amlodipine/atorvastatin tab	111	amphetamine/dextroamphe	1	INHALER	
amlodipine/benazepril cap	67	tamine tab		ANTABUSE TAB	204
amlodipine/olmesartan tab	67	AMPICILLIN CAP	201	ANUSOL-HC CREAM	20
amlodipine/valsartan tab	67	ampicillin susp	201	ANZEMET TAB	55
amlodipine/valsartan/hydro	68	ampicillin/sulbactam inj	202	APIDRA INJ	49
chlorothiazide tab		AMTURNIDE TAB	68	APIDRA SOLOSTAR INJ	49
AMMONIUM CHLORIDE	176	ANADROL TAB	17	APOKYN INJ	90
INJ		ANAFRANIL CAP	43	apraclonidine ophth soln	189
ammonium lactate cream	138	anagrelide cap	162	aprepitant pak	56
ammonium lactate lotion	138	ANASPAZ ODT	213	APTIVUS CAP	96
amnesteem cap, claravis	125	anastrozole tab	80	APTIVUS SOLN	96
cap, isotretinoin cap,		ANCOBON CAP	57	ARALEN TAB	76
myorisan cap, zenatane cap		ANDRODERM PATCH	17	aranelle tab	116
AMOXAPINE TAB	43	ANDROGEL 1% 25MG	17	ARANESP INJ	164

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227

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## ALPHABETICAL LISTING OF DRUGS

ARAVA TAB	9	atenolol/chlorthalidone tab	68	AVANDIA TAB	52
ARICEPT ODT	204	ATIVAN TAB	23	AVAPRO TAB	65
ARICEPT TAB	204	atomoxetine cap	2	AVC VAGINAL CREAM	220
ARICEPT TAB 23MG	204	atorvastatin tab 10mg	62	AVELOX TAB	154
ARIMIDEX TAB	80	atorvastatin tab 20mg	62	aviane tab	116
aripiprazole ODT	95	atorvastatin tab 40mg	62	AVINZA CAP	11
aripiprazole soln	96	atorvastatin tab 80mg	62	AVODART CAP	160
aripiprazole tab	96	atovaquone susp	73	AVONEX INJ	207
ARIXTRA INJ	31	atovaquone/proguanil tab	75	AXIRON SOLN	18
armodafinil tab	3	ATRALIN GEL, RETIN-A	125	AYGESTIN TAB	203
ARMOUR THYROID	212	GEL		AZASITE SOLN	190
TAB, NATURE THROID		ATRIPLA TAB	97	azathioprine tab	104
TAB		atropine ophth oint	188	azelaic acid gel	140
ARNUITY ELLIPTA	27	atropine ophth soln	188	azelastine nasal spray 0.1%	185
INHALER		ATROVENT HFA	25	azelastine ophth soln	196
AROMASIN TAB	80	INHALER		azelastine/fluticasone	185
ARTHROTEC TAB	7	ATROVENT NASAL	185	nasal spray	
ASMANEX HFA	27	SPRAY		AZILECT TAB	91
INHALER		AUBAGIO TAB	207	azithromycin susp	171
ASMANEX INHALER	27	AUGMENTIN ES-600	202	azithromycin tab	171
aspirin chew tab 81mg	10	SUSP		AZOPT OPHTH SUSP	196
aspirin ec tab 325mg	10	AUGMENTIN SUSP	202	AZOR TAB	68
aspirin ec tab 81mg	10	AUGMENTIN TAB	202	AZULFIDINE EN TAB	157
aspirin tab 325mg	11	AUGMENTIN XR TAB	202	AZULFIDINE TAB	157
ASPIRIN TAB 81MG	11	AURYXIA TAB	158		
atazanavir cap	96	AVALIDE TAB	68	<b>B</b>	
ATELVIA TAB	147	AVANDAMET TAB	45	BACITRACIN OPHTH	190
atenolol tab	106	AVANDARYL TAB	45	OINT	

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## ALPHABETICAL LISTING OF DRUGS

bacitracin/neomycin/poly myxin b ophth oint	190	BENICAR HCT TAB	68	betamethasone	134
bacitracin/polymyxin b ophth oint	190	BENLYSTA	179	dipropionate oint	
bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	193	AUTO-INJECTOR		betamethasone valerate cream	134
baclofen tab 10mg, 20mg	183	BENLYSTA INJ	179	betamethasone valerate lotion	134
BACTRIM DS TAB	73	BENTYL CAP	213	betamethasone valerate oint	
BACTROBAN OINT	128	BENTYL SYRUP	213	BETAPACE AF TAB	107
balsalazide cap	157	BENTYL TAB	213	BETAPACE TAB	107
BALVERSA TAB 3MG	82	BENZACLIN GEL	125	bethanechol tab	218
BALVERSA TAB 4MG	82	BENZAMYCIN GEL	125	bexarotene cap	89
BALVERSA TAB 5MG	82	BENZNIDAZOLE TAB	20	BIAXIN SUSP	171
BANZEL SUSP	33	benzonatate cap 100mg, 200mg	121	BIAXIN TAB	171
BANZEL TAB	33	benztropine tab	89	BIAXIN XL TAB	171
BAQSIMI NASAL POWDER	47	BEPREVE OPHTH SOLN	196	bicalutamide tab	80
BASAGLAR INJ	49	BETAGAN OPHTH SOLN	187	BIKTARVY TAB	97
B-D AUTOSHIELD DUO PEN NEEDLE	174	betamethasone augmented cream	133	BILTRICIDE TAB	20
B-D INSULIN SYRINGE U-500	174	betamethasone augmented gel	133	bimatoprost ophth soln	197
BECONASE AQ NASAL SPRAY	186	betamethasone augmented lotion	134	bisoprolol tab	106
benazepril tab	64	betamethasone augmented oint	134	bisoprolol/hydrochlorothiazide tab	68
benazepril/hydrochlorothiazide tab	68	betamethasone dipropionate cream	134	BLEPH-10 OPHTH SOLN	190
		betamethasone dipropionate lotion	134	BLEPHAMIDE S.O.P. OPHTH OINT	193
				BONIVA TAB 150MG	147
				bosentan tab	112
				BOSULIF TAB	82

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229

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## ALPHABETICAL LISTING OF DRUGS

BRAFTOVI CAP 50MG	83	buprenorphine/naloxone	17	calcipotriene oint	131
BRAFTOVI CAP 75MG	83	SL tab		calcipotriene soln	131
BREO ELLIPTA	28	bupropion ER tab	39	calcipotriene/betamethaso	134
INHALER		bupropion SR tab	208	ne oint	
BRILINTA TAB	162	bupropion tab	39	CALCIPOTRIENE/BETA	134
brimonidine ophth soln	189	bupropion XL tab	39	METHASONE SUSP,	
0.15%		BUSPAR TAB	22	TACLONEX SCALP	
brimonidine ophth soln	189	bupirone tab	22	SUSP	
0.2%		busulfan inj	78	calcitonin nasal spray	147
bromfenac ophth soln	196	BUSULFEX INJ	78	calcitriol cap	150
BROMFENAC OPHTH	196	BUTISOL ELIXIR	167	CALCITRIOL OINT	132
SOLN 0.09% (TWICE		BUTISOL TAB	168	calcitriol soln	150
DAILY)		butorphanol nasal spray	17	calcium acetate cap	158
bromocriptine cap	90	BUTRANS PATCH	17	CALIBRATION LIQUID	158
bromocriptine tab	90	BYDUREON BCISE	48	CALQUENCE CAP	83
BRONCOPECTOL	122	AUTO INJ		CAMPRAL TAB	204
SYRUP		BYDUREON INJ	48	CANTIL TAB	213
BROVANA NEB SOLN	29	BYDUREON PEN INJ	48	capecitabine tab	79
BROVEX PEB LIQUID	122	BYETTA INJ	48	CAPEX SHAMPOO	134
budesonide ER tab	120	BYSTOLIC TAB	106	CAPITAL/CODEINE	15
budesonide inh susp	27			SUSP	
budesonide SR cap	120	<b>C</b>		CAPRELSA TAB	83
bumetanide tab	145	cabergoline tab	152	captopril tab	64
buprenorphine patch	16	CABLIVI INJ KIT	162	CAPTOPRIL/HYDROCHL	68
buprenorphine SL tab	16	CABOMETYX TAB	83	OROTHIAZIDE TAB	
buprenorphine/naloxone sl	17	CADUET TAB	111	CARAFATE SUSP	216
film		CALAN SR TAB	108	CARAFATE TAB	215
		CALAN TAB	108	CARBAGLU TAB	150
		calcipotriene cream	131		

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## ALPHABETICAL LISTING OF DRUGS

carbamazepine chew tab	33	CATAPRES TAB	66	CELEXA TAB	40
carbamazepine ER cap	33	CATAPRES-TTS PATCH	66	CELONTIN CAP	38
carbamazepine ER tab	33	CAVERJECT INJ	111	CENESTIN TAB	153
carbamazepine susp	33	CAYSTON INH SOLN	74	CENTANY OINT	128
carbamazepine tab	33	CEDAX CAP	115	cephalexin cap	114
CARBATROL CAP	33	CEDAX SUSP	115	cephalexin susp	114
carbidopa tab	89	cefaclor cap	114	CERDELGA CAP	163
carbidopa/levodopa ER tab	90	CEFACTOR ER TAB	114	CEREZYME INJ	163
carbidopa/levodopa ODT	90	CEFACTOR SUSP	114	CERVICAL CAP	172
carbidopa/levodopa tab	90	cefazolin inj	114	CESAMET CAP	56
CARBIDOPA/LEVODOP	90	CEFAZOLIN INJ	114	cesia tab	116
A/ENTACAPONE TAB		cefdinir cap	115	cevimeline cap	181
CARBINOXAMINE SOLN	58	cefdinir susp	115	CHANTIX PAK	208
CARBINOXAMINE TAB	59	CEFDITOREN TAB	115	CHANTIX TAB	208
CARDENE SR CAP	108	cefixime cap	115	CHEMET CAP	54
CARDIZEM CD CAP	108	cefixime susp	115	chlordiazepoxide cap	23
CARDIZEM TAB	108	cefotaxime inj	115	chlordiazepoxide/amitripty	206
CARDURA TAB	66	cefoxitin inj	114	line tab	
CARDURA XL TAB	160	cefpodoxime proxetil susp	115	chlorhexidine gluconate	180
carisoprodol tab	184	cefpodoxime proxetil tab	115	soln	
CARMOL-HC CREAM	134	CEFTIN SUSP	114	chloroquine tab	76
CARNITOR SOLN	150	CEFTIN TAB	114	chlorothiazide tab	146
CARNITOR TAB	150	ceftriaxone inj	115	chlorpheniramine ER cap	58
carvedilol phosphate ER	106	cefuroxime susp	114	chlorpromazine tab	95
cap		cefuroxime tab	115	chlorpropamide tab	52
carvedilol tab	106	CELEBREX CAP	7	CHLORTHALIDONE TAB	146
CASODEX TAB	80	celecoxib cap	7	chlorzoxazone tab 500mg	184
CATAFLAM TAB	7	CELEXA SOLN	40	CHOLBAM CAP	156

