



**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 All previous versions of the formulary are no longer in effect.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 7/1/2020**

<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</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	

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

Last Updated 7/1/2020

<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 7/1/2020**

<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	-

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<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	-
METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG <i>(methylphenidate hcl)</i>	2	-
<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	-

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4

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	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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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>		
<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	LMSP-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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 7/1/2020

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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 ( <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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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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<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 400MG, 600MG</i>	1	Rx covered Only
<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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<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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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 <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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<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 ( <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
CODEINE SULFATE TAB 15MG 15MG ( <i>codeine sulfate</i> )	1	QL QL= 240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG ( <i>codeine sulfate</i> )	1	QL QL=180 tabs/30 days
<i>codeine sulfate tablet 15mg, 30mg 15MG, 30MG</i>	1	QL QL= 240 tabs/30 days

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DAZIDOX TAB ( <i>oxycodone hcl</i> )	3	
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
<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	1	QL QL=180 tabs/30 days

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<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	1	QL QL=120 tabs/30 days
LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT ( <i>fentanyl citrate</i> )	3	PA-QL QL= 15 bottles/30 days
<i>methadone conc 10MG/ML</i>	1	QL QL=600ml/30 days
<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
<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

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<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 ( <i>tramadol hcl tab</i> )	3	QL QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ( <i>oxycodone</i> )	2	PA-QL QL= 120 caps/30 days
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	1	QL QL=240ml/30 days

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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
ST	Step Therapy	VAC	Vaccine Program		

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

Last Updated 7/1/2020

<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>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	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 ( <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</i> (HYCET, LORTAB Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv)	1	QL QL=120 tabs/30 days
<i>hydrocodone/acetaminophen tab 2.5-325mg 2.5MG-325MG</i> (NORCO Equiv)	1	QL QL=120 tabs/30 days
<i>hydrocodone/ibuprofen tab 10MG-200MG, 5MG-200MG, 7.5MG-200MG</i> (VICOPROFEN Equiv)	1	QL QL= 120 tabs/30 days
LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=120 tabs/30 days
LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=1800ml/30 days

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Last Updated 7/1/2020

<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>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv)	1	QL QL=120 tabs/30 days
<i>oxycodone/aspirin tab</i> (PERCODAN Equiv)	1	QL QL=120 tabs/30 days
PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG ( <i>oxycodone w/ acetaminophen</i> )	3	QL QL=120 tabs/30 days
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	-
<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	-

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

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ANDROGEL PUMP 1% ( <i>testosterone</i> )	3	
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	-
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM ( <i>testosterone</i> )	2	PA-QL QL= 1 packet/day
TESTOSTERONE GEL 1% 50MG 50MG/5GM ( <i>testosterone</i> )	2	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days

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<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>		
CORTENEMA 100MG/60ML ( <i>hydrocortisone</i> ( <i>intrarectal</i> ))	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
UCERIS RECTAL FOAM 2MG/ACT ( <i>budesonide</i> ( <i>intrarectal</i> ))	3	PA

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<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	-
EMVERM TAB 100MG ( <i>mebendazole</i> )	2	PA
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	1	-
<i>mebendazole chew tab</i> (VERMOX Equiv)	1	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
STROMEKTOL TAB 3MG ( <i>ivermectin</i> )	3	-
<b>ANTIANGINAL AGENTS - Drugs to treat chest pain</b>		

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<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	-
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	-

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<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 tab</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	-
<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

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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
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>		

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<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG ( <i>disopyramide phosphate</i> )	3	-
<i>quinidine gluconate CR tab</i>	1	-
QUINIDINE SULFATE ER TAB ( <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	-
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 tab</i> )	3	-

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<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	LMSP-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	-
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

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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>		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>fluticasone furoate (inhalation)</i> )	2	-

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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	-
ADVAIR DISKUS INHALER 50MCG/DOSE-100MCG/DOSE, 50MCG/DOSE-250MCG/DOSE, 50MCG/DOSE-500MCG/DOSE ( <i>fluticasone-salmeterol</i> )	1	-

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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	-
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	-

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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 sulfate)</i>	1	-
PERFORMIST NEB SOLN 20MCG/2ML <i>(formoterol fumarate)</i>	3	-
SEREVENT DISKUS INHALER 50MCG/DOSE <i>(salmeterol xinafoate)</i>	2	-
STIOLTO INHALER 2.5MCG/ACT <i>(tiotropium bromide-olodaterol hcl)</i>	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT <i>(olodaterol hcl)</i>	3	QL QL= 1 inhaler/30 days

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<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	-
<i>theophylline CR tab</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>		

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<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
<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

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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	-
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	-

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<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	-
<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	-

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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	-
<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	-

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ST	Step Therapy	VAC	Vaccine Program		

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

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<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	-
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

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<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 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	1	-
<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	-

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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>		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG ( <i>mirtazapine</i> )	3	-
REMERON TAB 15MG, 30MG, 45MG ( <i>mirtazapine</i> )	3	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		

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<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 ( <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	-
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	-

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<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	-
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	-

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<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	-
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	-

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<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
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>		

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<i>amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</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	-
NORPRAMIN TAB 10MG, 25MG ( <i>desipramine hcl</i> )	3	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	1	-
<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	1	-
NORTRIPTYLINE SOLN 10MG/5ML ( <i>nortriptyline hcl</i> )	1	-

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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	-
<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

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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
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

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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	-
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

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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>		
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

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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
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

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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 25UNIT/ML-75UNIT/ML, 50UNIT/ML ( <i>insulin lispro protamine &amp; lispro</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ 50UNIT/ML ( <i>insulin lispro protamine &amp; lispro (human)</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMULIN MIX INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	3	OTC-ST Step Therapy requires trial of NOVOLIN
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

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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	-
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	-

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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	-
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>		

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<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 (DIABINESE Equiv) ( <i>chlorpropamide</i> )	1	-
DIABETA TAB ( <i>glyburide tab 2.5 mg</i> )	3	-
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG ( <i>glipizide</i> )	3	-
GLUCOTROL XL TAB 10MG, 2.5MG, 5MG ( <i>glipizide</i> )	3	-
<i>glyburide micronized tab 1.5MG, 3MG, 6MG</i> (GLYNASE Equiv)	1	-

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<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG ( <i>glyburide micronized</i> )	3	-
TOLAZAMIDE TAB 250MG ( <i>tolazamide</i> )	1	-
TOLBUTAMIDE TAB 500MG ( <i>tolbutamide</i> )	2	-
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ( <i>diphenoxylate w/ atropine</i> )	1	-
<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 .025MG-2.5MG ( <i>diphenoxylate w/ atropine</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>		
CHEMET CAP 100MG ( <i>succimer</i> )	2	-

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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 360MG, 90MG</i> (JADENU Equiv)	4	LMSP
JADENU SPRINKLE 180MG, 360MG, 90MG ( <i>deferasirox</i> )	4	LMSP
<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>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		

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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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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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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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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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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>ANTIHISTAMINES - Drugs to treat allergies</b>		
<b>ANTIHISTAMINES - ALKYLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>chlorpheniramine ER cap</i>	1	-
CPM CAP ( <i>chlorpheniramine maleate</i> )	3	-
<b>ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
CARBINOXAMINE SOLN 4MG/5ML ( <i>carbinoxamine maleate</i> )	1	-

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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 12.5MG, 25MG, 50MG</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>		

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PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialist
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ST Step Therapy	VAC Vaccine Program	

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<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>cyproheptadine syrup 2MG/5ML</i>	1	-
<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</i> (VYTORIN Equiv)	1	QL QL= 1 tab/day (10-80mg is Not Covered)
LIPTRUZET TAB ( <i>ezetimibe-atorvastatin</i> )	3	-
VYTORIN TAB 10MG, 10MG-20MG, 10MG-40MG ( <i>ezetimibe-simvastatin</i> )	3	QL QL= 1 tab/day (10/80mg is Not Covered)
<b>ANTIHYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics</b>		
LOVAZA CAP 1GM-375MG-465MG ( <i>omega-3-acid ethyl esters</i> )	3	-
<i>omega-3-acid ethyl esters cap 1GM-375MG-465MG</i> (LOVAZA Equiv)	1	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	1	-

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<i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	1	-
<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	1	-
<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	1	-
COLESTID GRANULE 5GM ( <i>colestipol hcl</i> )	3	-
COLESTID POWDER PACK 5GM, 5GM/7.5GM ( <i>colestipol hcl</i> )	3	-
COLESTID TAB 1GM ( <i>colestipol hcl</i> )	3	-
<i>colestipol granule 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol powder packet 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	1	-
QUESTRAN LITE POWDER 4GM/DOSE ( <i>cholestyramine light</i> )	3	-
QUESTRAN 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	-

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FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG <i>(fenofibric acid)</i>	3	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	1	-
LOPID TAB 600MG ( <i>gemfibrozil</i> )	3	-
TRICOR TAB 145MG, 48MG ( <i>fenofibrate</i> )	3	-
<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

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<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
MEVACOR TAB 40MG ( <i>lovastatin</i> )	3	-
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	-

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<b>PROTEIN CONVERTASE SUBSTITISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		
PRALUENT INJ 150MG/ML, 75MG/ML ( <i>alirocumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
<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

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<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	1	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	1	-
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	LMSP
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	1	LMSP
<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	-

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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 7/1/2020

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DIOVAN TAB 160MG, 320MG, 40MG, 80MG ( <i>valsartan</i> )	3	-
EDARBI TAB 40MG, 80MG ( <i>azilsartan medoxomil</i> )	3	-
<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</i> (CATAPRES Equiv)	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-

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GUANABENZ TAB ( <i>guanabenz acetate</i> )	3	
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
HYTRIN CAP ( <i>terazosin hcl</i> )	3	-
<i>methyl dopa 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 1MG, 2MG, 5MG</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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<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> (ZIAC Equiv)	1	-
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG ( <i>captopril &amp; hydrochlorothiazide</i> )	1	-

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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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<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)</i>	1	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)</i>	1	-
LOPRESSOR HCT TAB 25MG-50MG ( <i>metoprolol &amp; hydrochlorothiazide</i> )	3	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)</i>	1	-
LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ( <i>benazepril &amp; hydrochlorothiazide</i> )	3	-
LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG ( <i>amlodipine besylate-benazepril hcl</i> )	3	-
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ( <i>methyldopa &amp; hydrochlorothiazide</i> )	1	-
METOPROLOL/HYDROCHLOROTHIAZIDE TAB 50MG-100MG (LOPRESSOR HCT Equiv) ( <i>metoprolol &amp; hydrochlorothiazide</i> )	1	-
MONOPRIL HCT TAB ( <i>fosinopril sodium &amp; hydrochlorothiazide</i> )	3	-
<i>nadolol/bendroflumethiazide tab 5MG-80MG (CORZIDE Equiv)</i>	1	-

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<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	1	-
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG ( <i>propranolol &amp; hydrochlorothiazide</i> )	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	-

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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> (TEKTURN A Equiv)	3	-
TEKTURN A 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> (INSPIRA Equiv)	1	-
INSPIRA 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	LMSP
PRIMSOL SOLN 50MG/5ML ( <i>trimethoprim hcl</i> )	3	-

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TINDAMAX TAB 500MG ( <i>tinidazole</i> )	3	-
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	1	-
<i>trimethoprim tab 100MG</i> (PROLOPRIM Equiv)	1	-
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>		

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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
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	-
VANCOGIN CAP 125MG, 250MG ( <i>vancomycin hcl</i> )	3	QL QL= 56 caps/fill
<i>vancomycin cap 125MG, 250MG</i> (VANCOGIN Equiv)	1	QL QL= 56 caps/fill
<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 150MG, 300MG, 75MG ( <i>clindamycin hcl</i> )	3	-
CLEOCIN SOLN 75MG/5ML ( <i>clindamycin palmitate hydrochloride</i> )	3	-
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	1	-
<i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv)	1	-

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<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>		
<i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist
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>PLEUROMUTILINS - drugs to treat infections</b>		
XENLETA TAB 600MG ( <i>lefamulin acetate</i> )	2	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<b>ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)</b>		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	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	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
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>		

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NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	KMSP Kroger Mandatory Specialty Pharmacy Program
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MSP Mandatory Specialty Pharmacy Program	ONC Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC Over-the-Counter
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GUANIDINE TAB 125MG ( <i>guanidine hcl</i> )	3	-
MESTINON TAB 60MG ( <i>pyridostigmine bromide</i> )	3	-
MESTINON TIMESPAN TAB 180MG ( <i>pyridostigmine bromide</i> )	3	-
MYTELASE TAB ( <i>ambenonium chloride</i> )	3	-
PROSTIGMIN TAB ( <i>neostigmine bromide</i> )	2	-
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	1	-
<i>pyridstigmine 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	-

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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	-
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	LMSP-ONC
<b>TOPOISOMERASE I INHIBITORS - Drugs to treat cancer</b>		
HYCANTIN CAP .25MG, 1MG ( <i>topotecan hcl</i> )	4	LMSP-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	LMSP-ONC-PA-QL-SF QL= 1 tab/day
ALKERAN TAB 2MG ( <i>melphalan</i> )	3	LMSP-ONC
<i>busulfan inj 6MG/ML</i>	M	M
BUSULFEX INJ 6MG/ML ( <i>busulfan</i> )	M	M
CYCLOPHOSPHAMIDE CAP 25MG, 50MG ( <i>cyclophosphamide</i> )	3	ONC
<i>cyclophosphamide tab</i> (CYTOXAN Equiv)	1	ONC

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GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG ( <i>lomustine</i> )	2	ONC
HEXALEN CAP 50MG ( <i>altretamine</i> )	4	LMSP-ONC
LEUKERAN TAB 2MG ( <i>chlorambucil</i> )	4	LMSP-ONC
<i>melphalan inj 50MG</i> (ALKERAN Equiv)	M	M
<i>melphalan tab 2MG</i> (ALKERAN Equiv)	1	LMSP-ONC
MYLERAN TAB 2MG ( <i>busulfan</i> )	4	LMSP-ONC
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	4	LMSP-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	LMSP-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	LMSP-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>		

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

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<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
<i>leuprolide inj 1MG/0.2ML</i> (LUPRON Equiv)	M	M
LUPRON DEPOT INJ 3.75MG, 7.5MG ( <i>leuprolide acetate</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	LMSP-ONC
NUBEQA TAB 300MG ( <i>darolutamide</i> )	4	MSP-PA-QL-SF QL= 4 tabs/day

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<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 - IMMUNOMODULATORS - Drugs to treat cancer</b>		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ( <i>pomalidomide</i> )	4	MSP-PA-QL QL= 21 caps/28 days
<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
<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	LMSP-ONC-PA-QL-SF QL= 1 tab/day
ALECENSA CAP 150MG ( <i>alectinib hcl</i> )	4	LMSP-ONC-PA-QL QL= 8 caps/day

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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
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
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
CABOMETYX TAB 20MG, 40MG, 60MG ( <i>cabozantinib s-malate</i> )	4	MSP-ONC-PA-QL-SF QL= 1 tab/day

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CALQUENCE CAP 100MG ( <i>acalabrutinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Lumicera Pharmacy 855-847-3553
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	LMSP-ONC-PA-SF
<i>everolimus tab 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	4	LMSP-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

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IBRANCE TAB 100MG, 125MG, 75MG ( <i>palbociclib</i> )	4	KMSP-ONC-PA-QL QL= 1 tab/day
ICLUSIG TAB 15MG, 45MG ( <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	LMSP-ONC-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA 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
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 Lumicera Pharmacy 855-847-3553
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ( <i>ruxolitinib phosphate</i> )	4	MSP-ONC-PA-QL QL= 2 tabs/day

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<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
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	LMSP-ONC-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ( <i>trametinib dimethyl sulfoxide</i> )	4	LMSP-ONC-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ( <i>binimetinib</i> )	4	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

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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
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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
ROZLYTREK CAP 100MG, 200MG ( <i>entrectinib</i> )	4	MSP-PA-QL-SF QL= 3 caps/day
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	LMSP-ONC-PA
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ( <i>dasatinib</i> )	3	LMSP-ONC-PA-SF
STIVARGA TAB 40MG ( <i>regorafenib</i> )	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
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	LMSP-ONC-PA-QL QL= 4 caps/day
TAGRISSO TAB 40MG, 80MG ( <i>osimertinib mesylate</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Lumicera Pharmacy 855-847-3553
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	LMSP-ONC-PA-SF

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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	LMSP-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
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	LMSP-ONC-PA-SF
XALKORI CAP 200MG, 250MG ( <i>crizotinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day