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231

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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## ALPHABETICAL LISTING OF DRUGS

cholecalciferol cap 50000 unit	223	CIPRO TAB	155	CLEOCIN VAGINAL SUPP	220
cholestyramine lite powder	60	CIPRO XR TAB	155	CLEOCIN-T GEL	125
cholestyramine lite powder pack	60	CIPRODEX OTIC SUSP	198	CLEOCIN-T LOTION	126
cholestyramine powder	60	CIPROFLOXACIN 100MG TAB	155	CLEOCIN-T PAD	126
cholestyramine powder pack	60	CIPROFLOXACIN ER TAB	155	CLEOCIN-T SOLN	126
choline magnesium trisalicylate tab	11	ciprofloxacin ophth soln	190	CLIMARA PATCH	153
CHROMAGEN FA TAB	165	CIPROFLOXACIN OTIC SOLN	198	CLIMARA PRO PATCH	153
ciclopirox cream	128	ciprofloxacin susp	155	clindamycin cap	74
ciclopirox gel	128	ciprofloxacin tab	155	clindamycin gel	126
ciclopirox nail soln	128	citalopram soln	40	clindamycin lotion	126
ciclopirox shampoo	128	citalopram tab	40	clindamycin pad	126
ciclopirox topical susp	128	CITRULLINE PACKET	187	clindamycin soln	74
cilostazol tab	162	CLARINEX REDITAB	59	clindamycin topical soln	126
CILOXAN OPHTH OINT	190	CLARINEX SYRUP	59	clindamycin vaginal cream	220
CILOXAN OPHTH SOLN	190	CLARINEX TAB	59	clindamycin/benzoyl peroxide gel	126
CIMDUO TAB	97	CLARINEX-D TAB	122	clindamycin/tretinoin gel	126
CIMZIA INJ	157	clarithromycin ER tab	171	CLINDESSE VAGINAL CREAM	221
CIMZIA STARTER INJ KIT	157	clarithromycin susp	171	CLINORIL TAB	7
cinacalcet tab	150	clarithromycin tab	171	clobazam tab	32
CINRYZE INJ	162	clemastine syrup	59	clobetasol foam	134
CIPRO HC OTIC SUSP	198	CLENPIQ SOLN	169	clobetasol lotion	134
CIPRO SUSP 5%	155	CLEOCIN CAP	74	clobetasol propionate cream	134
		CLEOCIN SOLN	74	clobetasol propionate emollient cream	135
		CLEOCIN VAGINAL CREAM	220		

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## ALPHABETICAL LISTING OF DRUGS

clobetasol propionate gel	135	CLOZAPINE ODT,	93	COMETRIQ KIT	83
clobetasol propionate oint	135	FAZACLO ODT		COMPLERA TAB	97
clobetasol propionate soln	135	clozapine tab	93	COMTAN TAB	89
clobetasol shampoo	135	CLOZARIL TAB	94	CONCEPT DHA CAP	183
clobetasol spray	135	COARTEM TAB	75	CONCEPTROL GEL	220
CLOBEX LOTION	135	codeine sulfate tab 60mg	11	CONCERTA TAB,	3
CLOBEX SHAMPOO	135	codeine sulfate tablet	11	RITALIN SR TAB	
CLOBEX SPRAY	135	15mg, 30mg		CONDYLOX GEL	139
CLOCORTOLONE	135	COLAZAL CAP	157	CONDYLOX SOLN	139
CREAM		colchicine tab	161	CONTRACEPTIVE FILM	220
CLODERM CREAM	135	colchicine/probenecid tab	161	CONTRACEPTIVE FOAM	220
clomipramine cap	43	colesevelam pack	61	CONTRACEPTIVE GEL	220
clonazepam ODT	32	colesevelam tab	61	CONTRACEPTIVE SUPP	220
clonazepam tab	32	COLESTID GRANULE	61	CONTRAVE TAB	2
clonidine patch	66	COLESTID POWDER	61	COPEGUS TAB	102
clonidine tab	66	PACK		COPIKTRA CAP	83
clopidogrel tab 75mg	162	COLESTID TAB	61	CORDARONE TAB	25
clotrimazole troches	180	colestipol granule	61	COREG CR CAP	106
clotrimazole/betamethason	128	colestipol powder packet	61	COREG TAB	106
e cream		colestipol tab	61	CORGARD TAB	107
clotrimazole/betamethason	129	COLY-MYCIN S OTIC	199	CORLANOR TAB	113
e lotion		SUSP		CORTANE-B AQUEOUS	199
CLOZAPINE ODT	93	COMBIGAN OPHTH	187	OTIC SOLN	
CLOZAPINE ODT	93	SOLN		CORTEF TAB	120
12.5MG		COMBIPATCH	153	CORTENEMA	20
clozapine ODT 25mg,	93	COMBIVENT INHALER	29	CORTISPORIN CREAM	128
100mg		COMBIVENT RESPIMAT	29	CORTISPORIN OINT	128
		INHALER			

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ALPHABETICAL LISTING OF DRUGS

CORTISPORIN OPHTH SOLN	193	CROTAN LOTION	141	CYSTARAN OPHTH SOLN	196
CORTISPORIN OTIC SOLN	199	cryselle tab	116	CYTOMEL TAB	212
CORZIDE TAB	69	CUTIVATE CREAM	135	CYTOTEC TAB	215
CORZIDE TAB 80-5MG	69	CUTIVATE OINT	135	CYTRA-3 SYRUP	159
COSENTYX INJ (1-PACK)	132	CUVPOSA SOLN	213		
COSENTYX INJ (2-PACK)	132	cyanocobalamin inj	163	<b>D</b>	
COSOPT OPHTH SOLN	187	CYCLESSA TAB	116	dalfampridine ER tab	207
COTELLIC TAB	83	cyclobenzaprine tab 10mg	184	danazol cap	18
COUMADIN TAB	31	cyclobenzaprine tab 5mg	184	DANTRIUM CAP	184
COVERA-HS TAB	108	cyclobenzaprine tab 7.5mg	184	dantrolene cap	184
COZAAR TAB	65	CYCLOGYL OPHTH SOLN	188	dapsone tab	74
CPM CAP	58	CYCLOMYDRIL OPHTH SOLN	188	darifenacin SR tab	217
CREATINE PACKET 5000MG	187	cyclopentolate ophth soln	188	DAYPRO TAB	7
CREON CAP	144	CYCLOPHOSPHAMIDE CAP	78	DAYTRANA PATCH	3
CRESTOR TAB	62	cyclophosphamide tab	78	DAZIDOX TAB	11
CRESTOR TAB 20MG	62	CYCLOSET TAB	48	DDAVP INJ	151
CRESYLATE OTIC SOLN	198	cyclosporine cap	104	DDAVP NASAL SOLN	151
CRINONE GEL	222	cyclosporine modified cap	105	DDAVP NASAL SPRAY	151
CRIXIVAN CAP	97	cyclosporine modified soln	105	DDAVP TAB	151
CROLOM OPHTH SOLN	196	CYKLOKAPRON INJ	167	DECON-A ELIXIR	122
cromolyn conc	156	cyproheptadine syrup	59	DECON-A LIQUID	122
cromolyn neb soln	25	cyproheptadine tab	60	deferasirox tab	54
cromolyn ophth soln	196	CYSTAGON CAP	160	deferasirox tab 90mg, 360mg	54
				DELSTRIGO TAB	97
				DEMADEX TAB	145
				demeclocycline tab	210
				DEMEROL TAB	12

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## ALPHABETICAL LISTING OF DRUGS

DENAVIR CREAM	133	desoximetasone cream	135	DIASTAT RECTAL GEL,	33
DEPAKENE CAP	38	desoximetasone gel	135	DIAZEPAM RECTAL	
DEPAKENE SYRUP	38	desoximetasone oint	135	GEL	
DEPAKOTE ER TAB	38	desvenlafaxine ER tab	42	DIATZ ZN TAB	182
DEPAKOTE SPRINKLE	38	DETROL LA CAP	217	diazepam conc	23
CAP		DETROL TAB	217	DIAZEPAM SOLN	23
DEPAKOTE TAB	38	DEXAMETHASONE	120	diazepam tab 2mg, 10mg	23
DEPEN TITRATAB	178	CONC		diazepam tab 5mg	23
DEPO-PROVERA INJ	119	dexamethasone elixir	120	diazoxide susp	47
DEPO-PROVERA SC INJ	119	dexamethasone ophth soln	193	DIBENZYLINE CAP	65
104MG		dexamethasone tab	120	diclofenac gel	130
DEPO-TESTOSTERONE	18	DEXEDRINE CAP	1	diclofenac gel 1%	130
INJ		dexmethylphenidate ER	3	DICLOFENAC PATCH,	130
DERMA-SMOOTH/FS	135	cap		FLECTOR PATCH	
OIL		dexmethylphenidate tab	3	diclofenac potassium tab	7
DERMATOP CREAM	135	dextroamphetamine ER	1	diclofenac sodium EC tab	7
DERMATOP OINT	135	cap		diclofenac sodium ophth	196
DERMOTIC OIL	199	dextroamphetamine soln	1	soln	
DESCOVY TAB	97	dextroamphetamine tab	1	diclofenac sodium XR tab	7
desipramine tab	43	DIABETA TAB	52	diclofenac/misoprostol	7
DESLORATADINE ODT	59	DIACOMIT CAP	33	DR tab	
desloratadine tab	59	DIACOMIT POWDER	33	dicloxacillin cap	203
desmopressin acetate inj	151	PACK		dicyclomine cap	213
desmopressin acetate nasal	151	DIALYVITE TAB	181	dicyclomine soln	213
spray		DIALYVITE/ZINC TAB	182	dicyclomine tab	213
desmopressin acetate tab	151	DIAMOX SEQUEL CAP	144	didanosine DR cap	97
desmopressin nasal soln	151	DIAPHRAGM	172	DIFFERIN CREAM	126
DESOGEN TAB	116			DIFFERIN GEL	126

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

235

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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## ALPHABETICAL LISTING OF DRUGS

DIFICID TAB	172	disulfiram tab	204	DOXEPIN CREAM,	131
DIFLUCAN SUSP	57	DITROPAN XL TAB	217	PRUDOXIN CREAM,	
DIFLUCAN TAB	57	DIURIL SUSP	146	ZONALON CREAM	
digoxin soln	110	divalproex ER tab	38	doxercalciferol cap	150
digoxin tab	110	divalproex sodium DR tab	38	doxycycline hyclate cap	210
DILANTIN CAP 100MG	37	divalproex sprinkle cap	38	DOXYCYCLINE	210
DILANTIN CAP 30MG	37	DIVIGEL GEL, ELESTRIN	154	HYCLATE DR CAP	
DILANTIN INFATABS	37	GEL		doxycycline hyclate DR	210
DILANTIN SUSP	37	dofetilide cap	25	tab	
DILATRATE SR CAP	21	DOLOPHINE TAB	12	doxycycline hyclate tab	211
DILAUDID TAB 2MG	12	donepezil ODT	204	doxycycline monohydrate	211
DILAUDID TAB 4MG	12	donepezil tab	204	cap 100mg	
DILAUDID TAB 8MG	12	donepezil tab 23mg	205	doxycycline monohydrate	211
DILTIAZEM CAP	109	DONNATAL	213	cap 150mg	
diltiazem ER cap	109	EXTENTABS		doxycycline monohydrate	211
diltiazem tab	109	DOPTELET TAB	164	cap 50mg	
DIOVAN HCT TAB	69	DORIBAX INJ	73	doxycycline monohydrate	211
DIOVAN TAB	65	DORIPENEM INJ	73	cap 75mg	
DIPENTUM CAP	157	DORYX TAB	210	doxycycline monohydrate	211
diphenhydramine cap	59	dorzolamide ophth soln	196	tab	
50mg		dorzolamide/timolol ophth	187	doxycycline susp	211
diphenhydramine inj	59	soln		D-PENAMINE TAB	104
diphenoxylate/atropine tab	53	DOVATO TAB	97	DRISDOL CAP	223
DIPROLENE AF CREAM	136	DOVONEX CREAM	132	DRITHO-SCALP CREAM	132
DIPROLENE LOTION	136	DOVONEX SOLN	132	dronabinol cap	56
DIPROLENE OINT	136	doxazosin tab	66	DROXIA CAP	163
dipyridamole tab	163	doxepin cap	43	DRYSOL SOLN	140
disopyramide cap	24	doxepin conc	43	DUAC CS KIT	126