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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	LMSP-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	LMSP-ONC-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG ( <i>ceritinib</i> )	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day
<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
ALFERON-N INJ 5MU/ML ( <i>interferon alfa-n3</i> )	4	KMSP
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	4	LMSP-ONC-PA-SF
HYDREA CAP 500MG ( <i>hydroxyurea</i> )	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC

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INTRON-A INJ 10MU, 18MU, 50MU ( <i>interferon alfa-2b</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	LMSP-ONC
<b>MITOTIC INHIBITORS - Drugs to treat cancer</b>		
ETOPOSIDE CAP 50MG ( <i>etoposide</i> )	4	LMSP-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	-
<i>amantadine syrup 50MG/5ML</i> (SYMMETREL Equiv)	1	-

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<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</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	-
PARLODEL CAP 5MG ( <i>bromocriptine mesylate</i> )	3	-
PARLODEL TAB 2.5MG ( <i>bromocriptine mesylate</i> )	3	-

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<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	-
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		

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<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
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG ( <i>risperidone microspheres</i> )	4	MSP

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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	-
<i>risperidone ODT .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv)	1	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	1	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	1	-
<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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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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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	-
FLUPHENAZINE TAB 10MG, 1MG, 2.5MG, 5MG (fluphenazine hcl)	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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<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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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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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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<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
NEVIRAPINE SUSP (VIRAMUNE Equiv) ( <i>nevirapine</i> )	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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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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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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<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	4	LMSP
COPEGUS TAB 200MG ( <i>ribavirin (hepatitis c)</i> )	4	LMSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDGE Equiv)	4	LMSP-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	LMSP-PA-QL QL= 1 tab/ day
MAVYRET TAB 40MG-100MG ( <i>glecaprevir-pibrentasvir</i> )	4	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 135MCG/0.5ML, 180MCG/0.5ML, 180MCG/ML ( <i>peginterferon alfa-2a</i> )	4	LMSP
PEG-INTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 50MCG/0.5ML, 80MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	4	LMSP
REBETOL SOLN 40MG/ML ( <i>ribavirin (hepatitis c)</i> )	4	LMSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	1	LMSP
<i>ribavirin tab 200MG</i> (COPEGUS Equiv)	1	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir</i> )	4	LMSP-PA-QL QL= 1 tab/ day
TYZEKA TAB 600MG ( <i>telbivudine</i> )	4	KMSP-PA

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VEMLIDY TAB 25MG ( <i>tenofovir alafenamide fumarate</i> )	4	LMSP
VICTRELIS CAP ( <i>boceprevir</i> )	4	MSP-PA-SF
VOSEVI TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	4	LMSP-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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<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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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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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>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	LMSP-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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<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>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	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	1	-

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<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/afll)</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	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	1	-

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<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 120MG, 30MG, 60MG ( <i>diltiazem hcl</i> )	3	-
COVERA-HS TAB ( <i>verapamil hcl</i> )	3	-

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DILTIAZEM CAP 120MG, 180MG, 240MG ( <i>diltiazem hcl</i> )	1	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG, 420MG</i> (CARDIZEM SR 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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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>	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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<i>amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG</i> (CADUET Equiv)	1	-
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG ( <i>amlodipine besylate-atorvastatin calcium</i> )	3	-
<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
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days

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<i>varденаfil ODT 10MG</i> (STAXYN Equiv)	1	QL QL= 6 tabs/30 days
<i>varденаfil 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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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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<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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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 7/1/2020

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>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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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	-

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<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	\$0	-
<i>jolessa tab, amethia tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	3 copays per Rx
<i>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	-

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NATAZIA TAB ( <i>estradiol valerate-dienogest</i> )	3	
NECON TAB 35MCG ( <i>norethindrone-eth estradiol (biphasic)</i> )	\$0	-
<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	-

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<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
ORTHO-EVRA PATCH ( <i>norelgestromin-ethinyl estradiol</i> )	3	-
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	-

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<i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv)	EXC	-
<b>PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy</b>		
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	-
DEXAMETHASONE SOLN .5MG/5ML ( <i>dexamethasone</i> )	1	-
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 4MG, 6MG</i>	1	-
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	1	-
MEDROL DOSE PACK 4MG ( <i>methylprednisolone</i> )	3	-
MEDROL TAB 2MG ( <i>methylprednisolone</i> )	2	-

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<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	-
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	-
<i>prednisolone syrup 15MG/5ML</i>	1	-
PREDNISON 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>		

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

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<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 6.3MG/5ML-100MG/5ML</i> (TUSSI-ORGANIDIN-S Equiv)	1	OTC-QL QL= 240ml/fill
<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> (PHENERGAN VC/CODEINE Equiv)	1	-
<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML</i> (PHENERGAN/CODEINE Equiv)	1	-

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<i>pseudoephedrine/brompheniramine/codeine liquid</i> 1.33MG/5ML-6.33MG/5ML-10MG/5ML (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	-
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	-

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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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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	-
<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

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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	-
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	-

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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
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%</i> <i>-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

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<i>tretinoin gel .04%, .1%</i> (RETIN-A GEL Equiv)	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	-
<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 .1%</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>		

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<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	1	-
<i>ciclopirox gel .77%</i> (LOPROX GEL Equiv)	1	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	1	-
<i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv)	1	-
<i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv)	1	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	1	-
<i>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>ketconazole cream 2%</i> (NIZORAL CREAM Equiv)	1	-
<i>ketconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% <i>(ciclopirox olamine)</i>	3	-
LOPROX GEL <i>(ciclopirox)</i>	3	-
LOPROX SHAMPOO 1% <i>(ciclopirox)</i>	3	-
LOTRISONE CREAM .05%-1% <i>(clotrimazole w/ betamethasone)</i>	3	-

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LOTRISONE LOTION ( <i>clotrimazole w/ betamethasone</i> )	3	
MENTAX CREAM 1% ( <i>butenafine hcl</i> )	3	-
NAFTIFINE CREAM 1% ( <i>naftifine hcl</i> )	3	-
<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>ketconazole (topical)</i> )	3	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<i>nystatin oint 100000UNIT/GM</i>	1	-
<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	1	-
<i>oxiconazole nitrate cream 1%</i> (OXISTAT Equiv)	1	-
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

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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	-
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	LMSP-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	LMSP-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>		

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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	LMSP
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	4	LMSP
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	1	-
<i>calcipotriene oint .005%</i>	1	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	1	-
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	LMSP
OXSORALEN ULTRA CAP 10MG ( <i>methoxsalen rapid</i> )	3	LMSP
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	LMSP

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<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	-
<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	-

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SULFAMYLLON 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	-
<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	-

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135

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>calcipotriene/betamethasone dipropionate susp .005%-.064%</i>	1	-
<i>calcipotriene/betamethasone oint .005%-.064%</i> (TACLONEX Equiv)	1	-
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	-
<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	-

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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	-
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	-

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<i>fluocinolone acetone 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	-
<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 acetone (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	-

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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	-
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	-

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ULTRAVATE OINT .05% ( <i>halobetasol propionate</i> )	3	-
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		
DUPIXENT INJ 200MG/1.14ML ( <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	-
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

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<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 ( <i>lidocaine-prilocaine</i> )	3	-
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel 2%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint</i>	1	QL QL= 107gm/30 days
<i>lidocaine patch 4%, 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	-

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DRYSOL SOLN 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 GEL 15% ( <i>azelaic acid</i> )	3	-
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 LOTION 10% ( <i>crotamiton</i> )	3	-
LINDANE LOTION ( <i>lindane</i> )	3	-
<i>lindane shampoo 1%</i>	1	-

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<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	-
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>		

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ACCU-CHEK AVIVA PLUS TEST STRIP ( <i>glucose blood</i> )	2	
ACCU-CHEK GUIDE TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
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

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PRECISION XTRA TEST STRIP ( <i>glucose blood</i> )	2	
<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
NUTRITIONAL SUPPLEMENT POWDER ( <i>nutritional supplements</i> )	2	OTC-PA
<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	-

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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

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<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>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	-
<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>		

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<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 ( <i>furosemide</i> )	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG ( <i>furosemide</i> )	3	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
<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 (DIURIL Equiv) ( <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	-

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<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	-
<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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	LMSP
FOSAMAX TAB 70MG ( <i>alendronate sodium</i> )	3	-
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	LMSP
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

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<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	LMSP
<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
<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 HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution</b>		
EGRIFTA INJ 1MG, 2MG ( <i>tesamorelin acetate</i> )	EXC	-
<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	LMSP-PA
<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
EVISTA TAB 60MG ( <i>raloxifene hcl</i> )	3	-

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<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	LMSP
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
ALDURAZYME INJ 2.9MG/5ML ( <i>laronidase</i> )	M	M
<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	-

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<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	-
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	-

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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%, .1MG/ML</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-
<i>desmopressin nasal soln</i> (DDAVP Equiv)	1	-
STIMATE NASAL SOLN 1.5MG/ML ( <i>desmopressin acetate</i> )	2	LMSP
<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	LMSP

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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 15MG <i>(tolvaptan)</i>	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG <i>(tolvaptan)</i>	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
<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	-
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	-

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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	-
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 ( <i>estradiol tab</i> )	3	-
<i>estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR</i> (CLIMARA Equiv)	1	-

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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		

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

Last Updated 7/1/2020

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>estradiol tab .5MG, 1MG, 2MG (ESTRACE Equiv)</i>	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	-
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	-

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<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>		
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

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

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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

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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>alosetron tab .5MG, 1MG</i> (LOTRONEX Equiv)	1	-
LOTRONEX TAB .5MG, 1MG ( <i>alosetron hcl</i> )	3	-
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
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	-

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<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>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	-
<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	-

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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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	-
<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>GENITOURINARY 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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<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, 99.5MG</i> (PYRIDIDIUM Equiv)	1	-
PYRIDIDIUM TAB 100MG, 200MG, 97.2MG, 99.5MG ( <i>phenazopyridine hcl</i> )	3	-
<b>URINARY STONE AGENTS - Drugs to prevent kidney stones</b>		
LITHOSTAT TAB 250MG ( <i>acetohydroxamic acid</i> )	3	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	1	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<i>allopurinol tab</i> (ZYLOPRIM Equiv)	1	-

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<i>colchicine tab .6MG</i> (COLCRYS Equiv)	1	PA
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	1	ST Step Therapy requires trial of allopurinol
MITIGARE CAP .6MG ( <i>colchicine</i> )	2	-
ULORIC TAB 40MG, 80MG ( <i>febuxostat</i> )	3	ST Step Therapy requires trial of allopurinol
ZYLOPRIM TAB 100MG, 300MG ( <i>allopurinol</i> )	3	-
<b>URICOSURICS - Drugs to treat gout</b>		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	1	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
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

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<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	-
<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	-
TICLOPIDINE TAB (TICLID Equiv) ( <i>ticlopidine hcl</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>		

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<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>AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders</b>		
ENDARI POWDER PACK 5GM ( <i>glutamine (sickle cell)</i> )	4	LMSP-PA-QL QL= 6 packets/day
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
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

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

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<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		
ARANESP INJ 100MCG/ML, 200MCG/ML, 25MCG/ML, 300MCG/ML, 40MCG/ML, 60MCG/ML <i>(darbepoetin alfa)</i>	4	LMSP-ST Step Therapy requires trial of EPOGEN or PROCRI
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	LMSP
FULPHILA INJ 6MG/0.6ML <i>(pegfilgrastim-jmdb)</i>	4	LMSP
NEUMEGA INJ <i>(oprelvekin)</i>	4	LMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML <i>(filgrastim-aafi)</i>	4	LMSP
PROCRI INJ 40000UNIT/ML <i>(epoetin alfa)</i>	4	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG <i>(eltrombopag olamine)</i>	4	LMSP-PA
RETACRI INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML <i>(epoetin alfa-epbx)</i>	4	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML <i>(filgrastim-sndz)</i>	4	LMSP
ZIEXTENZO INJ 6MG/0.6ML <i>(pegfilgrastim-bmez)</i>	4	LMSP
<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	-

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<i>ferrex 150 forte cap</i>	1	
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG ( <i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i> )	3	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG ( <i>fe asp gly-fe polysaccharide-succ acid-c-threonic acid-b12-fa</i> )	1	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ( <i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i> )	1	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ( <i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i> )	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ( <i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i> )	1	-
<i>multivitamin tab 1MG-25MCG-100MG-250MG</i>	1	-

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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
<b>HEMOSTATICS - Drugs to stop bleeding/treat blood disorders</b>		
<b>HEMOSTATICS - SYSTEMIC - Drugs to thin the blood</b>		

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

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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>ANTIHISTAMINE 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>		
BUTISOL ELIXIR ( <i>butabarbital sodium</i> )	3	-
BUTISOL TAB 30MG ( <i>butabarbital sodium</i> )	3	-

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<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 ( <i>zolpidem tartrate tab</i> )	3	QL QL= 1 tab/day
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	1	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	1	QL QL= 1 tab/day
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	-
<i>temazepam cap 7.5mg 7.5MG</i> (RESTORIL Equiv)	1	-
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	1	-

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<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
<i>peg 3350/electrolytes soln</i> <b>2.97GM-5.86GM-6.74GM-22.74GM-236GM,</b> <b>2.98GM-5.84GM-6.72GM-22.72GM-240GM</b> (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

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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 1.48GM-5.72GM-11.2GM-420GM</i> (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>		
<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	-

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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>		
ERYTHROMYCIN EC CAP 250MG ( <i>erythromycin base</i> )	2	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	1	-
<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>		

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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
CALIBRATION LIQUID ( <i>blood glucose calibration</i> )	1	OTC
FREESTYLE FREEDOM LITE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
FREESTYLE INSULINX METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC

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FREESTYLE LIBRE RECEIVER ( <i>continuous blood glucose system receiver</i> )	2	
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
<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	-

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

Last Updated 7/1/2020

<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
TECHLITE INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	
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>		
ERGOMAR SL TAB 2MG ( <i>ergotamine tartrate</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

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IMITREX TAB 100MG, 25MG, 50MG ( <i>sumatriptan succinate</i> )	3	QL QL= 9 tabs/fill, 2 fills/30 days
MAXALT MLT TAB 10MG, 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
<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>		

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FLUOR-A-DAY CHEW TAB .25MG-236.79MG, .5MG-236.79MG, 1MG-236.79MG ( <i>sodium fluoride-xylitol</i> )	1	-
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
<i>sodium fluoride tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<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	-

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<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	1	-
<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
<i>KLOR-CON M15 TAB 15MEQ (potassium chloride microencapsulated crystals er)</i>	2	-
<i>KLOR-CON POWDER PACKET (potassium chloride)</i>	3	-
<i>KLOR-CON POWDER PACKET 25MEQ 25MEQ (potassium chloride)</i>	3	-
<i>K-TAB 20MEQ, 8MEQ (potassium chloride)</i>	3	-
<i>MICRO-K CAP 10MEQ, 8MEQ (potassium chloride)</i>	3	-
<i>potassium bicarbonate effer tab 25MEQ, 2GM-2.5GM</i> (K-LYTE Equiv)	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-
<i>potassium chloride micro tab 10MEQ, 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	-
<b>SODIUM - Drugs to treat electrolyte disorders</b>		
<i>sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%</i>	M	M

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<b>ZINC - Drugs to treat mineral deficiency</b>		
GALZIN CAP 25MG, 50MG ( <i>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>		
DEPEN TITRATAB 250MG ( <i>penicillamine</i> )	3	-
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	4	LMSP-PA
<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	LMSP-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	LMSP-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>		

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FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM/119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/237ML ( <i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i> )	3	-
LIDOCAINE ORAL SOLN 4% 4% ( <i>lidocaine hcl (mouth-throat)</i> )	2	-
<i>lidocaine viscous soln 2%</i>	1	-
LTA 360 KIT ( <i>lidocaine hcl (mouth-throat)</i> )	3	-
<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	-
<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		

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<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>		
<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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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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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 amino acid chelate-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	-
<i>carisoprodol tab 250MG, 350MG (SOMA Equiv)</i>	1	QL QL=120 tabs/30 days

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<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	-
FEXMID TAB 7.5MG ( <i>cyclobenzaprine hcl</i> )	3	-
FLEXERIL TAB ( <i>cyclobenzaprine hcl</i> )	3	-
<i>metaxalone tab 400MG, 800MG</i> (SKELAXIN Equiv)	1	-
METAXALONE TAB 400MG 400MG ( <i>metaxalone</i> )	3	-
<i>methocarbamol tab 500MG, 750MG</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</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>		
NORGESIC FORTE TAB ( <i>orphenadrine w/ aspirin &amp; caff</i> )	3	-