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236

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ALPHABETICAL LISTING OF DRUGS

DUAC GEL	126	ELIDEL CREAM	139	ENJUVIA TAB	154
DULERA INHALER	29	ELIMITE CREAM	141	enoxaparin inj	32
duloxetine EC cap	42	ELIQUIS TAB, ELIQUIS	31	enpresse tab	116
DUONEB NEB SOLN	29	STARTER PACK		entacapone tab	89
DUPIXENT INJ	138	ELIXOPHYLLIN ELIXIR	30	entecavir tab	102
DURAGESIC PATCH	12	ELLA TAB	119	EPANED PREMIXED	64
DUREZOL OPHTH	193	ELMIRON CAP	160	SOLN	
EMULSION		ELOCON CREAM	136	EPANED SOLN	64
dutasteride cap	160	ELOCON OINT	136	EPIDUO FORTE GEL	126
DYAZIDE CAP	145	ELOCON SOLN	136	EPIDUO GEL 0.1-2.5%	126
DYMISTA SPRAY	185	EMADINE OPHTH SOLN	196	EPIFOAM AEROSOL	136
DYNACIN TAB	211	EMCYT CAP	80	epinastine ophth soln	196
DYNACIRC CR TAB	109	EMEND CAP	56	epinephrine pen inj	222
<b>E</b>		EMLA CREAM	139	0.15mg, 0.3mg	
econazole cream	129	EMSAM PATCH	39	EPIVIR HBV SOLN	102
EDARBI TAB	65	EMTRIVA CAP	97	eplerenone tab	72
EDARBYCLOR TAB	69	EMTRIVA SOLN	98	EPOGEN INJ	164
EDECIN TAB	145	EMVERM TAB	21	EQUETRO CAP	92
EDEX INJ	111	ENABLEX TAB	217	ERGOLOID MESYLATES	208
EDURANT TAB	97	enalapril tab	64	TAB	
efavirenz cap	97	enalapril/hydrochlorothiazide tab	69	ERGOMAR SL TAB	174
efavirenz tab	97	ENBREL INJ 25MG	10	ergotamine	174
EFFEXOR TAB	42	ENBREL INJ 50MG	10	tartrate/caffeine tab	
EFFEXOR XR CAP	42	ENBREL MINI INJ	10	ERIVEDGE CAP	79
EFFIENT TAB	163	ENBREL SURECLICK	10	ERLEADA TAB	80
EFUDEX CREAM	130	INJ 50MG		erlotinib tab	83
ELDEPYRL CAP	91	ENDOMETRIN INSERT	222	ertapenem inj	73
ELESTAT OPHTH SOLN	196			ERY PAD	127

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ALPHABETICAL LISTING OF DRUGS

erythromycin DR cap	171	estradiol vaginal tab,	221	EXELDERM SOLN,	129
erythromycin	171	yuvafem vaginal tab		SULCONAZOLE SOLN	
ethylsuccinate susp		estradiol valerate inj	154	EXELON CAP	205
ERYTHROMYCIN	171	estradiol/norethindrone tab	153	EXELON PATCH	205
ETHYLSUCCINATE TAB		ESTRASORB EMULSION	154	exemestane tab	80
erythromycin gel	127	ESTRING	221	EXFORGE HCT TAB	69
erythromycin ophth oint	190	ESTROSTEP FE TAB	116	EXFORGE TAB	69
erythromycin pad	127	eszopiclone tab	168	EXTAVIA INJ	207
erythromycin soln	127	ethacrynic tab	145	ezetimibe tab	63
erythromycin stearate tab	172	ethambutol tab	77	ezetimibe/simvastatin tab	60
erythromycin tab	172	ethosuximide cap	38	<b>F</b>	
erythromycin/benzoyl	127	ethosuximide soln	38	FABRAZYME INJ	150
peroxide gel		etodolac cap	8	famciclovir tab	103
erythromycin/sulfisoxazol	73	etodolac ER tab	8	famotidine susp	214
e susp		etodolac tab	8	famotidine tab	214
ESBRIET CAP	209	etoposide cap	78	FAMVIR TAB	103
ESBRIET TAB 267MG	210	EURAX CREAM	141	FANAPT TAB	92
ESBRIET TAB 801MG	210	EURAX LOTION	141	FANAPT TITRATION	92
ESCAVITE CHEW TAB	182	EVAMIST SPRAY	154	PACK	
escitalopram soln	40	everolimus tab	84	FANSIDAR TAB	75
escitalopram tab	40	everolimus tab 0.25mg,	179	FARESTON TAB	80
estazolam tab	168	0.5mg, 0.75mg		FARYDAK CAP	84
ESTRACE TAB	154	EVISTA TAB	149	FASENRA PEN INJ	25
ESTRACE VAGINAL	221	EVOTAZ TAB	98	FAZACLO ODT 12.5MG,	94
CREAM		EVOXAC CAP	181	25MG, 100MG	
estradiol cream	221	EXELDERM CREAM,	129	febuxostat tab	161
estradiol patch	154	SULCONAZOLE CREAM		felbamate susp	36
estradiol tab	154	EXELDERM SOLN	129	felbamate tab	36

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## ALPHABETICAL LISTING OF DRUGS

FELBATOL SUSP	37	FERROUS SULFATE	166	FIRVANQ SOLN	74
FELBATOL TAB	37	LIQUID		FLAGYL ER TAB	72
FELDENE CAP	8	ferrous sulfate soln	166	FLAGYL TAB	72
felodipine ER tab	109	FERROUS SULFATE	166	FLAREX OPHTH SUSP	193
FEM PH GEL	220	SYRUP		flecainide tab	24
FEMALE CONDOMS	172	FETZIMA CAP	42	FLEXERIL TAB	184
FEMARA TAB	80	FETZIMA TITRATION	42	FLOMAX CAP	160
FEMCON FE CHEW TAB	116	PACK		FLORIVA PLUS DROPS	182
FEMHRT TAB	153	FEXMID TAB	184	FLOVENT DISKUS	27
FEMRING	221	FIASP FLEXTOUCH INJ	49	INHALER	
fenofibrate cap 67mg,	61	FIASP INJ	49	FLOVENT HFA INHALER	27
134mg, 200mg		FIASP PENFILL INJ	49	FLUAD INJ	218
fenofibrate tab 48mg,	61	FINACEA FOAM	140	FLUAD QUAD INJ	219
54mg, 145mg, 160mg		FINACEA GEL	140	FLUBLOK INJ	219
fenofibric acid DR cap	61	FINACEA PLUS KIT	140	FLUBLOK QUAD PF INJ	219
FENOFIBRIC TAB,	61	finasteride tab	139	FLUCELVAX INJ	219
FIBRICOR TAB		FIRST DUKES	180	FLUCELVAX QUAD INJ	219
fentanyl citrate lollipop	12	MOUTHWASH		fluconazole susp	57
fentanyl patch	12	FIRST MARYS	180	fluconazole tab	57
FENTORA TAB,	12	MOUTHWASH		flucytosine cap	57
FENTANYL BUCCAL		FIRST	72	fludrocortisone tab	121
TAB		METRONIDAZOLE SUSP		FLULAVAL QUAD INJ,	219
ferrex 150 forte cap	165	FIRST MOUTHWASH	179	FLUZONE QUAD INJ	
FERREX 28 TAB	165	BLM		FLUMADINE TAB	103
FERRIPROX SOLN	54	FIRST OMEPRAZOLE	215	FLUMIST	219
FERRIPROX TAB	54	SUSP		QUADRIVALENT NASAL	
ferrous sulfate elixir	166	FIRST-VANCOMYCIN	74	SUSP	
		SOLN			

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## ALPHABETICAL LISTING OF DRUGS

fluocinolone acetonide cream	136	FLURAZEPAM CAP	168	FOCALIN TAB	3
fluocinolone acetonide oil	136	flurbiprofen ophth soln	196	FOCALIN XR CAP	3
fluocinolone acetonide oint	136	flurbiprofen tab	8	FOLBEE PLUS CZ TAB	182
fluocinolone acetonide soln	136	flutamide cap	80	folbee tab	165
fluocinolone otic oil	199	fluticasone nasal spray	186	folic acid tab 1mg	164
fluocinonide cream 0.05%	136	fluticasone propionate cream	136	folic acid tab 400mcg	164
fluocinonide emollient cream	136	fluticasone propionate oint	136	folic acid tab 800mcg	164
fluocinonide gel	136	FLUTICASONE/SALMET	29	fondaparinux inj	32
fluocinonide oint	136	EROL INHALER		FORTEO INJ	147
fluocinonide soln	136	fluvastatin ER tab	62	FOSAMAX TAB	147
FLUORABON SOLN	176	FLUVIRIN INJ	219	FOSAMAX+D TAB	148
FLUOR-A-DAY CHEW TAB	176	FLUVIRIN PF INJ	219	fosamprenavir tab	98
fluorometholone ophth soln	193	fluvoxamine ER cap	40	FOSCARNET INJ	101
FLUOROPLEX CREAM	130	fluvoxamine tab	40	fosinopril tab	64
fluorouracil cream	130	FLUZONE HIGH DOSE	219	fosinopril/hydrochlorothiazide tab	69
FLUOROURACIL CREAM 0.5%	131	PF INJ		FOSRENOL CHEW TAB	158
FLUOROURACIL SOLN	131	FLUZONE INTRADERMAL INJ	219	FOSRENOL POWDER PACK	158
fluoxetine cap	40	FLUZONE	219	FRAGMIN INJ	32
fluoxetine soln	40	QUADRIVALENT INJ		FREESTYLE FREEDOM	173
fluoxetine tab	40	FLUZONE/FLUARIX	219	LITE METER	
FLUPHENAZINE TAB	95	QUAD INJ		FREESTYLE INSULINX METER	173
		FML FORTE OPHTH SUSP	193	FREESTYLE INSULINX TEST STRIP	143
		FML LIQUIFLIM OPHTH SUSP	193	FREESTYLE LIBRE RECEIVER	173
		FML S.O.P. OPHTH OINT	193		

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## ALPHABETICAL LISTING OF DRUGS

FREESTYLE LIBRE	173	GASTROCROM CONC	156	GLUCOTROL TAB	53
SENSOR (10-DAY)		gatifloxacin ophth soln	190	GLUCOTROL XL TAB	53
FREESTYLE LIBRE	173	gemfibrozil tab	62	GLUCOVANCE TAB	45
SENSOR (14-DAY)		GENOTROPIN INJ	149	glyburide micronized tab	53
FREESTYLE LITE	173	GENTAK OPHTH OINT	191	glyburide tab	53
METER		gentamicin ophth oint	191	glyburide/metformin tab	45
FREESTYLE LITE TEST STRIP	142	gentamicin ophth soln	191	glycopyrrolate tab	213
STRIP		gentamicin sulfate cream	128	GLYNASE TAB	53
FREESTYLE PRECISION	173	gentamicin sulfate oint	128	GLYSET TAB	44
NEO METER		GENVOYA TAB	98	GOLYTELY PACKET	169
FREESTYLE PRECISION	143	GEODON CAP	92	granisetron tab	55
NEO TEST STRIP		gianvi tab, ocella tab	116	GRANISOL SOLN	55
FREESTYLE TEST STRIP	143	GILENYA CAP	207	GRIFULVIN V TAB	57
FULPHILA INJ	164	GILOTRIF TAB	84	griseofulvin micro tab	57
furosemide soln	145	GILTUSS LIQUID	122	griseofulvin susp	57
furosemide tab	145	GILTUSS TR TAB	122	griseofulvin tab	57
FUZEON INJ	98	glatiramer inj	207	GRIS-PEG TAB	57
<hr/>		GLEOSTINE/LOMUSTIN	78	guaifenesin/codeine soln	122
<b>G</b>		E CAP		guaifenesin/codeine syrup	122
gabapentin cap	33	glimepiride tab	52	GUANABENZ TAB	66
gabapentin soln	34	glipizide ER tab	53	guanfacine ER tab	2
gabapentin tab	34	glipizide tab	53	guanfacine IR tab	66
GABITRIL TAB	37	glipizide/metformin tab	45	GUANIDINE TAB	76
galantamine ER cap	205	GLUCAGEN HYPOKIT	47	GVOKE INJ	47
galantamine tab	205	INJ		GVOKE PFS INJ	47
GALZIN CAP	178	GLUCAGON INJ KIT	47	<hr/>	
GAMASTAN INJ	200	GLUCOPHAGE TAB	46	<b>H</b>	
GAMMAGARD INJ	200	GLUCOPHAGE XR TAB	46	HALCION TAB	168
GANCICLOVIR CAP	101				