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NORGESIC TAB FORTE 50MG-60MG-770MG ( <i>orphenadrine w/ aspirin &amp; caff</i> )	3	-
<i>orphenadrine/aspirin/caffeine tab</i> 50MG-60MG-770MG (NORGESIC FORTE Equiv)	1	-
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<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	-
<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>		
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> )	3	OTC-QL QL= 2 bottles/fill
<i>triamcinolone nasal spray 55MCG/ACT</i> (NASACORT Equiv)	1	QL QL= 2 bottles/fill

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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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<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
MCT OIL ( <i>medium chain triglycerides</i> )	2	OTC-PA
<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 OPHTH SOLN .5% ( <i>levobunolol hcl</i> )	3	-

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COMBIGAN OPHTH SOLN .2%-.5% ( <i>brimonidine tartrate-timolol maleate</i> )	2	-
COSOPT OPHTH SOLN 6.8MG/ML-22.3MG/ML ( <i>dorzolamide hcl-timolol maleate</i> )	3	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	1	-
<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	-
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	-

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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	-
<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	-

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<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	-
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 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv)	1	-

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<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM (POLYSPORIN Equiv)</i>	1	-
<i>BLEPH-10 OPHTH SOLN 10% (sulfacetamide sodium (ophth))</i>	3	-
<i>CILOXAN OPHTH OINT .3% (ciprofloxacin hcl (ophth))</i>	3	-
<i>CILOXAN OPHTH SOLN .3% (ciprofloxacin hcl (ophth))</i>	3	-
<i>ciprofloxacin ophth soln .3% (CILOXAN Equiv)</i>	1	-
<i>erythromycin ophth oint 5MG/GM</i>	1	-
<i>gatifloxacin ophth soln .5% (ZYMAXID Equiv)</i>	1	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
<i>GENTAK OPHTH OINT .3% (gentamicin sulfate (ophth))</i>	1	-
<i>gentamicin ophth oint .3% (GARAMYCIN Equiv)</i>	1	-
<i>gentamicin ophth soln .3% (GARAMYCIN Equiv)</i>	1	-
<i>levofloxacin ophth soln .5% (QUIXIN Equiv)</i>	1	-
<i>moxifloxacin ophth soln .5% (VIGAMOX OPHTH SOLN Equiv)</i>	1	-
<i>NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML (neomycin-polymyxin-gramicidin)</i>	1	-

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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> (TOBREX Equiv)	1	-
TOBREX OPHTH OINT ( <i>tobramycin sulfate (ophth)</i> )	3	-
TOBREX OPHTH SOLN ( <i>tobramycin sulfate (ophth)</i> )	3	-
<i>trifluridine ophth soln 1%</i> (VIROPTIC Equiv)	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>		

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

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<i>fluorometholone ophth soln .1%</i> (FML LIQUIFILM Equiv)	1	-
FML FORTE OPHTH SUSP .25% ( <i>fluorometholone (ophth)</i> )	3	-
FML LIQUIFLIM OPHTH SUSP .1% ( <i>fluorometholone (ophth)</i> )	3	-
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	-
<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	-

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

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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	-
ALOCRILOPHTH SOLN 2% ( <i>nedocromil sodium (ophth)</i> )	2	-
ALOMIDE OPHTH SOLN .1% ( <i>lodoxamide tromethamine</i> )	2	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	1	-
AZOPT OPHTH SUSP 1% ( <i>brinzolamide</i> )	2	-
BEPREVE OPHTH SOLN 1.5% ( <i>bepotastine besilate</i> )	3	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	1	-
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) .09% ( <i>bromfenac sodium (ophth)</i> )	1	-

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CROLOM OPHTH SOLN ( <i>cromolyn sodium (ophth)</i> )	3	
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-
CYSTARAN OPHTH 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	-
ELESTAT OPHTH SOLN .05% ( <i>epinastine hcl (ophth)</i> )	3	-
EMADINE OPHTH SOLN .05% ( <i>emedastine difumarate</i> )	3	-
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-
<i>flurbiprofen ophth soln .03%</i>	1	-
ILEVRO OPHTH SUSP .3% ( <i>nepafenac</i> )	2	-
<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

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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 OPHTH 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
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	-

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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	-
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-chloroxylenol 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	-

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OTOZIN OTIC DROPS (antipyrine-benzocaine-glycerin-zinc acetate)	3	
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS Equiv)	1	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
ACETASOL HC OTIC SOLN (hydrocortisone w/acetic acid)	3	-
acetic acid/hydrocortisone otic soln 1%-2% (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% (fluocinolone acetonide (otic))	3	-
fluocinolone otic oil .01% (DERMOTIC Equiv)	1	-
VOSOL HC OTIC SOLN (hydrocortisone w/acetic acid)	3	-
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
methylergonovine tab .2MG (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 (immune globulin (human) im)	M	M
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM (immune globulin (human) iv)	M	M

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HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	2	KMSP-PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency</b>		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	4	KMSP-PA
<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> )	2	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human)-klhw</i> )	4	LD-PA Only available through CVS Specialty 800-237-2767
<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG ( <i>amoxicillin</i> )	1	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-

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<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
<i>ampicillin cap 250MG, 500MG</i> (PRINCIPEN Equiv)	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> (VEETIDS Equiv)	1	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	1	-
<i>pfizerpen g inj 20000000UNIT, 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	-
<i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	1	-

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<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i>	M	M
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
<b>PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections</b>		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	1	-
<i>naftillin 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>		

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<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>		
<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	-

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<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
<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	-

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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	-
<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

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<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
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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

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<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>COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG ( <i>chlordiazepoxide-amitriptyline</i> )	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>		
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>		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
<b>PSEUDOBLBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders</b>		
NUEDEXTA CAP 10MG-20MG ( <i>dextromethorphan hbr-quinidine sulfat</i> e)	2	PA-QL QL= 2 caps/day
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs</b>		

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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
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>		

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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	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ( <i>tezacaftor-ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 2 tabs/day
TRIKAFTA TAB 50MG-100MG ( <i>elxacaftor-tezacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 84 tabs/28 days
<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
ESBRIET TAB 267MG 267MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 9 tabs/day

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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	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	1	-

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<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	-
VIBRAMYCIN CAP 100MG ( <i>doxycycline hyclate</i> )	3	-

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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	-
THYROLAR TAB 120MG, 15MG, 180MG, 30MG, 60MG ( <i>liotrix (t3-t4)</i> )	2	-

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<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	-
LEVBID TAB .375MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSIN SL TAB .125MG ( <i>hyoscyamine sulfate</i> )	3	-

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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>proprantheline 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>cimetidine tab 200MG, 300MG, 400MG, 800MG</i> (TAGAMET Equiv)	1	-
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	1	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	1	-
<i>nizatidine cap 150MG, 300MG</i> (AXID Equiv)	1	-
PEPCID SUSP 40MG/5ML ( <i>famotidine</i> )	3	-
PEPCID TAB 10MG, 20MG, 40MG ( <i>famotidine</i> )	3	-
ZANTAC GRANULE PACKET ( <i>ranitidine hcl</i> )	3	-
<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	Rx Only
LANSOPRAZOLE SUSP 3MG/ML ( <i>lansoprazole</i> )	3	-

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<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	1	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	1	-
PREVACID OTC CAP 15MG ( <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
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
NIZATIDINE CAP 150MG ( <i>nizatidine</i> )	1	-
<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>		

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

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<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>		
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>		

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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
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

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FLUCELVAX QUAD INJ ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	\$0	
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 HD PF INJ ( <i>influenza virus vac split high-dose quad 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
FLUZONE/FLUARIX QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC
<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	-

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

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

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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
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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ENDOMETRIN INSERT 100MG ( <i>progesterone (vaginal)</i> )	2	PA
PROGESTERONE SUPP 100MG, 200MG, 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</i> (EPIPEN (JR) Equiv)	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</i> (PROAMATINE Equiv)	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>		
PRENATAL VITAMINS (NON-PREFERRED) ( <i>prenatal multivit-min w/fe-fa</i> )	3	-
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, RENAPLUS) ( <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	-

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<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 250MG, 500MG</i>	1	OTC
<i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv)	1	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	1	OTC
NIACIN TR TAB 1000MG ( <i>niacin</i> )	1	OTC
<i>niacinamide tab 100MG, 500MG</i>	1	OTC
POTABA CAP 500MG ( <i>potassium aminobenzoate</i> )	3	-
POTABA POWDER PACKET 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	174	ACTEMRA ACTPEN INJ	7
8-MOP CAP	133	METER		ACTEMRA SC INJ	7
<b>A</b>		ACCU-CHEK	144	ACTIGALL CAP	158
abacavir soln	97	SMARTVIEW TEST		ACTIMMUNE INJ	89
abacavir tab	97	STRIP		ACTIQ LOZENGE	11
abacavir/lamivudine tab	97	ACCU-CHEK TEST STRIP	144	ACTIVELLA TAB	154
abacavir/lamivudine/zidovu	97	ACCUNEB NEB SOLN	27	ACTONEL TAB	148
dine tab		ACCUPRIL TAB	64	ACTOPLUS MET XR TAB	44
ABILIFY DISCMELT	96	ACCURETIC TAB	67	ACTOS TAB	51
ABILIFY SOLN	96	acebutolol cap	107	ACULAR (LS) OPHTH	196
ABILIFY TAB	96	acetaminophen/codeine	14	SOLN	
abiraterone tab 250mg	80	soln		ACUVAIL OPHTH SOLN	196
ABSTRAL SL TAB	11	acetaminophen/codeine tab	15	acyclovir cap	104
acamprosate calcium DR	204	ACETASOL HC OTIC	200	acyclovir cream	134
tab		SOLN		acyclovir oint	134
acarbose tab	44	acetazolamide ER cap	145	acyclovir susp	104
ACCOLATE TAB	26	acetazolamide tab	145	acyclovir tab	104
ACCU-CHEK AVIVA	174	acetic acid otic soln	198	ADAGEN INJ	109
PLUS METER		ACETIC	198	ADALAT CC TAB	109
ACCU-CHEK AVIVA	143	ACID/ALUMINUM		adapalene cream	126
PLUS TEST STRIP		ACETATE OTIC SOLN		adapalene gel	126
ACCU-CHEK GUIDE	174	acetic acid/hydrocortisone	200	adapalene/benzoyl	126
CARE METER		otic soln		peroxide gel 0.1-2.5%	
ACCU-CHEK GUIDE ME	174	acetylcysteine soln	126	ADDERALL TAB	1
KIT		ACIDIC VAGINAL JELLY	220	ADDERALL XR CAP	1
ACCU-CHEK GUIDE	144	acitretin cap	133	adefovir dipivoxil tab	103
TEST STRIP		ACLOVATE CREAM	135	ADEMPAS TAB	114
		ACLOVATE OINT	135	ADIPEX-P CAP	2

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## ALPHABETICAL LISTING OF DRUGS

ADIPEX-P TAB	2	albuterol sulfate tab	28	ALOGLIPTIN-METFORM	44
ADMELOG INJ, INSULIN LISPRO INJ	48	albuterol/ipratropium neb soln	28	IN TAB	
ADMELOG SOLOSTAR INJ, INSULIN LISPRO	48	ALCAINE OPHTH SOLN	193	ALOGLIPTIN-PIOGLITA ZONE TAB	45
KWIKPEN INJ (JUNIOR)		alclometasone cream	135	ALOMIDE OPHTH SOLN	196
ADOXA TAB	211	alclometasone oint	135	ALORA PATCH	155
ADVAIR DISKUS INHALER	27	ALCOHOL SWABS	175	alosepron tab	159
ADVAIR HFA INHALER	28	ALDACTAZIDE TAB	146	ALPHAGAN P OPHTH SOLN 0.1%	190
AEROCHAMBER	176	ALDACTAZIDE TAB	146	ALPHAGAN P OPHTH SOLN 0.15%	190
AEROCHAMBER SUPPLIES	176	50-50MG		alprazolam tab	22
AFINITOR DISPERZ	82	ALDACTONE TAB	147	ALREX OPHTH SUSP	193
AFINITOR TAB 10MG	78	ALDARA CREAM	140	ALTACE CAP	64
AFLURIA INJ	219	ALDURAZYME INJ	151	ALTACE TAB	64
AFLURIA INJ, FLUZONE INJ	219	ALECENSA CAP	82	ALTOPREV TAB	62
AGRYLIN CAP	164	ALENDRONATE SOLN	148	aluminum chloride soln	141
AKNE-MYCIN OINT	126	alendronate tab	148	ALUNBRIG TAB 30MG	83
AKYNZEO CAP	56	ALENDRONATE TAB	148	ALUNBRIG TAB 90MG, 180MG	83
ALAMAST OPHTH SOLN	196	40MG		amantadine cap	90
ALBATUSIN LIQUID	123	ALFERON-N INJ	89	amantadine syrup	90
albendazole tab	20	alfuzosin SR tab	162	amantadine tab	91
ALBENZA TAB	20	ALINIA SUSP	73	AMARYL TAB	52
albuterol neb soln	28	ALINIA TAB	73	AMBIEN TAB	170
albuterol sulfate ER tab	28	aliskiren tab	72	ambrisentan tab	113
albuterol sulfate syrup	28	ALKERAN TAB	78	AMERGE TAB	176
		ALLEGRA ODT	59	amethyst tab	117
		allopurinol tab	162		
		ALOCRILOPHTH SOLN	196		
		ALOGLIPTIN TAB	47		

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## ALPHABETICAL LISTING OF DRUGS

AMICAR SOLN	169	amoxicillin cap	201	ANDROGEL 1% 50MG,	17
AMICAR SYRUP	169	AMOXICILLIN CHEW	201	TESTIM GEL 1%	
AMICAR TAB	169	TAB		ANDROGEL 1.62%	17
amikacin inj	5	amoxicillin susp	201	1.25GM	
amiloride tab	147	amoxicillin tab	202	ANDROGEL 1.62%	17
amiloride/hydrochlorothia	146	amoxicillin/clavulanate	202	2.5GM	
zide tab		chew tab		ANDROGEL PUMP 1%	17
aminocaproic acid soln	169	amoxicillin/clavulanate ER	202	ANDROGEL PUMP	18
aminocaproic acid syrup	169	tab		1.62%	
aminocaproic acid tab	169	amoxicillin/clavulanate	202	ANDROID CAP,	18
aminophylline tab	30	susp		TESTRED CAP	
amiodarone tab	24	amoxicillin/clavulanate tab	203	ANDROXY TAB	18
amitriptyline tab	43	500-125mg, 875-125mg		ANGELIQ TAB	154
amlodipine tab	109	amphetamine/dextroamphe	1	ANORO ELLIPTA	28
amlodipine/atorvastatin tab	112	tamine tab		INHALER	
amlodipine/benazepril cap	67	ampicillin cap	202	ANTABUSE TAB	204
amlodipine/olmesartan tab	67	ampicillin susp	202	ANUSOL-HC CREAM	20
amlodipine/valsartan tab	67	ampicillin/sulbactam inj	203	ANZEMET TAB	55
amlodipine/valsartan/hydro	68	AMTURNIDE TAB	68	APIDRA INJ	48
chlorothiazide tab		ANADROL TAB	17	APIDRA SOLOSTAR INJ	48
AMMONIUM CHLORIDE	177	ANAFRANIL CAP	43	APOKYN INJ	91
INJ		anagrelide cap	164	apraclonidine ophth soln	190
ammonium lactate cream	140	ANASPAZ ODT	214	aprepitant pak	56
ammonium lactate lotion	140	anastrozole tab	80	APTIVUS CAP	97
amnesteem cap, claravis	126	ANCOBON CAP	57	APTIVUS SOLN	97
cap, isotretinoin cap,		ANDRODERM PATCH	17	ARALEN TAB	76
myorisan cap, zenatane cap		ANDROGEL 1% 25MG	17	aranelle tab	117
AMOXAPINE TAB	43			ARANESP INJ	166

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## ALPHABETICAL LISTING OF DRUGS