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## ALPHABETICAL LISTING OF DRUGS

halobetasol propionate cream	136	HUMIRA INJ	6	HYDROCODONE/CHLO	123
halobetasol propionate oint	137	PSORIASIS/UVEITIS STARTER PACK		RPHENIRAMINE/PSEUD OEPHEDRINE LIQUID	
haloperidol lactate conc	93	HUMIRA PEN INJ 40MG	6	hydrocodone/homatropine syrup	122
haloperidol tab	93	HUMULIN MIX INJ	6	hydrocodone/ibuprofen tab	15
HECTOROL CAP	150	HUMULIN MIX PEN INJ	50	hydrocortisone cream	137
HEMLIBRA INJ	162	HUMULIN N INJ	50	hydrocortisone enema	20
heparin porcine inj	32	HUMULIN N PEN INJ	50	hydrocortisone lotion	137
HEXALEN CAP	78	HUMULIN R INJ	50	hydrocortisone oint	137
HIPREX TAB	216	HUMULIN R INJ U-500	50	hydrocortisone tab	120
HIZENTRA INJ	200	HUMULIN R U-500	50	hydromorphone tab 2mg	12
homatropine ophth soln	188	KWIKPEN INJ		hydromorphone tab 4mg	13
HUMALOG MIX INJ	49	HYCAMTIN CAP	78	hydromorphone tab 8mg	13
HUMALOG MIX	49	HYCET SOLN	15	hydroquinone cream	140
KWIKPEN INJ, INSULIN		HYCODAN SYRUP	121	hydroxychloroquine tab	76
LISPRO PROTAMINE INJ		hydralazine tab	72	hydroxyprogesterone inj	203
HUMIRA INJ 10MG	6	HYDREA CAP	89	hydroxyurea cap	89
HUMIRA INJ 20MG	6	hydrochlorothiazide cap	146	hydroxyzine pamoate cap	22
HUMIRA INJ 40MG	6	hydrochlorothiazide tab	146	HYDROXYZINE	22
HUMIRA INJ	6	hydrocodone/acetaminoph en soln	15	PAMOATE CAP 100MG	
CROHNS/UC/HIDRADEN ITIS STARTER PACK		hydrocodone/acetaminoph en tab	15	hydroxyzine syrup	22
HUMIRA INJ PEDIATRIC	6	hydrocodone/acetaminoph en tab 2.5-325mg	15	hydroxyzine tab	23
CROHNS STARTER PACK		hydrocodone/chlorpheniramine CR susp	123	hyoscyamine sulfate CR tab	213
				hyoscyamine sulfate elixir	213
				hyoscyamine sulfate ODT	213

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242

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ALPHABETICAL LISTING OF DRUGS

hyoscyamine sulfate SL tab	213	IMITREX TAB	175	INSULIN ASPART	51
hyoscyamine sulfate soln	213	IMPAVIDO CAP	72	PENFILL INJ	
hyoscyamine sulfate SR cap	213	IMPLANON IMPLANT,	119	INTELENCE TAB	98
hyoscyamine tab	213	NEXPLANON IMPLANT		INTRON-A INJ	89
HYPER-SAL NEB SOLN	124	IMURAN TAB	105	INTUNIV TAB	2
HYTRIN CAP	66	INCIVEK TAB	102	INVANZ INJ	74
HYZAAR TAB	69	INCRELEX INJ	149	INVEGA TAB	92
<b>I</b>		INCRUSE ELLIPTA	26	INVIRASE CAP	98
ibandronate tab 150mg	148	INHALER		INVIRASE TAB	98
IBRANCE CAP	84	indapamide tab	146	IOPIDINE OPHTH SOLN	189
ibuprofen susp (Rx ONLY)	8	INDERAL LA CAP	107	IOPIDINE OPHTH SOLN	189
ibuprofen tab	8	indomethacin cap	8	1%	
icatibant inj	162	indomethacin CR cap	8	ipratropium nasal spray	185
ICLUSIG TAB	84	INFANT FORMULA	143	ipratropium neb soln	26
IDHIFA TAB	84	LIQUID		irbesartan tab	66
ILEVRO OPHTH SUSP	196	INFANT FORMULA	143	irbesartan/hydrochlorothia	70
imatinib tab	84	POWDER		zide tab	
IMBRUVICA CAP	84	INGREZZA CAP	207	IRESSA TAB	85
140MG		INLYTA TAB	85	IRON	165
IMBRUVICA CAP 70MG	84	INSPIRA TAB	72	POLYSACCH/THREONIC	
IMBRUVICA TAB	84	INSULIN ASPART	50	ACID/B12/FA CAP	
IMDUR TAB	21	FLEXPEN INJ		IRON SUSP	166
imipramine pamoate cap	43	INSULIN ASPART INJ	50	ISENTRESS (HD) TAB	98
imipramine tab	43	INSULIN ASPART MIX	51	ISENTRESS CHEW TAB	98
imiquimod cream	139	FLEXPEN INJ		ISENTRESS POWDER	98
IMITREX INJ	175	INSULIN ASPART MIX	51	PACK	
		INJ		isibloom tab, enskyce tab,	116
				apri tab	

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ALPHABETICAL LISTING OF DRUGS

ISONIAZID SYRUP	77	JANUMET XR TAB	46	ketorolac ophth soln	197
isoniazid tab	77	JANUVIA TAB	47	ketorolac tab	8
ISOPTO ATROPINE	188	JARDIANCE TAB	52	KETOSTIX	143
OPHTH SOLN		jinteli tab	153	ketotifen ophth soln	197
ISOPTO CARBACHOL	189	jolessa tab, amethia tab	117	KEVZARA INJ	7
OPHTH SOLN		JULUCA TAB	98	KINERET INJ	6
ISOPTO CARPINE	189	junel FE tab	117	KLARON LOTION	127
OPHTH SOLN		junel tab	117	KLONOPIN TAB	33
ISOPTO HYOSCINE	188	JYNARQUE PAK	152	KLOR-CON M15 TAB	177
OPHTH SOLN		JYNARQUE TAB	152	KLOR-CON POWDER	177
ISORDIL TITRADOSE	21			PACKET	
TAB		<b>K</b>		KLOR-CON POWDER	177
isosorbide dinitrate ER tab	21	KALETRA TAB	98	PACKET 25MEQ	
isosorbide dinitrate SL tab	21	KALYDECO PAK	209	KORLYM TAB	47
isosorbide dinitrate tab	21	KALYDECO TAB	209	K-PHOS NEUTRAL TAB	177
isosorbide dinitrate tab	21	KANAMYCIN INJ	5	K-PHOS TAB	177
40mg		KAYEXALATE POWDER	105	KRINTAFEL TAB	76
isosorbide mononitrate ER	21	KEFLEX CAP	114	K-TAB	177
tab		kelnor tab	117	KUVAN POWDER PACK	150
isosorbide mononitrate tab	21	KENALOG SPRAY	137	KUVAN TAB	150
isoxsuprine tab	112	KEPPRA SOLN	34	KYTRIL TAB	55
itraconazole cap	57	KEPPRA TAB	34		
itraconazole soln	57	KEPPRA XR TAB	34	<b>L</b>	
ivermectin tab	21	ketoconazole cream	129	labetalol tab	106
		ketoconazole shampoo	129	LAC-HYDRIN CREAM	138
<b>J</b>		ketoconazole tab	57	LAC-HYDRIN LOTION	139
JADENU SPRINKLE	54	KETO-DIASTIX TEST	143	lactulose soln	157
JAKAFI TAB	85	STRIP		LAMICTAL CHEW TAB	34
JANUMET TAB	45	KETOPROFEN ER CAP	8		

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## ALPHABETICAL LISTING OF DRUGS

LAMICTAL CHEW TAB 2MG	34	lanthanum carbonate chew tab	158	levetiracetam tab	35
LAMICTAL ODT	34	LARIAM TAB	76	LEVOBUNOLOL OPHTH SOLN	187
LAMICTAL ODT KIT,	34	LASIX TAB	145	levocarnitine soln	150
LAMICTAL XR KIT		LASTACAFT OPHTH SOLN	197	levocarnitine tab	150
LAMICTAL STARTER KIT	34	latanoprost ophth soln	197	levofloxacin ophth soln	191
LAMICTAL TAB	34	LAZANDA NASAL SPRAY	13	levofloxacin soln	155
LAMICTAL XR TAB	34	LEDIPASVIR/SOFOSBUV IR TAB	102	levofloxacin tab	155
LAMISIL TAB	57	leflunomide tab	9	levonorgestrel tab	119
lamivudine soln	98	LENVIMA CAP	85	LEVONORGESTREL TAB 0.75MG	119
lamivudine tab	98	LESCOL XL TAB	62	LEVSIN SL TAB	214
lamivudine tab 100mg	102	letrozole tab	80	LEVSIN TAB	214
lamivudine/zidovudine tab	99	leucovorin tab	89	LEVSINEX CAP	214
lamotrigine chew tab	34	LEUKERAN TAB	78	LEXAPRO SOLN	40
lamotrigine ER tab	34	leuprolide inj	81	LEXAPRO TAB	41
lamotrigine ODT	34	LEVALBUTEROL INHALER, XOPENEX HFA INHALER	29	LEXIVA SUSP	99
lamotrigine ODT kit	35	levalbuterol neb soln	29	LIBRIUM CAP	23
lamotrigine tab	35	LEVAQUIN SOLN	155	lidocaine cream 3%	140
LANCET DEVICE	173	LEVAQUIN TAB	155	lidocaine gel	140
LANCET KIT	173	LEVATOL TAB	107	lidocaine oint	140
LANCETS	173	LEVBIID TAB	214	LIDOCAINE ORAL SOLN 4%	179
LANOXIN TAB	110	levetiracetam ER tab	35	lidocaine patch	140
lansoprazole cap	215	levetiracetam soln	35	lidocaine soln	140
LANSOPRAZOLE SUSP	215			lidocaine viscous soln	179
lansoprazole/amoxicillin/c larithromycin kit	215			lidocaine/hydrocortisone cream	20