ARAVA TAB	9	atenolol/chlorthalidone tab	68	AVANDIA TAB	51
ARICEPT ODT	205	ATIVAN TAB	23	AVAPRO TAB	65
ARICEPT TAB	205	atomoxetine cap	2	AVC VAGINAL CREAM	221
ARICEPT TAB 23MG	205	atorvastatin tab 10mg	62	AVELOX TAB	156
ARIMIDEX TAB	80	atorvastatin tab 20mg	62	aviane tab	117
aripiprazole ODT	96	atorvastatin tab 40mg	62	AVINZA CAP	11
aripiprazole soln	97	atorvastatin tab 80mg	62	AVODART CAP	162
aripiprazole tab	97	atovaquone susp	73	AVONEX INJ	208
ARIXTRA INJ	31	atovaquone/proguanil tab	76	AXIRON SOLN	18
armodafinil tab	3	ATRALIN GEL, RETIN-A	126	AYGESTIN TAB	204
ARMOUR THYROID	213	GEL		AZASITE SOLN	190
TAB, NATURE THROID		ATRIPLA TAB	98	azathioprine tab	105
TAB		atropine ophth oint	188	azelaic acid gel	142
ARNUITY ELLIPTA	26	atropine ophth soln	188	azelastine nasal spray 0.1%	186
INHALER		ATROVENT HFA	25	azelastine ophth soln	196
AROMASIN TAB	80	INHALER		AZILECT TAB	92
ARTHROTEC TAB	7	ATROVENT NASAL	186	azithromycin susp	172
ASMANEX HFA	27	SPRAY		azithromycin tab	172
INHALER		AUBAGIO TAB	208	AZOPT OPHTH SUSP	196
ASMANEX INHALER	27	AUGMENTIN ES-600	203	AZOR TAB	68
aspirin chew tab 81mg	10	SUSP		AZULFIDINE EN TAB	158
aspirin ec tab 325mg	10	AUGMENTIN SUSP	203	AZULFIDINE TAB	158
aspirin ec tab 81mg	10	AUGMENTIN TAB	203		
aspirin tab 325mg	11	AUGMENTIN XR TAB	203	<b>B</b>	
ASPIRIN TAB 81MG	11	AURYXIA TAB	159	BACITRACIN OPHTH	190
atazanavir cap	97	AVALIDE TAB	68	OINT	
ATELVIA TAB	148	AVANDAMET TAB	45	bacitracin/neomycin/poly	190
atenolol tab	107	AVANDARYL TAB	45	myxin b ophth oint	

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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	

## ALPHABETICAL LISTING OF DRUGS

bacitracin/polymyxin b ophth oint	191	BENLYSTA AUTO-INJECTOR	180	betamethasone valerate cream	135
bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	193	BENLYSTA INJ	180	betamethasone valerate lotion	135
baclofen tab 10mg, 20mg	184	BENTYL CAP	214	betamethasone valerate oint	135
BACTRIM DS TAB	73	BENTYL SYRUP	214	BETAPACE AF TAB	108
BACTROBAN OINT	129	BENTYL TAB	214	BETAPACE TAB	108
balsalazide cap	158	BENZACLIN GEL	127	bethanechol tab	218
BALVERSA TAB 3MG	83	BENZAMYCIN GEL	127	bexarotene cap	89
BALVERSA TAB 4MG	83	BENZNIDAZOLE TAB	20	BIAXIN SUSP	173
BALVERSA TAB 5MG	83	benzonatate cap 100mg, 200mg	123	BIAXIN TAB	173
BANZEL SUSP	32	benztropine tab	90	BIAXIN XL TAB	173
BANZEL TAB	32	BEPREVE OPHTH SOLN	196	bicalutamide tab	80
BAQSIMI NASAL POWDER	46	BETAGAN OPHTH SOLN	187	BIKTARVY TAB	98
BASAGLAR INJ	49	betamethasone augmented cream	135	BILTRICIDE TAB	20
B-D AUTOSHIELD DUO PEN NEEDLE	175	betamethasone augmented gel	135	bimatoprost ophth soln	198
B-D INSULIN SYRINGE U-500	175	betamethasone augmented lotion	135	bisoprolol tab	107
BECONASE AQ NASAL SPRAY	186	betamethasone augmented oint	135	bisoprolol/hydrochlorothia zide tab	68
benazepril tab	64	betamethasone dipropionate cream	135	BLEPH-10 OPHTH SOLN	191
benazepril/hydrochlorothia zide tab	68	betamethasone dipropionate lotion	135	BLEPHAMIDE S.O.P.	193
BENICAR HCT TAB	68	betamethasone dipropionate oint	135	OPHTH OINT	
				BONIVA TAB 150MG	149
				bosentan tab	113
				BOSULIF TAB	83
				BRAFTOVI CAP 50MG	83
				BRAFTOVI CAP 75MG	83

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## ALPHABETICAL LISTING OF DRUGS

BREO ELLIPTA INHALER	28	bupropion ER tab	39	calcipotriene/betamethasone dipropionate suspension ointment	136
BRILINTA TAB	164	bupropion SR tab	209	calcipotriene/betamethasone ointment	136
brimonidine ophthalmic solution 0.15%	190	bupropion tab	39	calcitonin nasal spray	149
brimonidine ophthalmic solution 0.2%	190	bupropion XL tab	39	calcitriol cap	151
bromfenac ophthalmic solution	196	BUSPAR TAB	22	CALCITRIOL OINT	133
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	196	buspirone tab	22	calcitriol solution	151
bromocriptine cap	91	busulfan injection	78	calcium acetate cap	159
bromocriptine tab	91	BUSULFEX INJ	78	CALIBRATION LIQUID	174
BRONCOPECTOL SYRUP	123	BUTISOL ELIXIR	169	CALQUENCE CAP	84
BROVANA NEB SOLN	28	BUTISOL TAB	169	CAMPRAL TAB	204
BROVEX PEB LIQUID	123	butorphanol nasal spray	17	CANTIL TAB	214
BRUKINSA CAP	83	BUTRANS PATCH	17	capecitabine tab	79
budesonide ER tab	121	BYDUREON BCISE AUTO INJ	47	CAPEX SHAMPOO	136
budesonide inhalation suspension	27	BYDUREON INJ	47	CAPITAL/CODEINE SUSP	15
budesonide SR cap	121	BYDUREON PEN INJ	48	CAPRELSA TAB	84
bumetanide tab	147	BYETTA INJ	48	captopril tab	64
buprenorphine patch	16	BYSTOLIC TAB	107	CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	68
buprenorphine SL tab	16	<b>C</b>			
buprenorphine/naloxone sublingual film	16	cabergoline tab	153	CARAFATE SUSP	216
buprenorphine/naloxone SL tab	16	CABLIVI INJ KIT	164	CARAFATE TAB	215
		CABOMETYX TAB	83	CARBAGLU TAB	151
		CADUET TAB	112	carbamazepine chewable tablet	32
		CALAN SR TAB	109	carbamazepine ER cap	32
		CALAN TAB	109	carbamazepine ER tab	33
		calcipotriene cream	133	carbamazepine suspension	33
		calcipotriene ointment	133		
		calcipotriene solution	133		

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## ALPHABETICAL LISTING OF DRUGS

carbamazepine tab	33	CEDAX CAP	116	cephalexin cap	115
CARBATROL CAP	33	CEDAX SUSP	116	cephalexin susp	115
carbidopa tab	90	cefaclor cap	115	CERDELGA CAP	165
carbidopa/levodopa ER tab	91	CEFACLOR ER TAB	115	CEREZYME INJ	165
carbidopa/levodopa ODT	91	CEFACLOR SUSP	115	CERVICAL CAP	174
carbidopa/levodopa tab	91	cefazolin inj	115	CESAMET CAP	56
CARBIDOPA/LEVODOP	91	CEFAZOLIN INJ	115	cesia tab	117
A/ENTACAPONE TAB		cefdinir cap	116	cevimeline cap	182
carbinoxamine soln	58	cefdinir susp	116	CHANTIX PAK	209
CARBINOXAMINE TAB	59	CEFDITOREN TAB	116	CHANTIX TAB	209
CARDENE SR CAP	109	cefixime cap	116	CHEMET CAP	53
CARDIZEM CD CAP	109	cefixime susp	116	chlordiazepoxide cap	23
CARDIZEM TAB	109	CEFOTAXIME INJ	116	CHLORDIAZEPOXIDE/A	207
CARDURA TAB	66	cefoxitin inj	115	MITRIPTYLINE TAB	
CARDURA XL TAB	162	cefpodoxime proxetil susp	116	chlorhexidine gluconate	182
carisoprodol tab	184	cefpodoxime proxetil tab	116	soln	
CARMOL-HC CREAM	136	CEFTIN SUSP	115	chloroquine tab	76
CARNITOR SOLN	151	CEFTIN TAB	115	CHLOROTHIAZIDE TAB	147
CARNITOR TAB	151	ceftriaxone inj	116	chlorpheniramine ER cap	58
carvedilol phosphate ER	107	cefuroxime susp	115	chlorpromazine tab	96
cap		cefuroxime tab	116	CHLORPROPAMIDE	52
carvedilol tab	107	CELEBREX CAP	7	TAB	
CASODEX TAB	80	celecoxib cap	7	CHLORTHALIDONE TAB	147
CATAFLAM TAB	7	CELEXA SOLN	39	chlorzoxazone tab 500mg	185
CATAPRES TAB	66	CELEXA TAB	39	CHOLBAM CAP	157
CATAPRES-TTS PATCH	66	CELONTIN CAP	37	cholecalciferol cap 50000	223
CAVERJECT INJ	112	CENESTIN TAB	155	unit	
CAYSTON INH SOLN	75	CENTANY OINT	129		

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## ALPHABETICAL LISTING OF DRUGS

cholestyramine lite powder	60	CIPRO XR TAB	156	CLEOCIN VAGINAL SUPP	221
cholestyramine lite powder pack	60	CIPRODEX OTIC SUSP	199	CLEOCIN-T GEL	127
cholestyramine powder	60	CIPROFLOXACIN 100MG TAB	156	CLEOCIN-T LOTION	127
cholestyramine powder pack	61	CIPROFLOXACIN ER TAB	156	CLEOCIN-T PAD	127
choline magnesium trisalicylate tab	11	ciprofloxacin ophth soln	191	CLEOCIN-T SOLN	127
CHROMAGEN FA TAB	166	CIPROFLOXACIN OTIC SOLN	199	CLIMARA PATCH	155
ciclopirox cream	130	ciprofloxacin susp	157	CLIMARA PRO PATCH	154
ciclopirox gel	130	ciprofloxacin tab	157	clindamycin cap	74
ciclopirox nail soln	130	citalopram soln	40	clindamycin gel	127
ciclopirox shampoo	130	citalopram tab	40	clindamycin lotion	127
ciclopirox topical susp	130	CITRULLINE PACKET	187	clindamycin pad	127
cilostazol tab	164	CLARINEX REDITAB	59	clindamycin soln	74
CILOXAN OPHTH OINT	191	CLARINEX SYRUP	59	clindamycin topical soln	127
CILOXAN OPHTH SOLN	191	CLARINEX TAB	59	clindamycin vaginal cream	221
CIMDUO TAB	98	CLARINEX-D TAB	123	clindamycin/benzoyl peroxide gel	127
cimetidine tab	215	clarithromycin ER tab	173	CLINDESSE VAGINAL CREAM	221
CIMZIA INJ	158	clarithromycin susp	173	CLINORIL TAB	7
CIMZIA STARTER INJ KIT	158	clarithromycin tab	173	clobazam tab	32
cinacalcet tab	152	clemastine syrup	59	clobetasol foam	136
CINRYZE INJ	163	CLENPIQ SOLN	171	clobetasol lotion	136
CIPRO HC OTIC SUSP	199	CLEOCIN CAP	74	clobetasol propionate cream	136
CIPRO SUSP 5%	156	CLEOCIN SOLN	74	clobetasol propionate emollient cream	136
CIPRO TAB	156	CLEOCIN VAGINAL CREAM	221		

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## ALPHABETICAL LISTING OF DRUGS

clobetasol propionate gel	136	CLOZAPINE ODT,	94	COMBIVENT RESPIMAT	28
clobetasol propionate oint	136	FAZACLO ODT		INHALER	
clobetasol propionate soln	136	clozapine tab	94	COMETRIQ KIT	84
clobetasol shampoo	136	CLOZARIL TAB	95	COMPLERA TAB	98
clobetasol spray	136	COARTEM TAB	76	COMTAN TAB	90
CLOBEX LOTION	136	CODEINE SULFATE TAB	11	CONCEPT DHA CAP	184
CLOBEX SHAMPOO	136	15MG		CONCEPTROL GEL	221
CLOBEX SPRAY	136	codeine sulfate tab 60mg	11	CONCERTA TAB,	3
CLOCORTOLONE	136	codeine sulfate tablet	11	RITALIN SR TAB	
CREAM		15mg, 30mg		CONDYLOX GEL	141
CLODERM CREAM	136	COLAZAL CAP	158	CONDYLOX SOLN	141
clomipramine cap	43	colchicine tab	163	CONTRACEPTIVE FILM	221
clonazepam ODT	32	colchicine/probenecid tab	162	CONTRACEPTIVE FOAM	221
clonazepam tab	32	colesevelam pack	61	CONTRACEPTIVE GEL	221
clonidine patch	66	colesevelam tab	61	CONTRACEPTIVE SUPP	221
clonidine tab	66	COLESTID GRANULE	61	CONTRAVE TAB	2
clopidogrel tab 75mg	164	COLESTID POWDER	61	COPEGUS TAB	103
clotrimazole troches	181	PACK		COPIKTRA CAP	84
clotrimazole/betamethason	130	COLESTID TAB	61	CORDARONE TAB	24
e cream		colestipol granule	61	COREG CR CAP	107
clotrimazole/betamethason	130	colestipol powder packet	61	COREG TAB	107
e lotion		colestipol tab	61	CORGARD TAB	108
CLOZAPINE ODT	94	COLY-MYCIN S OTIC	199	CORLANOR TAB	114
CLOZAPINE ODT	94	SUSP		CORTANE-B AQUEOUS	199
12.5MG		COMBIGAN OPHTH	188	OTIC SOLN	
clozapine ODT 25mg,	94	SOLN		CORTEF TAB	121
100mg		COMBIPATCH	154	CORTENEMA	19
		COMBIVENT INHALER	28	CORTISPORIN CREAM	129

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ALPHABETICAL LISTING OF DRUGS

CORTISPORIN OINT	129	cromolyn ophth soln	197	CYSTARAN OPHTH	197
CORTISPORIN OPHTH	193	CROTAN LOTION	142	SOLN	
SOLN		cryselle tab	117	CYTOMEL TAB	213
CORTISPORIN OTIC	199	CUTIVATE CREAM	117	CYTOTEC TAB	216
SOLN		CUTIVATE OINT	137	CYTRA-3 SYRUP	160
CORZIDE TAB	69	CUVPOSA SOLN	214	<b>D</b>	
CORZIDE TAB 80-5MG	69	cyanocobalamin inj	165	dalfampridine ER tab	208
COSENTYX INJ	133	CYCLESSA TAB	117	danazol cap	18
(1-PACK)		cyclobenzaprine tab 10mg	185	DANTRIUM CAP	185
COSENTYX INJ	133	cyclobenzaprine tab 5mg	185	dantrolene cap	185
(2-PACK)		CYCLOGYL OPHTH	189	dapsone tab	74
COSOPT OPHTH SOLN	188	SOLN		darifenacin SR tab	217
COTELLIC TAB	84	CYCLOMYDRIL OPHTH	189	DAYPRO TAB	7
COUMADIN TAB	31	SOLN		DAYTRANA PATCH	3
COVERA-HS TAB	109	cyclopentolate ophth soln	189	DAZIDOX TAB	3
COZAAR TAB	65	CYCLOPHOSPHAMIDE	78	DDAVP INJ	153
CPM CAP	58	CAP		DDAVP NASAL SOLN	153
CREATINE PACKET	187	cyclophosphamide tab	78	DDAVP NASAL SPRAY	153
5000MG		CYCLOSET TAB	47	DDAVP TAB	153
CREON CAP	145	cyclosporine cap	105	DECON-A ELIXIR	123
CRESTOR TAB	62	cyclosporine modified cap	106	DECON-A LIQUID	123
CRESTOR TAB 20MG	62	cyclosporine modified	106	deferasirox tab	54
CRESYLATE OTIC SOLN	62	soln		deferasirox tab 90mg,	54
CRINONE GEL	222	CYKLOKAPRON INJ	169	360mg	
CRIXIVAN CAP	98	cyproheptadine syrup	60	DELSTRIGO TAB	98
CROLOM OPHTH SOLN	98	cyproheptadine tab	60	DEMADEX TAB	147
cromolyn conc	158	CYSTAGON CAP	161	demeclocycline tab	211
cromolyn neb soln	25			DENAVIR CREAM	134

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## ALPHABETICAL LISTING OF DRUGS