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245

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## ALPHABETICAL LISTING OF DRUGS

lidocaine/prilocaine cream	140	LOMOTIL LIQUID	53	LOTRISONE LOTION	129
LIDODERM PATCH	140	LOMOTIL TAB	53	LOTRONEX TAB	157
LIMBITROL TAB	206	LONSURF TAB	82	lovastatin tab	62
LINDANE LOTION	141	LOPID TAB	62	LOVAZA CAP	60
lindane shampoo	141	lopinavir/ritonavir soln	99	LOVENOX INJ	32
linezolid susp	75	LOPRESSOR HCT TAB	70	loxapine cap	94
linezolid tab	75	LOPRESSOR TAB	106	LOXITANE CAP	94
liothyronine tab	212	LOPROX CREAM	129	LTA 360 KIT	179
LIPITOR TAB	62	LOPROX GEL	129	LUFYLLIN TAB	30
LIPTRUZET TAB	60	LOPROX SHAMPOO	129	LUMIGAN OPHTH SOLN	197
LIQUIGEN	186	loratadine cap	59	LUNESTA TAB	168
lisinopril tab	65	lorazepam conc	23	LUPRON DEPOT INJ	81
lisinopril/hydrochlorothiazide tab	70	lorazepam tab	23	LUPRON DEPOT PED	149
lithium carbonate cap	92	LORBRENA TAB 100MG	85	INJ	
lithium carbonate ER tab	92	LORBRENA TAB 25MG	85	LUPRON DEPOT-PED	149
lithium carbonate tab	92	LORTAB	15	INJ	
lithium citrate soln	92	LORTAB ELIXIR	16	LURIDE SOLN	176
LITHOBID TAB	92	losartan tab	66	LURIDE TAB	176
LITHOSTAT TAB	161	losartan/hydrochlorothiazide tab	70	LUVOX CR CAP	41
LIVALO TAB	62	LOTEMAX OPHTH GEL	193	LYNPARZA CAP	85
LO LOESTRIN TAB	117	LOTEMAX OPHTH OINT	193	LYNPARZA TAB	85
LODOSYN TAB	89	LOTEMAX OPHTH SUSP	193	LYSODREN TAB	81
LOESTRIN 24 FE TAB	117	LOTENSIN HCT TAB	70	LYSTEDA TAB	167
LOESTRIN FE TAB	117	LOTENSIN TAB	65		
LOESTRIN TAB	117	loteprednol ophth susp	194	<b>M</b>	
lohist liquid	123	LOTREL CAP	70	MACROBID CAP	216
LOKELMA PAK	179	LOTRISONE CREAM	129	MACRODANTIN CAP	216
				magnesium sulfate inj	177
				MALARONE TAB	75

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246

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## ALPHABETICAL LISTING OF DRUGS

malathion lotion	141	megestrol susp	81	METADATE CD CAP	3
maldemar tab	55	megestrol tab	81	METAGLIP TAB	46
MAPROTILINE TAB	39	MEKINIST TAB 0.5MG	85	METAPROTERENOL	29
MARINOL CAP	56	MEKINIST TAB 2MG	85	SYRUP	
MARPLAN TAB	39	MEKTOVI TAB	86	metaxalone tab	184
MATULANE CAP	89	MELOXICAM SUSP	8	METAXALONE TAB	184
MAVYRET TAB	102	meloxicam tab	8	400MG	
MAXALT MLT TAB	175	melphalan inj	78	metformin ER tab	46
MAXALT TAB	175	melphalan tab	78	metformin soln	46
MAXIDEX OPHTH SOLN	194	memantine ER cap	205	metformin tab	46
MAXITROL OPHTH	194	memantine sol	205	methadone conc	13
OINT		memantine tab	205	methadone soln 10mg/5ml	13
MAXITROL OPHTH	194	MENEST TAB	154	methadone soln 5mg/5ml	13
SUSP		MENOSTAR PATCH	154	methadone tab	13
MAXZIDE TAB	145	MENTAX CREAM	129	methadone tab 10mg	13
MAYZENT TAB	207	mepерidine tab	13	METHADOSE CONC	13
MAYZENT TAB	207	MEPHYTON TAB	223	methazolamide tab	144
STARTER PACK		MEPRON SUSP	73	methenamine hippurate tab	216
MCT OIL	207	mercaptapurine tab	79	methimazole tab	212
mebendazole chew tab	21	meropenem inj	74	METHITEST TAB	18
meclizine chew tab	55	mesalamine DR tab	157	methocarbamol tab	184
meclizine tab	55	mesalamine enema	157	methotrexate inj	79
MEDROL DOSE PACK	120	mesalamine ER cap	157	methotrexate tab	79
MEDROL TAB	120	mesalamine supp	157	methoxsalen cap	132
medroxyprogesterone inj	119	MESNEX TAB	89	METHSCOPOLAMINE	214
medroxyprogesterone tab	203	MESTINON TAB	76	TAB	
mefloquine tab	76	MESTINON TIMESPAN	76	methyldopa tab	67
MEGACE SUSP	81	TAB			

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247

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## ALPHABETICAL LISTING OF DRUGS

methyl dopa/hydrochlorothiazide tab	70	metronidazole cream	141	MIRENA IUD	120
methylergonovine tab	200	metronidazole gel	141	mirtazapine ODT	39
METHYLIN CHEW TAB	3	metronidazole lotion	141	mirtazapine tab	39
METHYLIN SOLN	4	metronidazole tab	72	misoprostol tab	215
methylphenidate CD cap	4	metronidazole vaginal gel	221	MITIGARE CAP	161
methylphenidate chew tab	4	MEVACOR TAB	62	MOBIC TAB	8
methylphenidate ER cap	4	MEXILETINE CAP	24	modafinil tab	4
methylphenidate ER tab	4	MIACALCIN INJ	148	mometasone cream	137
methylphenidate soln	4	mibelas chew tab	117	mometasone oint	137
methylphenidate tab	4	MICARDIS TAB	66	mometasone soln	137
methylprednisolone dose pack	120	MICONAZOLE 3 SUPP 200MG	221	MONODOX CAP	211
methylprednisolone tab	120	MICRO-K CAP	177	MONOPRIL HCT TAB	70
METHYLTESTOSTERONE CAP	18	MICROZIDE CAP	146	MONOPRIL TAB	65
metoclopramide soln	156	MIDAMOR TAB	146	montelukast chew tab	26
metoclopramide tab	156	midodrine tab	222	montelukast granule pack	26
metolazone tab	146	MIGERGOT SUPP	174	montelukast tab	26
metoprolol ER tab	107	miglitol tab	45	MORPHINE SULFATE ER BEAD CAP	13
metoprolol tab	107	miglustat cap	163	morphine sulfate ER tab	14
metoprolol/hydrochlorothiazide tab	70	MILLIPRED TAB	120	morphine sulfate soln	14
METROCREAM	141	MINASTRIN CHEW TAB	117	morphine sulfate tab	14
METROGEL 1%	141	MINIPRESS CAP	67	MOTOFEN TAB	53
METROGEL VAGINAL GEL	221	MINOCIN CAP	211	MOTRIN SUSP	8
METROLOTION	141	minocycline cap	211	MOVANTIK TAB	158
		minocycline tab	211	MOVIPREP SOLN	169
		minoxidil tab	72	moxifloxacin ophth soln	191
		MIRAPEX TAB	90	moxifloxacin tab	155
		MIRCETTE TAB	117	MULTAQ TAB	25

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## ALPHABETICAL LISTING OF DRUGS

multigen folic tab	165	nadolol/bendroflumethiazi	70	NATROBA SUSP	141
multigen plus tab	165	de tab		NAVANE CAP	96
multigen tab	165	nafcillin inj	203	NEBUSAL NEB SOLN	124
MULTIVITAMIN TAB	166	naftifine cream	129	NEFAZODONE TAB	42
multivitamin/minerals tab	182	naftifine gel	129	nefazodone tab 50mg,	42
mupirocin oint	128	NAFTIN CREAM	129	250mg	
MUSE SUPP	111	NAFTIN GEL	129	neomycin tab	5
MYAMBUTOL TAB	77	naloxone inj	54	NEOMYCIN/POLYMXIN	191
MYCELEX TROCHES	180	NALOXONE PREFILLED	54	/GRAMICIDIN OPHTH	
MYCOBUTIN CAP	77	INJ		SOLN	
mycophenolate DR tab	105	naltrexone tab	54	neomycin/polymixin/hydro	199
mycophenolate mofetil	105	NAMENDA SOL	205	coritisono otic soln	
cap		NAMENDA TAB	205	neomycin/polymixin/hydro	199
mycophenolate mofetil	105	naphazoline ophth soln	192	coritisono otic susp	
susp		NAPROSYN EC TAB	8	neomycin/polymyxin/dexa	194
mycophenolate mofetil tab	105	NAPROSYN TAB	8	methasone ophth oint	
MYDFRIN OPHTH SOLN	192	naproxen EC tab	8	neomycin/polymyxin/dexa	194
MYDRIACYL OPHTH	188	naproxen tab	9	methasone ophth soln	
SOLN		naratriptan tab	175	neomycin/polymyxin/hydr	194
MYLERAN TAB	79	NARCAN NASAL SPRAY	54	ocortisone ophth soln	
MYNATAL-Z TAB	183	NARDIL TAB	40	NEOSPORIN OPHTH	191
MYRBETRIQ TAB	218	NASACORT OTC NASAL	186	SOLN	
MYSOLINE TAB	35	SPRAY		NEOTUSS-D LIQUID	123
MYTELASE TAB	76	NASCOBAL NASAL	164	NEPHROCAP	182
<hr/>			SPRAY	NEPHRON FA TAB	166
<b>N</b>		NATAZIA TAB	117	NEPTAZANE TAB	144
nabumetone tab	8	nateglinide tab	52	NERLYNX TAB	86
nadolol tab	107	NATPARA INJ	148	NEUMEGA INJ	164

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249

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## ALPHABETICAL LISTING OF DRUGS

NEUPRO PATCH	90	nifedipine ER tab	109	NOR-QD TAB	120
NEURONTIN CAP	35	nilutamide tab	81	nortrel tab	118
NEURONTIN SOLN	35	nimodipine cap	109	nortriptyline cap	44
NEURONTIN TAB	35	NIMOTOP CAP	109	nortriptyline oral soln	44
NEVANAC OPHTH SUSP	197	NINLARO CAP	86	NORTRIPTYLINE SOLN	44
nevirapine ER tab	99	NITRO-BID OINT	21	NORVASC TAB	109
NEVIRAPINE SUSP	99	NITRO-DUR PATCH	22	NORVIR CAP	99
nevirapine tab	99	NITRO-DUR PATCH	22	NORVIR POWDER PACK	99
NEXAVAR TAB	86	0.3MG/HR, 0.8MG/HR		NORVIR SOLN	99
NEXICLON XR SUSP	67	nitrofurantoin	216	NORVIR TAB	99
NEXICLON XR TAB	67	macrocrystals cap		NOVOLIN 70/30	51
niacin cap	223	nitrofurantoin	216	FLEXPEN INJ	
niacin CR tab	223	monohydrate cap		NOVOLIN INJ	51
niacin ER tab	63	nitroglycerin lingual spray	22	NOVOLIN N FLEXPEN	51
niacin tab	223	nitroglycerin patch	22	INJ	
NIACIN TR TAB	223	nitroglycerin SL tab	22	NOVOLIN R FLEXPEN	51
niacinamide tab	224	NITROLINGUAL PUMP	22	INJ	
NICODERM PATCH	208	SPRAY		NOVOLOG FLEXPEN	51
NICORETTE GUM	208	NITROSTAT SL TAB	22	INJ	
NICORETTE LOZENGE	208	NIVESTYM INJ	164	NOVOLOG INJ	51
nicotine gum	208	nizatidine cap	214	NOVOLOG MIX	51
NICOTINE KIT	208	NIZORAL SHAMPOO	129	FLEXPEN INJ	
nicotine lozenge	208	norethindrone tab	120	NOVOLOG MIX INJ	52
nicotine patch	208	NORGESIC TAB FORTE	185	NOVOLOG PENFILL INJ	52
NICOTROL INHALER	208	NORITATE CREAM	141	NOXAFIL SUSP	58
NICOTROL NASAL	209	NOROXIN TAB	155	NOXAFIL TAB	58
SPRAY		NORPACE CAP	24	np thyroid tab	212
nifedipine cap	109	NORPRAMIN TAB	44	NUBEQA TAB	81