DEPAKENE CAP	37	desoximetasone gel	137	DIASTAT RECTAL GEL,	32
DEPAKENE SYRUP	37	desoximetasone oint	137	DIAZEPAM RECTAL	
DEPAKOTE ER TAB	38	desvenlafaxine ER tab	42	GEL	
DEPAKOTE SPRINKLE	38	DETROL LA CAP	217	DIATZ ZN TAB	183
CAP		DETROL TAB	217	diazepam conc	23
DEPAKOTE TAB	38	DEXAMETHASONE	121	DIAZEPAM SOLN	23
DEPEN TITRATAB	180	CONC		diazepam tab 2mg, 10mg	23
DEPO-PROVERA INJ	120	dexamethasone elixir	121	diazepam tab 5mg	23
DEPO-PROVERA SC INJ	120	dexamethasone ophth soln	193	diazoxide susp	46
104MG		DEXAMETHASONE	121	DIBENZYLINE CAP	65
DEPO-TESTOSTERONE	18	SOLN		diclofenac gel	132
INJ		DEXAMETHASONE TAB	121	diclofenac gel 1%	131
DERMA-SMOOTH/FS	137	DEXEDRINE CAP	1	DICLOFENAC PATCH,	131
OIL		dexmethylphenidate ER	3	FLECTOR PATCH	
DERMATOP CREAM	137	cap		diclofenac potassium tab	7
DERMATOP OINT	137	dexmethylphenidate tab	3	diclofenac sodium EC tab	7
DERMOTIC OIL	200	dextroamphetamine ER	1	diclofenac sodium ophth	197
DESCOVY TAB	98	cap		soln	
desipramine tab	43	dextroamphetamine soln	1	diclofenac sodium XR tab	7
DESLORATADINE ODT	59	dextroamphetamine tab	1	diclofenac/misoprostol	7
desloratadine tab	59	DIABETA TAB	52	DR tab	
desmopressin acetate inj	153	DIACOMIT CAP	33	dicloxacillin cap	203
desmopressin acetate nasal	153	DIACOMIT POWDER	33	dicyclomine cap	214
spray		PACK		dicyclomine soln	214
desmopressin acetate tab	153	DIALYVITE TAB	182	dicyclomine tab	214
desmopressin nasal soln	153	DIALYVITE/ZINC TAB	183	didanosine DR cap	98
DESOGEN TAB	117	DIAMOX SEQUEL CAP	145	DIFFERIN CREAM	127
desoximetasone cream	137	DIAPHRAGM	174	DIFFERIN GEL	127

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ALPHABETICAL LISTING OF DRUGS

DIFICID TAB	174	dipyridamole tab	164	DOXEPIN CAP	43
DIFLUCAN SUSP	57	disopyramide cap	24	doxepin conc	43
DIFLUCAN TAB	57	disulfiram tab	205	DOXEPIN CREAM,	133
DIGOXIN SOLN	111	DITROPAN XL TAB	217	PRUDOXIN CREAM,	
digoxin tab	111	DIURIL SUSP	147	ZONALON CREAM	
DILANTIN CAP 100MG	37	divalproex ER tab	38	doxercalciferol cap	152
DILANTIN CAP 30MG	37	divalproex sodium DR tab	38	doxycycline hyclate cap	211
DILANTIN INFATABS	37	divalproex sprinkle cap	38	DOXYCYCLINE	211
DILANTIN SUSP	37	DIVIGEL GEL, ELESTRIN	155	HYCLATE DR CAP	
DILATRATE SR CAP	21	GEL		doxycycline hyclate DR	211
DILAUDID TAB 2MG	12	dofetilide cap	25	tab	
DILAUDID TAB 4MG	12	DOLOPHINE TAB	12	doxycycline hyclate tab	211
DILAUDID TAB 8MG	12	donepezil ODT	205	doxycycline monohydrate	212
DILTIAZEM CAP	110	donepezil tab	205	cap 100mg	
diltiazem ER cap	110	donepezil tab 23mg	205	doxycycline monohydrate	212
diltiazem tab	110	DONNATAL	214	cap 150mg	
DIOVAN HCT TAB	69	EXTENTABS		doxycycline monohydrate	212
DIOVAN TAB	66	DOPTELET TAB	166	cap 50mg	
DIPENTUM CAP	159	DORIBAX INJ	74	doxycycline monohydrate	212
diphenhydramine cap	59	DORIPENEM INJ	74	cap 75mg	
50mg		DORYX TAB	211	doxycycline monohydrate	212
diphenhydramine inj	59	dorzolamide ophth soln	197	tab	
DIPHENOXYLATE/ATRO	53	dorzolamide/timolol ophth	188	doxycycline susp	212
PINE LIQUID		soln		D-PENAMINE TAB	105
diphenoxylate/atropine tab	53	DOVATO TAB	98	DRISDOL CAP	223
DIPROLENE AF CREAM	137	DOVONEX CREAM	133	DRITHO-SCALP CREAM	133
DIPROLENE LOTION	137	DOVONEX SOLN	133	dronabinol cap	56
DIPROLENE OINT	137	doxazosin tab	66	DROXIA CAP	165

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ALPHABETICAL LISTING OF DRUGS

DRYSOL SOLN	142	ELDEPYRL CAP	92	ENBREL SURECLICK	10
DUAC CS KIT	127	ELESTAT OPHTH SOLN	197	INJ 50MG	
DUAC GEL	128	ELIDEL CREAM	140	ENDARI POWDER PACK	165
DULERA INHALER	29	ELIMITE CREAM	142	ENDOMETRIN INSERT	223
duloxetine EC cap	42	ELIQUIS TAB, ELIQUIS	31	ENJUVIA TAB	155
DUONEB NEB SOLN	29	STARTER PACK		enoxaparin inj	31
DUPIXENT INJ	140	ELIXOPHYLLIN ELIXIR	30	enpresse tab	117
DURAGESIC PATCH	12	ELLA TAB	120	entacapone tab	90
DUREZOL OPHTH	193	ELMIRON CAP	161	entecavir tab	103
EMULSION		ELOCON CREAM	137	EPANED PREMIXED	64
dutasteride cap	162	ELOCON OINT	137	SOLN	
DYAZIDE CAP	146	ELOCON SOLN	137	EPANED SOLN	64
DYNACIN TAB	212	EMADINE OPHTH SOLN	197	EPIDUO FORTE GEL	128
DYNACIRC CR TAB	110	EMCYT CAP	80	EPIDUO GEL 0.1-2.5%	128
<b>E</b>		EMEND CAP	56	EPIFOAM AEROSOL	137
econazole cream	130	EMLA CREAM	141	epinastine ophth soln	197
EDARBI TAB	66	EMSAM PATCH	39	epinephrine pen inj	223
EDARBYCLOR TAB	69	EMTRIVA CAP	98	0.15mg, 0.3mg	
EDECRIN TAB	147	EMTRIVA SOLN	99	EPIVIR HBV SOLN	103
EDEX INJ	112	EMVERM TAB	20	eplerenone tab	72
EDURANT TAB	98	ENABLEX TAB	217	EPOGEN INJ	166
efavirenz cap	98	enalapril tab	64	EQUETRO CAP	93
efavirenz tab	98	enalapril/hydrochlorothiazide tab	69	ERGOLOID MESYLATES	209
EFFEXOR TAB	42	ENBREL INJ 25MG	10	TAB	
EFFEXOR XR CAP	42	ENBREL INJ 50MG	10	ERGOMAR SL TAB	176
EFFIENT TAB	164	ENBREL MINI INJ	10	ergotamine	176
EFUDEX CREAM	132			tartrate/caffeine tab	
EGRIFTA INJ	150			ERIVEDGE CAP	80

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## ALPHABETICAL LISTING OF DRUGS

ERLEADA TAB	80	estradiol cream	222	EXELDERM CREAM,	130
erlotinib tab	84	estradiol patch	155	SULCONAZOLE CREAM	
ertapenem inj	74	estradiol tab	156	EXELDERM SOLN	130
ERY PAD	128	estradiol vaginal tab,	222	EXELDERM SOLN,	130
ERYTHROMYCIN EC	173	yuvafem vaginal tab		SULCONAZOLE SOLN	
CAP		estradiol valerate inj	156	EXELON CAP	205
erythromycin	173	estradiol/norethindrone tab	154	EXELON PATCH	206
ethylsuccinate susp		ESTRASORB EMULSION	156	exemestane tab	81
erythromycin gel	128	ESTRING	222	EXFORGE HCT TAB	69
erythromycin ophth oint	191	ESTROSTEP FE TAB	117	EXFORGE TAB	69
erythromycin pad	128	eszopiclone tab	170	EXTAVIA INJ	208
erythromycin soln	128	ethacrynic tab	147	ezetimibe tab	63
erythromycin stearate tab	173	ethambutol tab	77	ezetimibe/simvastatin tab	60
erythromycin tab	173	ethosuximide cap	37		
erythromycin/benzoyl	128	ethosuximide soln	37	<b>F</b>	
peroxide gel		etodolac cap	8	FABRAZYME INJ	152
erythromycin/sulfisoxazol	73	etodolac ER tab	8	famciclovir tab	104
e susp		etodolac tab	8	famotidine susp	215
ESBRIET CAP	210	ETOPOSIDE CAP	90	famotidine tab	215
ESBRIET TAB 267MG	210	EURAX LOTION	142	FAMVIR TAB	104
ESBRIET TAB 801MG	211	EVAMIST SPRAY	156	FANAPT TAB	93
ESCAVITE CHEW TAB	183	everolimus tab	84	FANAPT TITRATION	93
escitalopram soln	40	everolimus tab 0.25mg,	180	PACK	
escitalopram tab	40	0.5mg, 0.75mg		FANSIDAR TAB	76
estazolam tab	170	EVISTA TAB	150	FARESTON TAB	81
ESTRACE TAB	155	EVOTAZ TAB	99	FARYDAK CAP	84
ESTRACE VAGINAL	222	EVOXAC CAP	182	FASENRA PEN INJ	25
CREAM				FAZACLO ODT 12.5MG,	95
				25MG, 100MG	

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## ALPHABETICAL LISTING OF DRUGS

febuxostat tab	163	FERRIPROX TAB	54	FIRST-VANCOMYCIN	74
felbamate susp	36	ferrous sulfate elixir	168	SOLN	
felbamate tab	36	FERROUS SULFATE	168	FIRVANQ SOLN	74
FELBATOL SUSP	36	LIQUID		FLAGYL ER TAB	72
FELBATOL TAB	36	ferrous sulfate soln	168	FLAGYL TAB	72
FELDENE CAP	8	FERROUS SULFATE	168	FLAREX OPHTH SUSP	193
felodipine ER tab	110	SYRUP		flecainide tab	24
FEM PH GEL	221	FETZIMA CAP	42	FLEXERIL TAB	185
FEMALE CONDOMS	174	FETZIMA TITRATION	42	FLOMAX CAP	162
FEMARA TAB	81	PACK		FLORIVA PLUS DROPS	183
FEMCON FE CHEW TAB	117	FEXMID TAB	185	FLOVENT DISKUS	27
FEMHRT TAB	155	FIASP FLEXTOUCH INJ	49	INHALER	
FEMRING	222	FIASP INJ	49	FLOVENT HFA INHALER	27
fenofibrate cap 67mg,	61	FIASP PENFILL INJ	49	FLUAD INJ	219
134mg, 200mg		FINACEA GEL	142	FLUAD QUAD INJ	219
fenofibrate tab 48mg,	61	FINACEA PLUS KIT	142	FLUBLOK INJ	219
54mg, 145mg, 160mg		finasteride tab	140	FLUBLOK QUAD PF INJ	219
fenofibric acid DR cap	61	FIRST DUKES	181	FLUCELVAX INJ	219
FENOFIBRIC TAB,	62	MOUTHWASH		FLUCELVAX QUAD INJ	219
FIBRICOR TAB		FIRST MARYS	181	fluconazole susp	57
fantanyl citrate lollipop	12	MOUTHWASH		fluconazole tab	57
fantanyl patch	12	FIRST	72	flucytosine cap	57
FENTORA TAB,	12	METRONIDAZOLE SUSP		fludrocortisone tab	122
FENTANYL BUCCAL		FIRST MOUTHWASH	181	FLULAVAL QUAD INJ,	220
TAB		BLM		FLUZONE QUAD INJ	
ferrex 150 forte cap	12	FIRST OMEPRAZOLE	215	FLUMADINE TAB	104
FERREX 28 TAB	167	SUSP			
FERRIPROX SOLN	54				

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## ALPHABETICAL LISTING OF DRUGS

FLUMIST	220	fluoxetine tab	40	FML FORTE OPHTH	194
QUADRIVALENT NASAL		fluphenazine tab	96	SUSP	
SUSP		FLURAZEPAM CAP	170	FML LIQUIFLIM OPHTH	194
fluocinolone acetonide	137	FLURBIPROFEN OPHTH	197	SUSP	
cream		SOLN		FML S.O.P. OPHTH OINT	194
fluocinolone acetonide oil	137	flurbiprofen tab	8	FOCALIN TAB	3
fluocinolone acetonide	137	flutamide cap	81	FOCALIN XR CAP	3
ointment		fluticasone nasal spray	186	FOLBEE PLUS CZ TAB	183
fluocinolone acetonide	138	fluticasone propionate	138	folbee tab	167
soln		cream		folic acid tab 1mg	165
fluocinolone otic oil	200	fluticasone propionate oint	138	folic acid tab 400mcg	165
fluocinonide cream 0.05%	138	FLUTICASONE/SALMET	29	folic acid tab 800mcg	165
fluocinonide emollient	138	EROL INHALER		fondaparinux inj	31
cream		fluvastatin ER tab	62	FORTEO INJ	149
fluocinonide gel	138	FLUVIRIN INJ	220	FOSAMAX TAB	149
fluocinonide oint	138	FLUVIRIN PF INJ	220	FOSAMAX+D TAB	149
fluocinonide soln	138	fluvoxamine ER cap	40	fosamprenavir tab	99
FLUOR-A-DAY CHEW	178	fluvoxamine tab	40	FOSCARNET INJ	102
TAB		FLUZONE HD PF INJ	220	fosinopril tab	65
fluorometholone ophth	194	FLUZONE HIGH DOSE	220	fosinopril/hydrochlorothia	69
soln		PF INJ		zide tab	
FLUOROPLEX CREAM	132	FLUZONE	220	FOSRENOL CHEW TAB	159
fluorouracil cream	132	INTRADERMAL INJ		FOSRENOL POWDER	159
FLUOROURACIL	132	FLUZONE	220	PACK	
CREAM 0.5%		QUADRIVALENT INJ		FRAGMIN INJ	31
FLUOROURACIL SOLN	132	FLUZONE/FLUARIX	220	FREESTYLE FREEDOM	174
fluoxetine cap	40	QUAD INJ		LITE METER	
fluoxetine soln	40				

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## ALPHABETICAL LISTING OF DRUGS

FREESTYLE INSULINX METER	174	galantamine ER cap	206	glipizide/metformin tab	45
FREESTYLE INSULINX TEST STRIP	144	galantamine tab	206	GLUCAGEN HYPOKIT INJ	46
FREESTYLE LIBRE RECEIVER	144	GALZIN CAP	180	GLUCAGON INJ KIT	47
FREESTYLE LIBRE SENSOR (10-DAY)	175	GAMASTAN INJ	200	GLUCOPHAGE TAB	46
FREESTYLE LIBRE SENSOR (14-DAY)	175	GAMMAGARD INJ	200	GLUCOPHAGE XR TAB	46
FREESTYLE LITE METER	175	GANCICLOVIR CAP	102	GLUCOTROL TAB	52
FREESTYLE LITE TEST STRIP	143	GASTROCROM CONC	158	GLUCOTROL XL TAB	52
FREESTYLE PRECISION NEO METER	175	gatifloxacin ophth soln	191	GLUCOVANCE TAB	45
FREESTYLE PRECISION NEO TEST STRIP	144	gemfibrozil tab	62	glyburide micronized tab	52
FREESTYLE TEST STRIP	144	GENOTROPIN INJ	150	glyburide tab	53
FULPHILA INJ	166	GENTAK OPHTH OINT	191	glyburide/metformin tab	45
furosemide soln	147	gentamicin ophth oint	191	glycopyrrolate tab	214
furosemide tab	147	gentamicin ophth soln	191	GLYNASE TAB	53
FUZEON INJ	99	gentamicin sulfate cream	129	GLYSET TAB	44
<hr/>		gentamicin sulfate oint	129	GOLYTELY PACKET	171
<b>G</b>		GENVOYA TAB	99	granisetron tab	55
gabapentin cap	33	GEODON CAP	93	GRANISOL SOLN	55
gabapentin soln	33	gianvi tab, ocella tab	117	GRIFULVIN V TAB	57
gabapentin tab	33	GILENYA CAP	208	griseofulvin micro tab	57
GABITRIL TAB	36	GILOTRIF TAB	84	griseofulvin susp	57
		GILTUSS LIQUID	123	griseofulvin tab	57
		GILTUSS TR TAB	123	GRIS-PEG TAB	57
		glatiramer inj	208	guaifenesin/codeine soln	123
		GLEOSTINE/LOMUSTIN E CAP	79	guaifenesin/codeine syrup	124
		glimepiride tab	52	GUANABENZ TAB	124
		glipizide ER tab	52	guanfacine ER tab	2
		glipizide tab	52	guanfacine IR tab	67