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250

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## ALPHABETICAL LISTING OF DRUGS

NUCALA INJ	25	OFEV CAP	210	ORACIT SOLN	159
NUCORT LOTION	137	ofloxacin ophth soln	191	ORAP TAB	208
NUCYNTA TAB	14	ofloxacin otic soln	198	ORAPRED ODT	121
NUDEXTA CAP	208	ofloxacin tab	155	ORAPRED SOLN	121
NUTRITIONAL SUPPLEMENT LIQUID	143	OGESTREL TAB	118	ORAVIG TAB	180
NUTRITIONAL SUPPLEMENT POWDER	143	olanzapine ODT	94	ORAXYL CAP	211
NUVARING	119	olanzapine tab	94	ORENCIA CLICK INJ	9
NUVIGIL TAB	4	olanzapine/fluoxetine cap	206	ORENCIA SC INJ	9
nystatin cream	130	OLEPTRO TAB	42	125MG/ML	
nystatin oint	130	olmesartan tab	66	ORENCIA SC INJ	9
nystatin powder	57	olmesartan/hydrochlorothi	70	50MG/0.4ML	
nystatin susp	180	azide tab		ORENCIA SC INJ	10
nystatin tab	57	olopatadine nasal spray	185	87.5MG/0.7ML	
nystatin topical powder	130	olopatadine ophth soln	197	ORILISSA TAB 150MG	148
NYSTATIN VAGINAL TAB	221	0.1%		ORILISSA TAB 200MG	148
nystatin/triamcinolone cream	130	olopatadine ophth soln	197	ORKAMBI GRANULES PACKET	209
nystatin/triamcinolone oint	130	0.2%		ORKAMBI TAB	209
<b>O</b>		OLUX FOAM	137	orphenadrine/aspirin/caffeine tab	185
OCALIVA TAB	156	omega-3-acid ethyl esters cap	60	ORTHO TRI-CYCLEN (LO) TAB	118
octreotide inj	152	omeprazole DR cap	215	ORTHO-CYCLEN TAB	118
OCUFEN OPHTH SOLN	197	OMNICEF SUSP	115	ORTHO-EVRA PATCH	118
OCUFLOX OPHTH SOLN	191	ondansetron ODT	55	oseltamivir cap	103
ODEFSEY TAB	99	ondansetron soln	55	oseltamivir cap 30mg	104
ODOMZO CAP	80	ondansetron tab	55	oseltamivir susp	104
		ONFI TAB	33	OSMOPREP TAB	170
		OPSUMIT TAB	113		
		OPTIVAR OPHTH SOLN	197		

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ALPHABETICAL LISTING OF DRUGS

OTEZLA STARTER PACK	9	OXYCODONE/ASPIRIN	16	PAXIL SUSP	41
OTEZLA TAB	9	TAB		PAXIL TAB	41
OTOZIN OTIC DROPS	199	OXYTROL PATCH (OTC)	217	PCE TAB	172
OVACE PLUS CREAM	132	OZEMPIC INJ	48	PEAK FLOW METER	174
OVACE PLUS GEL	132	<hr/>			
OVACE PLUS SHAMPOO	132	<b>P</b>			
OVCON 35 TAB	118	PALGIC SOLN	59	pediatric multiple	182
OVIDE LOTION	141	PALGIC TAB	59	vitamins/fluoride chew tab	
oxacillin inj	203	paliperidone ER tab	92	pediatric multiple	182
OXANDRIN TAB	17	PALYNZIQ INJ	151	vitamins/fluoride soln	
oxandrolone tab	17	PAMELOR CAP	44	pediatric multiple	182
oxaprozin tab	9	PAMINE TAB	214	vitamins/fluoride/iron soln	
OXAZEPAM CAP	23	PANDEL CREAM	137	PEDIAZOLE SUSP	73
oxcarbazepine susp	35	PANRETIN GEL	131	peg 3350/electrolytes soln	170
oxcarbazepine tab	35	pantoprazole EC tab	215	PEGASYS INJ	102
oxiconazole nitrate cream	130	PARAFON FORTE TAB	184	PEG-INTRON INJ	102
OXISTAT CREAM	130	PARAGARD IUD	119	penicillamine tab	178
OXISTAT LOTION	130	PARCOPA ODT	90	PENICILLIN G	201
OXSORALEN ULTRA	132	paricalcitol cap	151	PROCAINE INJ	
CAP		PARLODEL CAP	91	PENICILLIN G SODIUM	201
oxybutynin ER tab	217	PARLODEL TAB	91	INJ	
oxybutynin syrup	217	PARNATE TAB	40	penicillin vk soln	201
oxybutynin tab	217	PAROMOMYCIN CAP	5	penicillin vk tab	201
oxycodone cap	14	paroxetine ER tab	41	pentamidine neb soln	72
oxycodone soln	14	paroxetine tab	41	pentoxifylline ER tab	162
oxycodone tab	14	PATANASE NASAL	185	PEPCID SUSP	214
oxycodone/acetaminophen	16	SPRAY		PEPCID TAB	214
tab		PATANOL OPHTH SOLN	197	PERCOCET TAB	16
		PAXIL CR TAB	41	PERCODAN TAB	16

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## ALPHABETICAL LISTING OF DRUGS

PERFOROMIST NEB SOLN	29	phytonadione tab	223	POLYETHYLENE GLYCOL 8000 GRANULES	203
PERIDEX SOLN	180	PICATO GEL	131	polymyxin b/trimethoprim ophth soln	191
permethrin cream	141	PIFELTRO TAB	99	POLYTRIM OPHTH SOLN	191
perphenazine tab	95	pilocarpine ophth soln	189	posaconazole DR tab	58
PERPHENAZINE/AMITRIPTYLINE TAB	206	pilocarpine tab	181	POT/CHLORIDE EFFER TAB	177
PERSANTINE TAB	163	PILOPINE HS OPHTH GEL	189	POTABA CAP	224
PEXEVA TAB	41	pimecrolimus cream	139	POTABA POWDER	224
pfizerpen g inj	201	PIMOZIDE TAB	208	PACKET	
phenazopyridine tab	160	pindolol tab	107	POTABA TAB	224
phenelzine tab	40	pioglitazone tab	52	potassium bicarbonate effer tab	178
phenobarbital elixir	168	piperacillin/tazobactam inj	202	potassium chloride effer tab	178
phenobarbital tab	168	PIQRAY TAB	86	potassium chloride ER cap	178
phenoxybenzamine cap	65	piroxicam cap	9	potassium chloride ER tab	178
phentermine cap	2	PLAN B TAB	119	potassium chloride micro tab	178
phentermine tab	2	PLAQUENIL TAB	76	potassium chloride powder packet	178
phenylephrine ophth soln	189	PLAVIX TAB 75MG	163	potassium chloride soln	178
phenytoin cap	37	PLEGRIDY INJ	207	potassium citrate CR tab	159
phenytoin chew tab	37	PLEGRIDY PEN INJ	207	potassium citrate/citric acid powder pack	159
phenytoin susp	37	PLENDIL TAB	109		
PHISOHEX LIQUID	96	PLETAL TAB	163		
phlexy-10 tab	187	PNEUMOVAX INJ	218		
PHOSLO CAP	158	PODOCON SOLN	139		
PHOSLYRA SOLN	158	podofilox soln	139		
phospha 250 neutral tab	177	POLYCITRA CRYSTAL	159		
PHOSPHOLINE OPHTH SOLN	189	PACK			
		POLYCITRA-LC SOLN	159		

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## ALPHABETICAL LISTING OF DRUGS

potassium citrate/citric acid soln	159	PREDNICARBATE CREAM	137	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	223
PRADAXA CAP	32	PREDNICARBATE OIN	137	PREVACID OTC CAP	215
PRALUENT INJ	64	prednisolone ODT	121	PREVIDENT 5000 PLUS CREAM	180
pramipexole tab	91	PREDNISOLONE OPHTH SUSP	194	PREVIDENT GEL	180
PRAMOSONE LOTION	137	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	195	PREVIDENT PASTE	181
PRAMOSONE OINT	137	prednisolone soln	121	PREVIDENT RINSE	181
pramoxine/hydrocortisone cream	20	prednisolone syrup	121	PREVNAR 13 INJ	218
pramoxine-HC AQ otic soln	199	PREDNISONE SOLN	121	PREVPAC KIT	215
PRANDIN TAB	52	prednisone tab	121	PREZCOBIX TAB	99
prasugrel tab	163	PREFEST TAB	153	PREZISTA SUSP	99
PRAVACHOL TAB	63	pregabalin cap	35	PREZISTA TAB	99
pravastatin tab	63	pregabalin soln	35	PRIFTIN TAB	77
praziquantel tab	21	PREMARIN TAB	154	PRIMAQUINE TAB	76
prazosin cap	67	PREMARIN VAGINAL CREAM	222	primidone tab	35
PRECISION XTRA METER	173	PREMPHASE TAB,	153	PRIMSOL SOLN	72
PRECISION XTRA TEST STRIP	143	PREMPRO TAB		PRINIVIL TAB, ZESTRIL TAB	65
PRECOSE TAB	45	PRENATABS RX TAB	183	PRISTIQ TAB	43
PRED FORTE OPHTH SUSP	194	PRENATAL 19 CHEW TAB	183	PROAMATINE TAB	222
PRED MILD OPHTH SOLN	194	PRENATAL 19 TAB	183	probenecid tab	161
PRED-G OPHTH SOLN	194	PRENATAL VITAMINS (NON-PREFERRED)	183	PROCARDIA CAP	109
				prochlorperazine supp	95
				prochlorperazine tab	95
				PROCRIT INJ	165
				PROCTOCORT CREAM	137

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## ALPHABETICAL LISTING OF DRUGS

PROCTOFOAM HC FOAM	20	propranolol/hydrochloroth iazide tab	108	QSYMIA CAP	2
proctosol HC cream	20	propylthiouracil tab	212	QUALAQUIN CAP	76
progesterone cap	203	PROSCAR TAB	160	QUESTRAN LITE	61
PROGESTERONE SUPP	222	PROSOM TAB	168	QUESTRAN LITE	61
PROGLYCEM SUSP	47	pro-stat liquid	187	POWDER	
PROLENSA OPHTH SOLN	197	PROSTIGMIN TAB	76	QUESTRAN LITE	61
PROLIA INJ	148	PROTOPIC OINT	139	QUESTRAN POWDER	61
PROMACTA TAB	165	protriptyline tab	44	PACK	
promethazine DM syrup	123	PROVERA TAB	203	quetiapine tab	94
promethazine supp	59	PROVIGIL TAB	4	quetiapine XR tab	94
promethazine syrup	59	PROZAC CAP	41	QUFLORA PEDIATRIC	94
promethazine tab	59	PROZAC SOLN	41	CHEW TAB	
promethazine VC syrup	123	PROZAC TAB	41	quinapril tab	65
promethazine VC/codeine syrup	123	pseudoephedrine/bromphe niramine/codeine liquid	123	quinapril/hydrochlorothiaz ide tab	71
promethazine/codeine syrup	123	PULMICORT INH SUSP	27	quinidine gluconate CR tab	24
PROMETHEGAN SUPP	59	PULMOZYME INH SOLN	209	QUINIDINE SULFATE ER	24
PROMETRIUM CAP	203	PURINETHOL TAB	79	TAB	
propafenone ER cap	24	PYLERA CAP	215	quinidine sulfate tab	24
propafenone tab	24	pyrazinamide tab	77	quinine sulfate cap	76
PROPANTHELINE TAB	214	PYRIDIDIUM TAB	161		
proparacaine ophth soln	192	pyridostigmine CR tab	76	<b>R</b>	
propranolol ER cap	107	pyridostigmine tab	77	raloxifene tab	149
PROPRANOLOL SOLN	107	pyridstigmine soln	77	ramelteon tab	169
propranolol tab	108	pyrimethamine tab	76	ramipril cap	65
		<b>Q</b>		RANEXA TAB	21
		QBRELIS SOLN	65	ranitidine syrup	214
				ranitidine tab (Rx Only)	214

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## ALPHABETICAL LISTING OF DRUGS

ranolazine tab	21	RETACRIT INJ	165	RISPERIDONE ODT	93
rasagiline tab	91	RETIN-A CREAM	127	risperidone soln	93
RAZADYNE ER CAP	205	REVATIO TAB	113	risperidone tab	93
RAZADYNE TAB	205	REVIA TAB	54	RITALIN LA CAP	4
REBETOL SOLN	102	REVLIMID CAP	104	RITALIN TAB	4
REGLAN TAB	156	REYATAZ POWDER	100	ritonavir tab	100
REGRANEX GEL	142	PACK		RITUXAN INJ	79
RELENZA DISKHALER	104	REZIRA SOLN	123	rivastigmine cap	206
REMERON SOLUTAB	39	RHEUMATREX TAB	6	rivastigmine patch	206
REMERON TAB	39	ribavirin cap	102	rizatriptan ODT	175
RENAGEL TAB 800MG	158	ribavirin tab	102	rizatriptan tab	175
renaphro cap	182	RIDAURA CAP	6	ROBAXIN TAB	184
RENOVA CREAM	128	rifabutin cap	77	ROBINUL TAB	214
RENVELA TAB	158	RIFADIN CAP	77	ROCALTROL CAP	151
repaglinide tab	52	RIFAMATE CAP	77	ROCALTROL SOLN	151
REPATHA INJ	64	rifampin cap	77	ropinirole tab	91
REPATHA	64	RIFATER TAB	77	ROSULA PAD	132
PUSHTRONEX INJ		riluzole tab	186	rosuvastatin tab 10mg	63
REQUIP TAB	91	RIMANTADINE TAB	104	rosuvastatin tab 20mg	63
RESCON TAB	123	RINVOQ ER TAB	5	rosuvastatin tab 40mg	63
RESCRIPTOR TAB	100	RIOMET ER SUSP	46	rosuvastatin tab 5mg	63
RESERPINE TAB	67	RIOMET SOLN	47	ROXICODONE TAB	14
RESTASIS OPHTH	192	risedronate DR tab	148	ROZEREM TAB	169
EMULSION		risedronate tab	148	RUBRACA TAB	86
RESTORIL CAP 15MG	168	RISPERDAL CONSTA INJ	93	RUZURGI TAB	77
RESTORIL CAP 22.5MG	168	RISPERDAL M ODT	93	RYBELSUS TAB	48
RESTORIL CAP 30MG	168	RISPERDAL SOLN	93	RYDAPT CAP	86
RESTORIL CAP 7.5MG	168	RISPERDAL TAB	93	RYTHMOL SR CAP	25

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256

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ALPHABETICAL LISTING OF DRUGS

<b>RYTHMOL TAB</b>	25	sertraline tab	41	smz/tmp (DS) tab	73
<b>S</b>		sevelamer hydrochloride	158	smz/tmp susp	73
<b>SALAGEN TAB</b>	181	tab		sodium chloride 0.9% irr	160
salsalate tab	11	sevelamer powder pak	158	soln	
<b>SANCTURA TAB</b>	217	sevelamer tab	158	sodium chloride inj	178
<b>SANCUSO PATCH</b>	55	SFROWASA ENEMA	157	sodium chloride neb soln	124
<b>SANDIMMUNE SOLN</b>	105	SIGNIFOR INJ	152	sodium citrate/citric acid	159
100MG/ML		sildenafil tab	111	soln	
<b>SANTYL OINT</b>	139	sildenafil tab 20mg	113	sodium fluoride cream	181
<b>SAPHRIS SL TAB</b>	94	SILVADENE CREAM	133	sodium fluoride gel	181
<b>SAVELLA PAK</b>	206	silver sulfadiazine cream	133	<b>SODIUM FLUORIDE</b>	176
<b>SAVELLA TAB</b>	206	SIMBRINZA OPHTH	190	LOZENGE	
scopolamine patch	55	SUSP		sodium fluoride paste	181
<b>SEASONIQUE TAB</b>	118	simvastatin tab	63	sodium fluoride rinse	181
seb-prev cream	132	SINEMET CR TAB	91	sodium fluoride soln	176
<b>SECTRAL CAP</b>	107	SINEMET TAB	91	sodium fluoride tab	177
selegiline cap	91	SINGULAIR CHEW TAB	26	sodium fluoride/potassium	181
selegiline tab	91	SINGULAIR GRANULE	26	nitrate paste	
selenium sulfide lotion	133	PACK		sodium polystyrene	105
selenium sulfide shampoo	133	SINGULAIR TAB	26	powder	
<b>SELZENTRY SOLN</b>	100	sirolimus soln	179	sodium polystyrene susp	105
<b>SELZENTRY TAB</b>	100	sirolimus tab	105	sodium sulfacetamide gel	133
<b>SEMPREX-D CAP</b>	124	SIVEXTRO TAB	75	sodium sulfacetamide	127
<b>SEREVENT DISKUS</b>	30	SKELAXIN TAB	184	lotion	
<b>INHALER</b>		SKELID TAB	148	sodium sulfacetamide	133
<b>SEROQUEL TAB</b>	94	SKLICE LOTION	142	shampoo	
<b>SEROQUEL XR TAB</b>	94	SKYRIZI INJ	132		
sertraline conc	41	SLO-NIACIN TAB	224		

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## ALPHABETICAL LISTING OF DRUGS

sodium	127	SPORANOX CAP	58	SULFACETAMIDE/PRED	195
sulfacetamide/sulfur		SPORANOX SOLN	58	NISOLONE OPHTH	
emulsion 10-5%		sprintec 28 tab	118	SOLN	
sodium	127	SPRYCEL TAB	86	SULFADIAZINE TAB	210
sulfacetamide/sulfur wash		STARLIX TAB	52	SULFAMYLON CREAM	133
9-4.5%		stavudine cap	100	sulfasalazine EC tab	157
sodium sulfacetamide/urea	133	stavudine soln	100	sulfasalazine tab	157
pad		STEGLATRO TAB	52	sulindac tab	9
SOFOSBUVIR/VELPATA	102	STENDRA TAB	111	sumatriptan inj	175
SVIR TAB		STIMATE NASAL SOLN	152	SUMATRIPTAN INJ	175
SOLARAZE GEL	131	STIOLTO INHALER	30	6MG/0.5ML	
solifenacin tab	217	STIVARGA TAB	86	sumatriptan tab	175
SOMA TAB	184	STRENSIQ INJ	151	SUNOSI TAB	2
SOMAVERT INJ	149	STRIBILD TAB	100	SUPRAX CAP	115
SONATA CAP	168	STRIVERDI RESPIMAT	30	SUPRAX CHEW TAB	115
SORIATANE CK KIT	132	INHALER		SUPRAX SUSP	115
sotalol AF tab	108	STROMECTOL TAB	21	SUPRAX SUSP	116
sotalol tab	108	STROVITE TAB	182	500MG/5ML	
SPECTRACEF TAB	115	SUBOXONE SL FILM	17	SUPRAX TAB	116
SPINOSAD SUSP	142	sucralfate susp	216	SUPREP SOLN	170
SPIRIVA HANDIHALER	26	sucralfate tab	215	SURMONTIL CAP	44
SPIRIVA RESPIMAT	26	sulfacetamide sodium	191	SUTENT CAP	86
INHALER 1.25MCG/ACT		ophth soln		SUTTAR SF SYRUP	124
SPIRIVA RESPIMAT	26	sulfacetamide	195	SYMAX DUOTAB	214
INHALER 2.5MCG/ACT		sodium/prednisolone		SYMBYAX CAP	206
spironolactone tab	146	ophth soln		SYMDEKO TAB	209
spironolactone/hydrochlor	145			SYMFI (LO) TAB	100
othiazide tab				SYMJEPI INJ	222

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258

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ALPHABETICAL LISTING OF DRUGS

SYMPROIC TAB	158	TAPAZOLE TAB	212	TEMOVATE CREAM	137
SYMTUZA TAB	100	TARGRETIN GEL	131	TEMOVATE GEL	137
SYNAREL NASAL SOLN	149	TASIGNA CAP	87	TEMOVATE OINT	138
SYNERA PATCH	140	TASMAR TAB	89	TEMOVATE SOLN	138
SYNJARDY TAB	46	TAVALISSE TAB	162	TEMOVATE-E CREAM	138
SYNJARDY XR TAB	46	tazarotene cream 0.1%	132	temozolomide cap	79
10-1000MG, 25-1000MG		TAZORAC CREAM	132	TENEX TAB	67
SYNJARDY XR TAB	46	TAZORAC CREAM	132	tenofovir disoproxil	100
5-1000MG,		0.05%		fumarate tab 300mg	
12.5-1000MG		TECFIDERA CAP	207	TENORETIC TAB	71
SYNTHROID TAB	212	TECFIDERA STARTER	207	TENORMIN TAB	107
<hr/>					
<b>T</b>		PACK		TERAZOL CREAM	221
TABLOID TAB	79	TECHLITE INSULIN	174	TERAZOL SUPP	221
TACLONEX OINT	137	SYRINGE		terazosin cap	67
tacrolimus cap	105	TECHLITE PEN NEEDLE	174	terbinafine tab	57
tacrolimus oint	139	TEGRETOL CHEW TAB	35	terbutaline sulfate tab	30
tadalafil tab	111	TEGRETOL SUSP	36	terconazole cream	221
tadalafil tab (PAH)	113	TEGRETOL TAB	36	TERCONAZOLE CREAM	221
tadalafil tab 2.5mg, 5mg	112	TEGRETOL XR TAB	36	0.8%	
TAFINLAR CAP	86	TEGSEDI INJ	209	terconazole supp	221
TAGRISSO TAB	86	TEKAMLO TAB	71	TESSALON CAP	122
TALZENNA CAP 0.25MG	87	TEKTURNA HCT TAB	71	testosterone cypionate inj	18
TALZENNA CAP 1MG	87	TEKTURNA TAB	72	TESTOSTERONE GEL 1%	19
TAMBOCOR TAB	25	telmisartan tab	66	25MG	
TAMIFLU CAP	104	temazepam cap 15mg	168	testosterone gel 1% 50mg	19
TAMIFLU CAP 30MG	104	temazepam cap 22.5mg	168	testosterone gel 1% pump	19
tamoxifen tab	81	temazepam cap 30mg	168	testosterone gel 1.62%	19
tamsulosin cap	160	temazepam cap 7.5mg	169	1.25gm	