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ALPHABETICAL LISTING OF DRUGS

GUANIDINE TAB	77	HUMIRA INJ PEDIATRIC	6	hydrocodone/chlorphenira	124
GVOKE INJ	47	CROHNS STARTER		mine CR susp	
GVOKE PFS INJ	47	PACK		HYDROCODONE/CHLO	124
<hr/>					
<b>H</b>		HUMIRA INJ	6	RPHENIRAMINE/PSEUD	
HALCION TAB	170	PSORIASIS/UEVITIS		OEPHEDRINE LIQUID	
halobetasol propionate	138	STARTER PACK		hydrocodone/homatropine	123
cream		HUMIRA PEN INJ 40MG	6	syrup	
halobetasol propionate	138	HUMULIN MIX INJ	49	hydrocodone/ibuprofen tab	15
ointment		HUMULIN MIX PEN INJ	49	hydrocortisone cream	138
haloperidol lactate conc	94	HUMULIN N INJ	49	hydrocortisone enema	19
haloperidol tab	94	HUMULIN N PEN INJ	50	hydrocortisone lotion	138
HECTOROL CAP	152	HUMULIN R INJ	50	hydrocortisone oint	138
HEMLIBRA INJ	163	HUMULIN R INJ U-500	50	hydrocortisone tab	121
heparin porcine inj	31	HUMULIN R U-500	50	hydromorphone tab 2mg	12
HEXALEN CAP	79	KWIKPEN INJ		hydromorphone tab 4mg	12
HIPREX TAB	217	HYCAMTIN CAP	78	hydromorphone tab 8mg	13
HIZENTRA INJ	201	HYCET SOLN	15	hydroquinone cream	142
homatropine ophth soln	189	HYCODAN SYRUP	123	hydroxychloroquine tab	76
HUMALOG MIX INJ	49	hydralazine tab	72	hydroxyprogesterone inj	204
HUMALOG MIX	49	HYDREA CAP	89	hydroxyurea cap	89
KWIKPEN INJ, INSULIN		hydrochlorothiazide cap	147	hydroxyzine pamoate cap	22
LISPRO PROTAMINE INJ		hydrochlorothiazide tab	148	HYDROXYZINE	22
HUMIRA INJ 10MG	6	hydrocodone/acetaminoph	15	PAMOATE CAP 100MG	
HUMIRA INJ 20MG	6	en soln		hydroxyzine syrup	22
HUMIRA INJ 40MG	6	hydrocodone/acetaminoph	15	hydroxyzine tab	22
HUMIRA INJ	6	en tab		hyoscyamine sulfate CR	214
CROHNS/UC/HIDRADEN		hydrocodone/acetaminoph	15	tab	
ITIS STARTER PACK		en tab 2.5-325mg		hyoscyamine sulfate elixir	214

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ALPHABETICAL LISTING OF DRUGS

hyoscyamine sulfate ODT	214	imipramine tab	43	INSULIN ASPART MIX	50
hyoscyamine sulfate SL	214	imiquimod cream	140	INJ	
tab		IMITREX INJ	176	INSULIN ASPART	50
hyoscyamine sulfate soln	214	IMITREX TAB	177	PENFILL INJ	
hyoscyamine sulfate SR	214	IMPAVIDO CAP	72	INTELENCE TAB	99
cap		IMPLANON IMPLANT,	120	INTRON-A INJ	90
hyoscyamine tab	214	NEXPLANON IMPLANT		INTUNIV TAB	2
HYPER-SAL NEB SOLN	125	IMURAN TAB	106	INVANZ INJ	74
HYQVIA INJ	201	INCIVEK TAB	103	INVEGA TAB	93
HYTRIN CAP	67	INCRELEX INJ	151	INVIRASE CAP	99
HYZAAR TAB	69	INCRUSE ELLIPTA	25	INVIRASE TAB	99
<hr/>					
<b>I</b>		INHALER		IOPIDINE OPHTH SOLN	190
ibandronate tab 150mg	149	indapamide tab	148	IOPIDINE OPHTH SOLN	190
IBRANCE CAP	84	INDERAL LA CAP	108	1%	
IBRANCE TAB	85	indomethacin cap	8	ipratropium nasal spray	186
ibuprofen susp (Rx ONLY)	8	indomethacin CR cap	8	ipratropium neb soln	25
ibuprofen tab	8	INFANT FORMULA	145	irbesartan tab	66
icatibant inj	163	LIQUID		irbesartan/hydrochlorothia	70
ICLUSIG TAB	85	INFANT FORMULA	145	zide tab	
IDHIFA TAB	85	POWDER		IRESSA TAB	85
ILEVRO OPHTH SUSP	197	INGREZZA CAP	207	IRON	167
imatinib tab	85	INLYTA TAB	85	POLYSACCH/THREONIC	
IMBRUVICA CAP	85	INSPRA TAB	72	ACID/B12/FA CAP	
140MG		INSULIN ASPART	50	IRON SUSP	168
IMBRUVICA CAP 70MG	85	FLEXPEN INJ		ISENTRESS (HD) TAB	99
IMBRUVICA TAB	85	INSULIN ASPART INJ	50	ISENTRESS CHEW TAB	99
IMDUR TAB	21	INSULIN ASPART MIX	50	ISENTRESS POWDER	99
imipramine pamoate cap	43	FLEXPEN INJ		PACK	

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ALPHABETICAL LISTING OF DRUGS

isibloom tab, enskyce tab, 118	JAKAFI TAB 85	KETO-DIASTIX TEST 144
apri tab	JANUMET TAB 45	STRIP
ISONIAZID SYRUP 77	JANUMET XR TAB 45	KETOPROFEN ER CAP 8
isoniazid tab 77	JANUVIA TAB 47	ketorolac ophth soln 197
ISOPTO ATROPINE 189	JARDIANCE TAB 52	ketorolac tab 8
OPHTH SOLN	jinteli tab 155	KETOSTIX 144
ISOPTO CARBACHOL 189	jolessa tab, amethia tab 118	ketotifen ophth soln 197
OPHTH SOLN	JULUCA TAB 99	KEVZARA INJ 7
ISOPTO CARPINE 189	junel FE tab 118	KINERET INJ 6
OPHTH SOLN	junel tab 118	KLARON LOTION 128
ISOPTO HYOSCINE 189	JYNARQUE PAK 154	KLONOPIN TAB 32
OPHTH SOLN	JYNARQUE TAB 154	KLOR-CON M15 TAB 179
ISORDIL TITRADOSE 21	<b>K</b>	KLOR-CON POWDER 179
TAB	KALETRA TAB 99	PACKET
isosorbide dinitrate ER tab 21	KALYDECO PAK 210	KLOR-CON POWDER 179
isosorbide dinitrate SL tab 21	KALYDECO TAB 210	PACKET 25MEQ
isosorbide dinitrate tab 21	KANAMYCIN INJ 5	KORLYM TAB 47
isosorbide dinitrate tab 21	KAYEXALATE POWDER 106	K-PHOS NEUTRAL TAB 178
40mg	KEFLEX CAP 115	K-PHOS TAB 178
isosorbide mononitrate ER 21	kelnor tab 118	KRINTAFEL TAB 76
tab	KENALOG SPRAY 138	K-TAB 179
isosorbide mononitrate tab 21	KEPPRA SOLN 33	KUVAN POWDER PACK 152
isoxsuprine tab 113	KEPPRA TAB 33	KUVAN TAB 152
itraconazole cap 57	KEPPRA XR TAB 33	KYTRIL TAB 55
itraconazole soln 57	ketoconazole cream 130	<b>L</b>
ivermectin tab 20	ketoconazole shampoo 130	labetalol tab 107
<b>J</b>	ketoconazole tab 57	LAC-HYDRIN CREAM 140
JADENU SPRINKLE 54		LAC-HYDRIN LOTION 140

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## ALPHABETICAL LISTING OF DRUGS

lactulose soln	159	lansoprazole/amoxicillin/c	216	levetiracetam ER tab	34
LAMICTAL CHEW TAB	33	larithromycin kit		levetiracetam soln	34
LAMICTAL CHEW TAB	33	lanthanum carbonate chew	160	levetiracetam tab	34
2MG		tab		LEVOBUNOLOL OPHTH	188
LAMICTAL ODT	34	LARIAM TAB	76	SOLN	
LAMICTAL ODT KIT,	34	LASIX TAB	147	levocarnitine soln	152
LAMICTAL XR KIT		LASTACAFT OPHTH	197	levocarnitine tab	152
LAMICTAL STARTER	34	SOLN		levofloxacin ophth soln	191
KIT		latanoprost ophth soln	198	levofloxacin soln	157
LAMICTAL TAB	34	LAZANDA NASAL	13	levofloxacin tab	157
LAMICTAL XR TAB	34	SPRAY		levonorgestrel tab	120
LAMISIL TAB	57	LEDIPASVIR/SOFOSBUV	103	LEVONORGESTREL TAB	120
lamivudine soln	99	IR TAB		0.75MG	
lamivudine tab	99	leflunomide tab	9	LEVSIN SL TAB	214
lamivudine tab 100mg	103	LENVIMA CAP	86	LEVSIN TAB	215
lamivudine/zidovudine tab	100	LESCOL XL TAB	62	LEVSINEX CAP	215
lamotrigine chew tab	34	letrozole tab	81	LEXAPRO SOLN	40
lamotrigine ER tab	34	leucovorin tab	90	LEXAPRO TAB	40
lamotrigine ODT	34	LEUKERAN TAB	79	LEXIVA SUSP	100
lamotrigine ODT kit	34	leuprolide inj	81	LIBRIUM CAP	23
lamotrigine tab	34	LEVALBUTEROL	29	lidocaine cream 3%	141
LANCET DEVICE	175	INHALER, XOPENEX		lidocaine gel	141
LANCET KIT	175	HFA INHALER		lidocaine oint	141
LANCETS	175	levalbuterol neb soln	29	LIDOCAINE ORAL SOLN	181
LANOXIN TAB	111	LEVAQUIN SOLN	157	4%	
lansoprazole cap	215	LEVAQUIN TAB	157	lidocaine patch	141
LANSOPRAZOLE SUSP	215	LEVATOL TAB	108	lidocaine soln	141
		LEVVID TAB	214	lidocaine viscous soln	181

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## ALPHABETICAL LISTING OF DRUGS

lidocaine/hydrocortisone cream	20	LOESTRIN TAB	118	loteprednol ophth susp	194
lidocaine/prilocaine cream	141	lohist liquid	124	LOTREL CAP	70
LIDODERM PATCH	141	LOKELMA PAK	180	LOTRISONE CREAM	130
LIMBITROL TAB	207	LOMOTIL LIQUID	53	LOTRISONE LOTION	130
LINDANE LOTION	142	LOMOTIL TAB	53	LOTRONEX TAB	159
lindane shampoo	142	LONSURF TAB	82	lovastatin tab	63
linezolid susp	75	LOPID TAB	62	LOVAZA CAP	60
linezolid tab	75	lopinavir/ritonavir soln	100	LOVENOX INJ	32
liothyronine tab	213	LOPRESSOR HCT TAB	70	loxapine cap	95
LIPITOR TAB	62	LOPRESSOR TAB	107	LOXITANE CAP	95
LIPTRUZET TAB	60	LOPROX CREAM	130	LTA 360 KIT	181
LIQUIGEN	187	LOPROX GEL	130	LUFYLLIN TAB	30
lisinopril tab	65	LOPROX SHAMPOO	130	LUMIGAN OPHTH SOLN	198
lisinopril/hydrochlorothiazide tab	70	loratadine cap	59	LUNESTA TAB	170
LITHIUM CARBONATE CAP	92	lorazepam conc	23	LUPRON DEPOT INJ	81
lithium carbonate ER tab	93	lorazepam tab	23	LUPRON DEPOT PED	151
lithium carbonate tab	93	LORBRENA TAB 100MG	86	INJ	
lithium citrate soln	93	LORBRENA TAB 25MG	86	LUPRON DEPOT-PED	151
LITHOBID TAB	93	LORTAB	15	INJ	
LITHOSTAT TAB	162	LORTAB ELIXIR	15	LURIDE TAB	178
LIVALO TAB	62	losartan tab	66	LUVOX CR CAP	40
LO LOESTRIN TAB	118	losartan/hydrochlorothiazide tab	70	LYNPARZA CAP	86
LODOSYN TAB	90	LOTEMAX OPHTH GEL	194	LYNPARZA TAB	86
LOESTRIN 24 FE TAB	118	LOTEMAX OPHTH OINT	194	LYSODREN TAB	81
LOESTRIN FE TAB	118	LOTEMAX OPHTH SUSP	194	LYSTEDA TAB	169
		LOTENSIN HCT TAB	70		
		LOTENSIN TAB	65		
				<b>M</b>	
				MACROBID CAP	217
				MACRODANTIN CAP	217

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## ALPHABETICAL LISTING OF DRUGS

magnesium sulfate inj	178	mefloquine tab	76	MESTINON TIMESPAN	77
MALARONE TAB	76	MEGACE SUSP	81	TAB	
malathion lotion	143	megestrol susp	81	METADATE CD CAP	3
maldemar tab	55	megestrol tab	81	METAGLIP TAB	45
MAPROTILINE TAB	39	MEKINIST TAB 0.5MG	86	METAPROTERENOL	29
MARINOL CAP	56	MEKINIST TAB 2MG	86	SYRUP	
MARPLAN TAB	39	MEKTOVI TAB	86	metaxalone tab	185
MATULANE CAP	90	MELOXICAM SUSP	8	METAXALONE TAB	185
MAVYRET TAB	103	meloxicam tab	8	400MG	
MAXALT MLT TAB	177	melphalan inj	79	metformin ER tab	46
MAXALT TAB	177	melphalan tab	79	metformin soln	46
MAXIDEX OPHTH SOLN	194	memantine ER cap	206	metformin tab	46
MAXITROL OPHTH	194	memantine sol	206	methadone conc	13
OINT		memantine tab	206	METHADONE SOLN	13
MAXITROL OPHTH	194	MENEST TAB	156	10MG/5ML	
SUSP		MENOSTAR PATCH	156	METHADONE SOLN	13
MAXZIDE TAB	146	MENTAX CREAM	131	5MG/5ML	
MAYZENT TAB	208	MEPHYTON TAB	223	methadone tab	13
MAYZENT TAB	208	MEPRON SUSP	73	methadone tab 10mg	13
STARTER PACK		mercaptapurine tab	79	METHADOSE CONC	13
MCT OIL	187	meropenem inj	74	methazolamide tab	146
mebendazole chew tab	20	mesalamine DR tab	159	methenamine hippurate tab	217
meclizine chew tab	55	mesalamine enema	159	methimazole tab	213
meclizine tab	55	mesalamine ER cap	159	METHITEST TAB	18
MEDROL DOSE PACK	121	mesalamine supp	159	methocarbamol tab	185
MEDROL TAB	121	MESNEX TAB	90	methotrexate inj	79
medroxyprogesterone inj	121	MESTINON TAB	77	methotrexate tab	79
medroxyprogesterone tab	204			methoxsalen cap	133