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## ALPHABETICAL LISTING OF DRUGS

testosterone gel 1.62% 2.5gm	19	TIGAN CAP	55	tobramycin/dexamethason e ophth soln	195
testosterone gel 2%	19	TIKOSYN CAP	25	TOBREX OPHTH OINT	191
TESTOSTERONE GEL PUMP	19	TIMENTIN INJ	202	TOBREX OPHTH SOLN	191
testosterone gel pump 1.62%	19	timolol maleate ophth gel	187	TODAY SPONGE	220
TESTOSTERONE GEL, VOGELXO GEL	19	timolol maleate ophth soln	187	TOFRANIL PM CAP	44
testosterone soln	19	timolol maleate ophth soln 0.5%	187	TOFRANIL TAB	44
tetrabenazine tab	207	timolol maleate tab	108	tolazamide tab	53
tetracycline cap	211	TIMOLOL OPHTH GEL	188	TOLBUTAMIDE TAB	53
TEVETEN HCT TAB	71	SOLN		tolcapone tab	89
TEVETEN TAB	66	TIMOPTIC OCUDOSE	188	TOLMETIN TAB	9
TEXACORT SOLN	138	OPHTH SOLN		tolterodine SR cap	217
THALOMID CAP	104	TIMOPTIC OPHTH SOLN	188	tolterodine tab	217
THEO-24 CAP	30	TIMOPTIC-XE OPHTH GEL	188	TOPAMAX SPRINKLE CAP	36
THEOCHRON TAB	30	TINDAMAX TAB	72	TOPAMAX TAB	36
theophylline CR tab	31	tinidazole tab	72	TOPICORT CREAM	138
theophylline ER tab	31	TIVICAY TAB	100	TOPICORT GEL	138
theophylline soln	31	tizanidine tab	184	TOPICORT OINT	138
thioridazine tab	95	TOBI PODHALER	5	topiramate sprinkle cap	36
thiothixene cap	96	TOBRADEX OPHTH OINT	195	topiramate tab	36
THYROLAR TAB	213	TOBRADEX OPHTH SOLN	195	TOPROL XL TAB	107
tiagabine tab	37	TOBRADEX ST OPHTH	195	toremifene tab	81
TIAZAC CAP	109	SUSP		torsemide tab	146
TIBSOVO TAB	87	tobramycin neb soln	5	TRACLEER TAB 32MG	113
TICLOPIDINE TAB	163	tobramycin ophth soln	191	tramadol ER tab	14
				tramadol tab	14

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ALPHABETICAL LISTING OF DRUGS

tramadol/acetaminophen tab	16	triamcinolone spray	138	TRINTELLIX TAB	42
TRANDATE TAB	106	TRIAMINIC SYRUP	124	tri-sprintec tab	118
tranexamic acid inj	167	triamterene/hydrochloroth	145	TRIUMEQ TAB	100
tranexamic acid tab	167	iazide cap		tropicamide ophth soln	189
TRANSDERM-SCOP PATCH	56	TRIAMTERENE/HYDRO	145	tropium chloride SR cap	217
tranylcypromine tab	40	CHLOROTHIAZIDE CAP		tropium tab	217
TRAVATAN Z DROPS	198	50-25mg		TRUEPLUS INSULIN	174
travoprost ophth soln	198	triamterene/hydrochloroth	145	SYRINGE	
trazodone tab	42	iazide tab		TRUEPLUS PEN	174
TRECTOR TAB	78	triazolam tab	169	NEEDLE	
TRELEGY ELLIPTA INHALER	30	tricitrates soln	159	TRULANCE TAB	156
TRELSTAR INJ	81	tricon cap	166	TRULICITY INJ	48
TRENTAL TAB	162	TRICOR TAB	62	TRUSOPT OPHTH SOLN	197
tretinoin cap	78	trientine cap	178	TRUVADA TAB	101
tretinoin cream	127	trifluoperazine tab	95	TURALIO CAP	87
tretinoin gel	127	TRIFLURIDINE OPHTH	192	TUSNEL SYRUP	124
TRETIN-X CREAM	127	SOLN		tussigon tab	122
triamcinolone cream	138	trihexyphenidyl elixir	91	TUSSIONEX SUSP	124
triamcinolone in orabase	181	trihexyphenidyl tab	89	TUSSI-ORGANI SYRUP	124
paste		tri-legest tab	118	TYKERB TAB	87
triamcinolone lotion	138	TRILEPTAL SUSP	36	TYLENOL/CODEINE	16
triamcinolone nasal spray	186	TRILEPTAL TAB	36	TAB	
triamcinolone oint	138	TRI-LUMA CREAM	140	TYMLOS INJ	148
triamcinolone OTC nasal	186	trilyte soln	170	TYVASO INH SOLN	112
spray		trimethobenzamide cap	56	TYZEKA TAB	102
		trimethoprim tab	72	TYZINE NASAL SOLN	186
		trimipramine cap	44		
		TRI-NORINYL TAB	118	<b>U</b>	
				UCERIS RECTAL FOAM	20

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ALPHABETICAL LISTING OF DRUGS

UCERIS TAB	121	valsartan/hydrochlorothiazide tab	71	VERAPAMIL CAP	109
U-CORT CREAM	138	VALTRESX TAB	103	100MG	
ULORIC TAB	161	VALTURNA TAB	71	VERAPAMIL ER CAP	109
ULTRAM TAB	14	VANCOBIN CAP	74	200MG	
ULTRAVATE CREAM	138	vancomycin cap	74	VERAPAMIL ER CAP	110
ULTRAVATE OINT	138	VANIQA CREAM	139	300MG	
UNIPHYL TAB	31	VANTIN TAB	116	verapamil SR cap	110
UPTRAVI TAB	113	varafenafil ODT	112	VERAPAMIL SR CAP	110
URECHOLINE TAB	218	varafenafil tab	112	360mg	
UROCID-K TAB	159	VARUBI TAB	56	verapamil SR tab	110
UROQID #2 TAB	216	VASERETIC TAB	71	verapamil tab	110
UROXATRAL TAB	160	VASOTEC TAB	65	VERELAN CAP	110
URSO FORTE TAB	156	V-C FORTE CAP	182	VERELAN PM CAP	110
ursodiol cap	156	vcf vaginal gel	220	VERELAN PM ER CAP	110
ursodiol tab	156	VELPHORO CHEW TAB	158	100MG, 300MG	
<b>V</b>		VELTASSA POWDER	106	VERELAN SR CAP	110
VAGIFEM TAB	222	VELTIN GEL	127	360mg	
valacyclovir tab	103	VEMLIDY TAB	103	VERZENIO TAB	87
VALCHLOR GEL	131	VENCLEXTA STARTER	79	VESICARE TAB	217
VALCYTE TAB	101	PACK		VEXOL OPHTH SUSP	195
valganciclovir soln	101	VENCLEXTA TAB	79	VFEND SUSP	58
valganciclovir tab	101	VENELEX OINT	142	VFEND TAB	58
VALIUM TAB 2MG, 10MG	23	venlafaxine ER cap	43	V-GO INJ KIT	173
VALIUM TAB 5MG	24	venlafaxine tab	43	VIBRAMYCIN CAP	212
valproic acid cap	38	VENTAVIS INH SOLN	112	VIBRAMYCIN SUSP	212
valproic acid syrup	38	VENTOLIN HFA	30	VIBRAMYCIN SYRUP	212
valsartan tab	66	INHALER		VICTOZA INJ	48
				VICTRELIS CAP	103

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ALPHABETICAL LISTING OF DRUGS

VIDEX SOLN	101	VIVOTIF CAP	218	XADAGO TAB	91
vigabatrin powder pack	37	VIZIMPRO TAB	88	XALATAN OPHTH SOLN	198
vigabatrin tab	37	VOGELXO PUMP	19	XALKORI CAP	88
VIGAMOX OPHTH SOLN	192	VOLTAREN GEL	130	XANAX TAB	24
VIMPAT SOLN	36	VOLTAREN OPTH SOLN	197	XARELTO STARTER	31
VIMPAT TAB	36	VOLTAREN TAB	9	PACK	
viorele tab, kariva tab	118	VOLTAREN XR TAB	9	XARELTO TAB	31
VIRACEPT POWDER	101	voriconazole susp	58	XELJANZ TAB	5
VIRACEPT TAB	101	voriconazole tab	58	XELJANZ XR TAB	5
VIRAMUNE SUSP	101	VOSEVI TAB	103	XELODA TAB	79
VIRAMUNE TAB	101	VOSOL HC OTIC SOLN	103	XIFAXAN TAB 200MG	73
VIREAD TAB 150MG,	101	VOSOL OTIC SOLN	198	XIFAXAN TAB 550MG	73
200MG, 250MG		VOSPIRE ER TAB	30	XOPENEX NEB SOLN	30
VIROPTIC OPHTH SOLN	192	VOTRIENT TAB	88	XOSPATA TAB	88
VISICOL TAB	170	VP-PNV-DHA CAP	183	XPOVIO PAK	81
VISTARIL CAP	23	VYNDAMAX CAP	114	XTAMPZA ER CAP	14
VITAFOL STRIPS	183	VYNDAQEL CAP	114	XULANE PATCH	119
vitamin D cap	223	VYTORIN TAB	60	XYLOCAINE SOLN	140
vitamin D cap 1000unit	223	VYVANSE CAP	1	XYREM SOLN	204
vitamin D cap 400unit	223	VYVANSE CHEW TAB	1		
VITAMIN D TAB	223				
400UNIT					
VITEKTA TAB	101	<b>W</b>		<b>Y</b>	
VITRAKVI CAP 100MG	87	WAKIX TAB	3	YODOXIN TAB	5
VITRAKVI CAP 25MG	87	warfarin tab	31		
VITRAKVI SOLN	87	WELLBUTRIN SR TAB	39	<b>Z</b>	
VIVACTIL TAB	44	WELLBUTRIN TAB	39	zafirlukast tab	26
VIVELLE-DOT PATCH	154	WELLBUTRIN XL TAB	39	zaleplon cap	169
		wymzya FE tab	118	ZANAFLEX TAB	184
				ZANOSAR INJ	79
				ZANTAC EFFER TAB	214
		<b>X</b>			

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## ALPHABETICAL LISTING OF DRUGS

ZANTAC GRANULE PACKET	214	ZITHROMAX POWDER PACK	171	ZYMAXID OPHTH SOLN	192
ZANTAC SYRUP	214	ZITHROMAX SUSP	171	ZYPREXA TAB	94
ZANTAC TAB	214	ZITHROMAX TAB	171	ZYPREXA ZYDIS TAB	95
ZARONTIN CAP	38	ZMAX SUSP	171	ZYVOX SUSP	75
ZARONTIN SOLN	38	ZOCOR TAB	63	ZYVOX TAB	75
ZAROXOLYN TAB	146	ZOFRAN ODT	55		
ZARXIO INJ	165	ZOFRAN SOLN	55		
ZEBETA TAB	107	ZOFRAN TAB	55		
ZEGERID CAP OTC	215	ZOLINZA CAP	88		
ZEJULA CAP	88	ZOLOFT CONC	42		
ZELAPAR ODT	91	ZOLOFT TAB	42		
ZELBORAF TAB	88	zolpidem tab	167		
ZEMPLAR CAP	151	ZONEGRAN CAP	36		
ZERIT CAP	101	zonisamide cap	36		
ZERIT SOLN	101	ZONTIVITY TAB	163		
ZESTORETIC TAB	71	ZORPRIN TAB	11		
ZETONNA NASAL SPRAY	186	ZORTRESS TAB 1MG	105		
ZIAC TAB	71	ZOVIRAX CAP	103		
ZIANA GEL	127	ZOVIRAX SUSP	103		
zidovudine cap	101	ZOVIRAX TAB	103		
zidovudine syrup	101	ZUTRIPRO LIQUID	124		
zidovudine tab	101	ZYBAN TAB	209		
ZIEXTENZO INJ	165	ZYDELIG TAB	88		
zinc sulfate cap	178	ZYKADIA CAP	88		
ziprasidone cap	92	ZYKADIA TAB	88		
ZIRGAN OPHTH GEL	192	ZYLET OPHTH SUSP	195		
		ZYLOPRIM TAB	161		

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264

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