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## ALPHABETICAL LISTING OF DRUGS

methscopolamine tab	215	METROGEL VAGINAL	221	minoxidil tab	72
methyl dopa tab	67	GEL		MIRAPEX TAB	91
METHYLDOPA/HYDRO	70	METROLOTION	142	MIRCETTE TAB	118
CHLOROTHIAZIDE TAB		metronidazole cream	142	MIRENA IUD	121
methylergonovine tab	200	metronidazole gel	142	mirtazapine ODT	38
METHYLIN CHEW TAB	3	metronidazole lotion	142	mirtazapine tab	38
METHYLIN SOLN	4	metronidazole tab	72	misoprostol tab	216
methylphenidate CD cap	4	metronidazole vaginal gel	221	MITIGARE CAP	163
methylphenidate chew tab	4	MEVACOR TAB	63	MOBIC TAB	8
methylphenidate ER cap	4	MEXILETINE CAP	24	modafinil tab	4
METHYLPHENIDATE ER	4	MIACALCIN INJ	149	mometasone cream	138
TAB		mibelas chew tab	118	mometasone oint	138
methylphenidate soln	4	MICARDIS TAB	66	mometasone soln	138
methylphenidate tab	4	MICONAZOLE 3 SUPP	221	MONODOX CAP	212
methylprednisolone dose	122	200MG		MONOPRIL HCT TAB	70
pack		MICRO-K CAP	179	MONOPRIL TAB	65
methylprednisolone tab	122	MICROZIDE CAP	148	montelukast chew tab	26
METHYLTESTOSTERON	18	MIDAMOR TAB	147	montelukast granule pack	26
E CAP		midodrine tab	223	montelukast tab	26
metoclopramide soln	158	MIGERGOT SUPP	176	MORPHINE SULFATE	13
metoclopramide tab	158	miglitol tab	44	ER BEAD CAP	
metolazone tab	148	miglustat cap	165	morphine sulfate ER tab	13
metoprolol ER tab	107	MILLIPRED TAB	122	morphine sulfate soln	13
metoprolol tab	108	MINASTRIN CHEW TAB	118	MORPHINE SULFATE	14
metoprolol/hydrochlorothi	70	MINIPRESS CAP	67	TAB	
azide tab		MINOCIN CAP	212	MOTOFEN TAB	53
METROCREAM	142	minocycline cap	212	MOTRIN SUSP	8
METROGEL 1%	142	minocycline tab	212	MOVANTIK TAB	159

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ALPHABETICAL LISTING OF DRUGS

MOVIPREP SOLN	171	<b>N</b>		nateglinide tab	52
moxifloxacin ophth soln	191	nabumetone tab	8	NATPARA INJ	149
moxifloxacin tab	157	nadolol tab	108	NATROBA SUSP	143
MULTAQ TAB	25	nadolol/bendroflumethiazi de tab	70	NAVANE CAP	97
MULTIGEN FOLIC TAB	167	nafeillin inj	203	NEBUSAL NEB SOLN	126
MULTIGEN PLUS TAB	167	NAFTIFINE CREAM	131	NECON TAB	119
MULTIGEN TAB	167	naftifine gel	131	NEFAZODONE TAB	41
multivitamin tab	167	NAFTIN CREAM	131	nefazodone tab 50mg, 250mg	41
multivitamin/minerals tab	183	NAFTIN GEL	131	neomycin tab	5
mupirocin oint	129	naloxone inj	54	NEOMYCIN/POLYMIXIN /GRAMICIDIN OPHTH SOLN	191
MUSE SUPP	112	naloxone prefilled inj	54	neomycin/polymixin/hydro	199
MYAMBUTOL TAB	78	naltrexone tab	54	coritison e otic soln	
MYCELEX TROCHES	181	NAMENDA SOL	206	neomycin/polymixin/hydro	199
MYCOBUTIN CAP	78	NAMENDA TAB	206	coritison e otic susp	
mycophenolate DR tab	106	naphazoline ophth soln	193	neomycin/polymyxin/dexa	194
mycophenolate mofetil cap	106	NAPROSYN EC TAB	8	methasone ophth oint	
mycophenolate mofetil susp	106	NAPROSYN TAB	8	neomycin/polymyxin/dexa	195
mycophenolate mofetil tab	106	naproxen EC tab	8	methasone ophth soln	
MYDFRIN OPHTH SOLN	192	naproxen tab	9	NEOMYCIN/POLYMYXI N/HYDROCORTISONE OPHTH SOLN	195
MYDRIACYL OPHTH SOLN	189	naratriptan tab	177	NEOSPORIN OPHTH SOLN	192
MYLERAN TAB	79	NARCAN NASAL SPRAY	54	NEOTUSS-D LIQUID	124
MYNATAL-Z TAB	184	NARDIL TAB	39	NEPHROCAP	183
MYRBETRIQ TAB	218	NASACORT OTC NASAL SPRAY	186		
MYSOLINE TAB	35	NASCOBAL NASAL SPRAY	165		
MYTELASE TAB	77	NATAZIA TAB	165		

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## ALPHABETICAL LISTING OF DRUGS

NEPHRON FA TAB	168	NICOTROL INHALER	209	NORGESIC TAB FORTE	186
NEPTAZANE TAB	146	NICOTROL NASAL	209	NORITATE CREAM	142
NERLYNX TAB	86	SPRAY		NOROXIN TAB	157
NEUMEGA INJ	166	nifedipine cap	110	NORPACE CAP	24
NEUPRO PATCH	91	nifedipine ER tab	110	NORPRAMIN TAB	43
NEURONTIN CAP	35	nilutamide tab	81	NOR-QD TAB	121
NEURONTIN SOLN	35	nimodipine cap	110	nortrel tab	119
NEURONTIN TAB	35	NIMOTOP CAP	110	nortriptyline cap	43
NEVANAC OPHTH SUSP	197	NINLARO CAP	87	nortriptyline oral soln	43
nevirapine ER tab	100	NITRO-BID OINT	21	NORTRIPTYLINE SOLN	43
NEVIRAPINE SUSP	100	NITRO-DUR PATCH	21	NORVASC TAB	110
nevirapine tab	100	NITRO-DUR PATCH	21	NORVIR CAP	100
NEXAVAR TAB	86	0.3MG/HR, 0.8MG/HR		NORVIR POWDER PACK	100
NEXICLON XR SUSP	67	nitrofurantoin	217	NORVIR SOLN	100
NEXICLON XR TAB	67	macrocrystals cap		NORVIR TAB	100
niacin cap	224	nitrofurantoin	217	NOVOLIN 70/30	51
niacin CR tab	224	monohydrate cap		FLEXPEN INJ	
niacin ER tab	63	nitroglycerin lingual spray	21	NOVOLIN INJ	51
niacin tab	224	nitroglycerin patch	22	NOVOLIN N FLEXPEN	51
NIACIN TR TAB	224	nitroglycerin SL tab	22	INJ	
niacinamide tab	224	NITROLINGUAL PUMP	22	NOVOLIN R FLEXPEN	51
NICODERM PATCH	209	SPRAY		INJ	
NICORETTE GUM	209	NITROSTAT SL TAB	22	NOVOLOG FLEXPEN	51
NICORETTE LOZENGE	209	NIVESTYM INJ	166	INJ	
nicotine gum	209	NIZATIDINE CAP	215	NOVOLOG INJ	51
NICOTINE KIT	209	NIZORAL SHAMPOO	131	NOVOLOG MIX	51
nicotine lozenge	209	norethindrone tab	121	FLEXPEN INJ	
nicotine patch	209	NORGESIC FORTE TAB	185	NOVOLOG MIX INJ	51

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## ALPHABETICAL LISTING OF DRUGS

NOVOLOG PENFILL INJ	51	octreotide inj	153	ondansetron tab	55
NOXAFIL SUSP	58	OCUFEN OPHTH SOLN	197	ONFI TAB	32
NOXAFIL TAB	58	OCUFLOX OPHTH SOLN	192	OPSUMIT TAB	114
np thyroid tab	213	ODEFSEY TAB	100	OPTIVAR OPHTH SOLN	114
NUBEQA TAB	81	ODOMZO CAP	80	ORACIT SOLN	160
NUCALA INJ	25	OFEV CAP	211	ORAP TAB	209
NUCORT LOTION	138	ofloxacin ophth soln	192	ORAPRED ODT	122
NUCYNTA TAB	14	ofloxacin otic soln	199	ORAPRED SOLN	122
NUEDEXTA CAP	208	ofloxacin tab	157	ORAXYL CAP	212
NUTRITIONAL	145	OGESTREL TAB	119	ORENCIA CLICK INJ	9
SUPPLEMENT LIQUID		olanzapine ODT	95	ORENCIA SC INJ	9
NUTRITIONAL	145	olanzapine tab	95	125MG/ML	
SUPPLEMENT POWDER		olanzapine/fluoxetine cap	207	ORENCIA SC INJ	9
NUVARING	120	OLEPTRO TAB	41	50MG/0.4ML	
NUVIGIL TAB	4	olmesartan tab	66	ORENCIA SC INJ	10
nystatin cream	131	olmesartan/hydrochlorothi	71	87.5MG/0.7ML	
nystatin oint	131	azide tab		ORILISSA TAB 150MG	150
nystatin powder	57	olopatadine ophth soln	197	ORILISSA TAB 200MG	150
nystatin susp	181	0.1%		ORKAMBI GRANULES	210
nystatin tab	57	olopatadine ophth soln	197	PACKET	
nystatin topical powder	131	0.2%		ORKAMBI TAB	210
NYSTATIN VAGINAL	131	OLUX FOAM	138	orphenadrine/aspirin/caffeni	186
TAB		omega-3-acid ethyl esters	60	ne tab	
nystatin/triamcinolone	131	cap		ORTHO TRI-CYCLEN	119
cream		omeprazole DR cap	216	(LO) TAB	
nystatin/triamcinolone oint	131	OMNICEF SUSP	116	ORTHO-CYCLEN TAB	119
<b>O</b>		ondansetron ODT	55	ORTHO-EVRA PATCH	120
OCALIVA TAB	157	ondansetron soln	55	oseltamivir cap	104

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251

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## ALPHABETICAL LISTING OF DRUGS

oseltamivir cap 30mg	105	oxycodone tab	14	PAXIL SUSP	41
oseltamivir susp	105	oxycodone/acetaminophen	16	PAXIL TAB	41
OSMOPREP TAB	172	tab		PCE TAB	173
OTEZLA STARTER PACK	9	oxycodone/aspirin tab	16	PEAK FLOW METER	176
OTEZLA TAB	9	OXYTROL PATCH (OTC)	218	PEDIATEX TDM SUSP	124
OTOZIN OTIC DROPS	9	OZEMPIC INJ	48	pediatric multiple	183
OVACE PLUS CREAM	134	<b>P</b>			
OVACE PLUS GEL	134	PALGIC SOLN	59	vitamins/fluoride chew tab	
OVACE PLUS SHAMPOO	134	PALGIC TAB	59	pediatric multiple	183
OVCON 35 TAB	119	paliperidone ER tab	93	vitamins/fluoride soln	
OVIDE LOTION	143	PALYNZIQ INJ	152	pediatric multiple	183
oxacillin inj	203	PAMELOR CAP	44	vitamins/fluoride/iron soln	
OXANDRIN TAB	17	PAMINE TAB	215	PEDIAZOLE SUSP	73
oxandrolone tab	17	PANDEL CREAM	138	peg 3350/electrolytes soln	171
oxaprozin tab	9	PANRETIN GEL	132	PEGASYS INJ	103
OXAZEPAM CAP	23	pantoprazole EC tab	216	PEG-INTRON INJ	103
oxcarbazepine susp	35	PARAFON FORTE TAB	185	penicillamine tab	180
oxcarbazepine tab	35	PARAGARD IUD	120	PENICILLIN G	202
oxiconazole nitrate cream	131	PARCOPA ODT	91	PROCAINE INJ	
OXISTAT CREAM	131	paricalcitol cap	152	PENICILLIN G SODIUM	202
OXISTAT LOTION	131	PARLODEL CAP	91	INJ	
OXSORALEN ULTRA	133	PARLODEL TAB	91	penicillin vk soln	202
CAP		PARNATE TAB	39	penicillin vk tab	202
oxybutynin ER tab	218	PAROMOMYCIN CAP	5	pentamidine neb soln	72
oxybutynin syrup	218	paroxetine ER tab	40	pentoxifylline ER tab	164
oxybutynin tab	218	paroxetine tab	41	PEPCID SUSP	215
oxycodone cap	14	PATANOL OPHTH SOLN	198	PEPCID TAB	215
oxycodone soln	14	PAXIL CR TAB	41	PERCOCET TAB	16
				PERCODAN TAB	16

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## ALPHABETICAL LISTING OF DRUGS

PERFOROMIST NEB SOLN	29	phytonadione tab	224	POLYETHYLENE GLYCOL 8000 GRANULES	204
PERIDEX SOLN	182	PICATO GEL	132	polymyxin b/trimethoprim ophth soln	192
permethrin cream	143	PIFELTRO TAB	100	POLYTRIM OPHTH SOLN	192
perphenazine tab	96	pilocarpine ophth soln	190	POMALYST CAP	82
PERPHENAZINE/AMITRIPTYLINE TAB	207	pilocarpine tab	182	posaconazole DR tab	58
PERSANTINE TAB	164	PILOPINE HS OPHTH GEL	190	POTABA CAP	224
PEXEVA TAB	41	pimecrolimus cream	141	POTABA POWDER	224
pfizerpen g inj	202	PIMOZIDE TAB	209	PACKET	
phenazopyridine tab	162	pindolol tab	108	POTABA TAB	224
phenelzine tab	39	pioglitazone tab	51	potassium bicarbonate effer tab	179
phenobarbital elixir	170	piperacillin/tazobactam inj	203	potassium chloride ER cap	179
phenobarbital tab	170	PIQRAY TAB	87	potassium chloride ER tab	179
phenoxybenzamine cap	65	piroxicam cap	9	potassium chloride micro tab	179
phentermine cap	2	PLAN B TAB	120	potassium chloride powder packet	179
phentermine tab	2	PLAQUENIL TAB	76	potassium chloride soln	179
phenylephrine ophth soln	189	PLAVIX TAB 75MG	164	potassium citrate CR tab	161
phenytoin cap	37	PLEGRIDY INJ	208	potassium citrate/citric acid powder pack	161
phenytoin chew tab	37	PLEGRIDY PEN INJ	208	potassium citrate/citric acid soln	161
phenytoin susp	37	PLENDIL TAB	110	PRADAXA CAP	32
PHISOHEX LIQUID	97	PLETAL TAB	164		
phlexy-10 tab	187	PNEUMOVAX INJ	219		
PHOSLO CAP	160	PODOCON SOLN	141		
PHOSLYRA SOLN	160	podofilox soln	141		
phospha 250 neutral tab	179	POLYCITRA CRYSTAL	160		
PHOSPHOLINE OPHTH SOLN	189	PACK			
		POLYCITRA-LC SOLN	160		

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## ALPHABETICAL LISTING OF DRUGS

PRALUENT INJ	64	PREDNISOLONE OPHTH	195	PREVPAC KIT	216
pramipexole tab	92	SUSP		PREZCOBIX TAB	100
PRAMOSONE LOTION	139	PREDNISOLONE	195	PREZISTA SUSP	100
PRAMOSONE OINT	139	SODIUM PHOSPHATE		PREZISTA TAB	100
pramoxine/hydrocortisone	20	OPHTH SOLN		PRIFTIN TAB	78
cream		prednisolone soln	122	PRIMAQUINE TAB	76
pramoxine-HC AQ otic	200	PREDNISOLONE SYRUP	122	primidone tab	35
soln		PREDNISONE SOLN	122	PRIMSOL SOLN	72
PRANDIN TAB	52	prednisone tab	122	PRINIVIL TAB, ZESTRIL	65
prasugrel tab	164	PREFEST TAB	155	TAB	
PRAVACHOL TAB	63	pregabalin cap	35	PRISTIQ TAB	42
pravastatin tab	63	pregabalin soln	35	PROAMATINE TAB	223
praziquantel tab	20	PREMARIN TAB	156	probenecid tab	163
prazosin cap	67	PREMARIN VAGINAL	222	PROCARDIA CAP	110
PRECISION XTRA	175	CREAM		prochlorperazine supp	96
METER		PREMPHASE TAB,	155	prochlorperazine tab	96
PRECISION XTRA TEST	175	PREMPRO TAB		PROCRIT INJ	166
STRIP		PRENATABS RX TAB	184	PROCTOCORT CREAM	139
PRECOSE TAB	44	PRENATAL 19 CHEW	184	PROCTOFOAM HC	20
PRED FORTE OPHTH	195	TAB		FOAM	
SUSP		PRENATAL 19 TAB	184	proctosol HC cream	20
PRED MILD OPHTH	195	PRENATAL VITAMINS	184	progesterone cap	204
SOLN		(NON-PREFERRED)		PROGESTERONE SUPP	223
PRED-G OPHTH SOLN	195	PRENATAL VITAMINS	223	PROGLYCEM SUSP	47
PREDNICARBATE	139	(PRENATAL PLUS,		PROLENSA OPHTH	198
CREAM		PREPLUS, PRENAPLUS)		SOLN	
PREDNICARBATE OIN	139	PREVACID OTC CAP	216	PROLIA INJ	149
prednisolone ODT	122	PREVNAR 13 INJ	219	PROMACTA TAB	166

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254

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## ALPHABETICAL LISTING OF DRUGS

promethazine DM syrup	124	PROVERA TAB	204	quetiapine tab	95
promethazine supp	59	PROVIGIL TAB	4	quetiapine XR tab	95
promethazine syrup	59	PROZAC CAP	41	QUFLORA PEDIATRIC	95
promethazine tab	59	PROZAC SOLN	41	CHEW TAB	
PROMETHAZINE VC SYRUP	124	PROZAC TAB	41	quinapril tab	65
PROMETHAZINE VC/CODEINE SYRUP	124	pseudoephedrine/bromphe niramine/codeine liquid	125	quinapril/hydrochlorothiazide tab	71
promethazine/codeine syrup	124	PULMICORT INH SUSP	27	quinidine gluconate CR tab	24
PROMETHEGAN SUPP	59	PULMOZYME INH SOLN	210	QUINIDINE SULFATE ER TAB	24
PROMETRIUM CAP	204	PURINETHOL TAB	79	quinidine sulfate tab	24
propafenone ER cap	24	PYLERA CAP	216	quinine sulfate cap	76
propafenone tab	24	pyrazinamide tab	78	<hr/>	
PROPANTHELINE TAB	215	PYRIDIDIUM TAB	162	<b>R</b>	
proparacaine ophth soln	193	pyridostigmine CR tab	77	raloxifene tab	151
propranolol ER cap	108	pyridostigmine tab	77	ramelteon tab	171
PROPRANOLOL SOLN	108	pyridostigmine soln	77	ramipril cap	65
propranolol tab	108	pyrimethamine tab	76	RANEXA TAB	21
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	71	<hr/>			
propylthiouracil tab	213	<b>Q</b>		ranolazine tab	21
PROSCAR TAB	162	QBRELIS SOLN	65	rasagiline tab	92
PROSOM TAB	170	QSYMIA CAP	2	RAZADYNE ER CAP	206
pro-stat liquid	187	QUALAQUIN CAP	76	RAZADYNE TAB	206
PROSTIGMIN TAB	77	QUESTRAN LITE POWDER	61	REBETOL SOLN	103
PROTOPIC OINT	141	QUESTRAN LITE POWDER PACK	61	REGLAN TAB	158
protriptyline tab	44	QUESTRAN LITE POWDER	61	REGRANEX GEL	143
		QUESTRAN POWDER PACK	61	RELENZA DISKHALER	105
				REMERON SOLUTAB	38
				REMERON TAB	38
				RENAGEL TAB 800MG	160

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## ALPHABETICAL LISTING OF DRUGS

renaphro cap	183	RIDAURA CAP	6	ROBAXIN TAB	185
RENOVA CREAM	129	rifabutin cap	78	ROBINUL TAB	215
RENVELA TAB	160	RIFADIN CAP	78	ROCALTROL CAP	152
repaglinide tab	52	RIFAMATE CAP	77	ROCALTROL SOLN	152
REPATHA INJ	64	rifampin cap	78	ropinirole tab	92
REPATHA	64	RIFATER TAB	77	ROSULA PAD	134
PUSHTRONEX INJ		riluzole tab	187	rosuvastatin tab 10mg	63
REQUIP TAB	92	RIMANTADINE TAB	105	rosuvastatin tab 20mg	63
RESCON TAB	125	RINVOQ ER TAB	5	rosuvastatin tab 40mg	63
RESCRIPTOR TAB	101	RIOMET ER SUSP	46	rosuvastatin tab 5mg	63
RESERPINE TAB	67	RIOMET SOLN	46	ROXICODONE TAB	14
RESTASIS OPHTH	193	risedronate DR tab	149	ROZEREM TAB	171
EMULSION		risedronate tab	150	ROZLYTREK CAP	87
RESTORIL CAP 15MG	170	RISPERDAL CONSTA INJ	93	RUBRACA TAB	87
RESTORIL CAP 22.5MG	170	RISPERDAL M ODT	94	RUZURGI TAB	77
RESTORIL CAP 30MG	170	RISPERDAL SOLN	94	RYBELSUS TAB	48
RESTORIL CAP 7.5MG	170	RISPERDAL TAB	94	RYDAPT CAP	87
RETACRIT INJ	166	risperidone ODT	94	RYTHMOL SR CAP	24
RETIN-A CREAM	128	risperidone soln	94	RYTHMOL TAB	24
REVATIO TAB	114	risperidone tab	94		
RE VIA TAB	54	RITALIN LA CAP	4	<b>S</b>	
REVLIMID CAP	105	RITALIN TAB	4	SALAGEN TAB	182
REYATAZ POWDER	101	ritonavir tab	101	salsalate tab	11
PACK		RITUXAN INJ	79	SANCTURA TAB	218
REZIRA SOLN	125	rivastigmine cap	206	SANCUSO PATCH	55
RHEUMATREX TAB	6	rivastigmine patch	206	SANDIMMUNE SOLN	106
ribavirin cap	103	rizatRIPTAN ODT	177	100MG/ML	
ribavirin tab	103	rizatRIPTAN tab	177	SANTYL OINT	140
				SAPHRIS SL TAB	95

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## ALPHABETICAL LISTING OF DRUGS

SAVELLA PAK	207	silver sulfadiazine cream	134	SODIUM FLUORIDE	178
SAVELLA TAB	207	SIMBRINZA OPHTH	190	LOZENGE	
scopolamine patch	55	SUSP		sodium fluoride paste	182
SEASONIQUE TAB	119	simvastatin tab	63	sodium fluoride rinse	182
seb-prev cream	134	SINEMET CR TAB	92	sodium fluoride soln	178
SECTRAL CAP	108	SINEMET TAB	92	sodium fluoride tab	178
selegiline cap	92	SINGULAIR CHEW TAB	26	sodium fluoride/potassium	182
selegiline tab	92	SINGULAIR GRANULE	26	nitrate paste	
selenium sulfide lotion	134	PACK		sodium polystyrene	106
selenium sulfide shampoo	134	SINGULAIR TAB	26	powder	
SELZENTRY SOLN	101	sirolimus soln	180	sodium polystyrene susp	106
SELZENTRY TAB	101	sirolimus tab	106	sodium sulfacetamide gel	134
SEMPREX-D CAP	125	SIVEXTRO TAB	75	sodium sulfacetamide	128
SEREVENT DISKUS	29	SKELAXIN TAB	185	lotion	
INHALER		SKELID TAB	150	sodium sulfacetamide	134
SEROQUEL TAB	95	SKLICE LOTION	143	shampoo	
SEROQUEL XR TAB	95	SKYRIZI INJ	133	sodium	128
sertraline conc	41	SLO-NIACIN TAB	224	sulfacetamide/sulfur	
sertraline tab	41	smz/tmp (DS) tab	73	emulsion 10-5%	
sevelamer hydrochloride	160	smz/tmp susp	73	sodium	128
tab		sodium chloride 0.9% irr	161	sulfacetamide/sulfur wash	
sevelamer powder pak	160	soln		9-4.5%	
sevelamer tab	160	sodium chloride inj	179	sodium sulfacetamide/urea	134
SFROWASA ENEMA	159	sodium chloride neb soln	126	pad	
SIGNIFOR INJ	154	sodium citrate/citric acid	161	SOFOSBUVIR/VELPATA	103
sildenafil tab	112	soln		SVIR TAB	
sildenafil tab 20mg	114	sodium fluoride cream	182	SOLARAZE GEL	132
SILVADENE CREAM	134	sodium fluoride gel	182	solifenacin tab	218

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ALPHABETICAL LISTING OF DRUGS

SOMA TAB	185	STRENSIQ INJ	153	SUPRAX CHEW TAB	116
SOMAVERT INJ	150	STRIBILD TAB	101	SUPRAX SUSP	116
SONATA CAP	170	STRIVERDI RESPIMAT	29	SUPRAX SUSP	117
SORIATANE CK KIT	133	INHALER		500MG/5ML	
sotalol AF tab	109	STROMECTOL TAB	20	SUPRAX TAB	117
sotalol tab	109	STROVITE TAB	183	SUPREP SOLN	172
SPECTRACEF TAB	116	SUBOXONE SL FILM	17	SURMONTIL CAP	44
SPINOSAD SUSP	143	sucralfate susp	216	SUTENT CAP	87
SPIRIVA HANDIHALER	25	sucralfate tab	215	SUTTAR SF SYRUP	125
SPIRIVA RESPIMAT	26	sulfacetamide sodium	192	SYMAX DUOTAB	215
INHALER 1.25MCG/ACT		ophth soln		SYMBYAX CAP	207
SPIRIVA RESPIMAT	26	sulfacetamide	195	SYMDEKO TAB	210
INHALER 2.5MCG/ACT		sodium/prednisolone		SYMFI (LO) TAB	101
spironolactone tab	147	ophth soln		SYMJEPI INJ	223
spironolactone/hydrochlor	146	SULFACETAMIDE/PRED	195	SYMPROIC TAB	159
othiazide tab		NISOLONE OPHTH		SYMTUZA TAB	101
SPORANOX CAP	58	SOLN		SYNAREL NASAL SOLN	151
SPORANOX SOLN	58	SULFADIAZINE TAB	211	SYNERA PATCH	141
sprintec 28 tab	119	SULFAMYLON CREAM	135	SYNJARDY TAB	45
SPRYCEL TAB	87	sulfasalazine EC tab	159	SYNJARDY XR TAB	46
STARLIX TAB	52	sulfasalazine tab	159	10-1000MG, 25-1000MG	
stavudine cap	101	sulindac tab	9	SYNJARDY XR TAB	46
stavudine soln	101	sumatriptan inj	177	5-1000MG,	
STEGLATRO TAB	52	SUMATRIPTAN INJ	177	12.5-1000MG	
STENDRA TAB	112	6MG/0.5ML		SYNTHROID TAB	213
STIMATE NASAL SOLN	153	sumatriptan tab	177	<b>T</b>	
STIOLTO INHALER	29	SUNOSI TAB	2	TABLOID TAB	79
STIVARGA TAB	87	SUPRAX CAP	116	TACLONEX OINT	139

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## ALPHABETICAL LISTING OF DRUGS

tacrolimus cap	106	TECHLITE PEN NEEDLE	176	terbinafine tab	57
tacrolimus oint	141	TEGRETOL CHEW TAB	35	terbutaline sulfate tab	30
tadalafil tab	112	TEGRETOL SUSP	35	terconazole cream	222
tadalafil tab (PAH)	114	TEGRETOL TAB	35	TERCONAZOLE CREAM	222
tadalafil tab 2.5mg, 5mg	112	TEGRETOL XR TAB	35	0.8%	
TAFINLAR CAP	87	TEGSEDI INJ	210	terconazole supp	222
TAGRISSO TAB	87	TEKAMLO TAB	71	TESSALON CAP	123
TALZENNA CAP 0.25MG	87	TEKURNA HCT TAB	71	testosterone cypionate inj	18
TALZENNA CAP 1MG	87	TEKURNA TAB	72	TESTOSTERONE GEL 1%	18
TAMBOCOR TAB	24	telmisartan tab	66	25MG	
TAMIFLU CAP	105	temazepam cap 15mg	170	TESTOSTERONE GEL 1%	18
TAMIFLU CAP 30MG	105	temazepam cap 22.5mg	170	50MG	
tamoxifen tab	82	temazepam cap 30mg	170	testosterone gel 1% pump	18
tamsulosin cap	162	temazepam cap 7.5mg	170	testosterone gel 1.62%	19
TAPAZOLE TAB	213	TEMOVATE CREAM	139	1.25gm	
TARGRETIN GEL	132	TEMOVATE GEL	139	testosterone gel 1.62%	19
TASIGNA CAP	87	TEMOVATE OINT	139	2.5gm	
TASMAR TAB	90	TEMOVATE SOLN	139	testosterone gel 2%	19
TAVALISSE TAB	163	TEMOVATE-E CREAM	139	TESTOSTERONE GEL	19
tazarotene cream 0.1%	134	temozolomide cap	79	PUMP	
TAZORAC CREAM	134	TENEX TAB	67	testosterone gel pump	19
TAZORAC CREAM	134	tenofovir disoproxil	101	1.62%	
0.05%		fumarate tab 300mg		TESTOSTERONE GEL,	19
TECFIDERA CAP	208	TENORETIC TAB	71	VOGELXO GEL	
TECFIDERA STARTER	208	TENORMIN TAB	108	testosterone soln	19
PACK		TERAZOL CREAM	222	tetrabenazine tab	207
TECHLITE INSULIN	208	TERAZOL SUPP	222	tetracycline cap	212
SYRINGE		terazosin cap	67	TEVETEN HCT TAB	71

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## ALPHABETICAL LISTING OF DRUGS

TEVETEN TAB	66	TIMOPTIC-XE OPHTH	188	TOPAMAX SPRINKLE	35
TEXACORT SOLN	139	GEL		CAP	
THALOMID CAP	105	TINDAMAX TAB	73	TOPAMAX TAB	35
THEO-24 CAP	30	tinidazole tab	73	TOPICORT CREAM	139
THEOCHRON TAB	30	TIVICAY TAB	101	TOPICORT GEL	139
theophylline CR tab	30	tizanidine tab	185	TOPICORT OINT	139
theophylline ER tab	30	TOBI PODHALER	5	topiramate sprinkle cap	35
theophylline soln	30	TOBRADEX OPHTH	195	topiramate tab	36
thioridazine tab	96	OINT		TOPROL XL TAB	108
thiothixene cap	97	TOBRADEX OPHTH	195	toremifene tab	82
THYROLAR TAB	213	SOLN		torsemide tab	147
tiagabine tab	36	TOBRADEX ST OPHTH	195	TRACLEER TAB 32MG	114
TIAZAC CAP	110	SUSP		tramadol ER tab	14
TIBSOVO TAB	88	tobramycin neb soln	5	tramadol tab	14
TICLOPIDINE TAB	164	tobramycin ophth soln	192	tramadol/acetaminophen	16
TIGAN CAP	55	tobramycin/dexamethason	196	tab	
TIKOSYN CAP	25	e ophth soln		TRANDATE TAB	107
TIMENTIN INJ	203	TOBEX OPHTH OINT	192	tranexamic acid inj	169
timolol maleate ophth gel	188	TOBEX OPHTH SOLN	192	tranexamic acid tab	169
timolol maleate ophth soln	188	TODAY SPONGE	221	TRANSDERM-SCOP	56
timolol maleate ophth soln	188	TOFRANIL PM CAP	44	PATCH	
0.5%		TOFRANIL TAB	44	tranlycypromine tab	39
timolol maleate tab	109	TOLAZAMIDE TAB	53	TRAVATAN Z DROPS	198
TIMOLOL OPHTH GEL	188	TOLBUTAMIDE TAB	53	travoprost ophth soln	198
SOLN		tolcapone tab	90	trazodone tab	42
TIMOPTIC OCUDOSE	188	TOLMETIN TAB	9	TRECTOR TAB	78
OPHTH SOLN		tolterodine SR cap	218	TRELEGY ELLIPTA	30
TIMOPTIC OPHTH SOLN	188	tolterodine tab	218	INHALER	

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## ALPHABETICAL LISTING OF DRUGS

TRELSTAR INJ	82	trifluoperazine tab	96	TRUVADA TAB	102
TRENTAL TAB	164	TRIFLURIDINE OPHTH SOLN	192	TURALIO CAP	88
tretinoin cap	78	trihexyphenidyl elixir	92	TUSNEL SYRUP	125
tretinoin cream	128	trihexyphenidyl tab	90	tussigon tab	123
tretinoin gel	129	TRIKAFTA TAB	210	TUSSIONEX SUSP	125
TRETIN-X CREAM	129	tri-legest tab	119	TUSSI-ORGANI SYRUP	125
triamcinolone cream	139	TRILEPTAL SUSP	36	TYKERB TAB	88
triamcinolone in orabase paste	182	TRILEPTAL TAB	36	TYLENOL/CODEINE TAB	16
triamcinolone lotion	139	TRI-LUMA CREAM	142	TYMLOS INJ	150
triamcinolone nasal spray	186	trilyte soln	172	TYVASO INH SOLN	113
triamcinolone oint	139	trimethobenzamide cap	56	TYZEKA TAB	103
triamcinolone OTC nasal spray	187	trimethoprim tab	73	TYZINE NASAL SOLN	187
triamcinolone spray	139	trimipramine cap	44	<b>U</b>	
TRIAMINIC SYRUP	125	TRI-NORINYL TAB	119	UCERIS RECTAL FOAM	19
triamterene/hydrochlorothiazide cap	146	TRINTELLIX TAB	42	UCERIS TAB	122
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP	146	tri-sprintec tab	119	U-CORT CREAM	139
50-25mg		TRIUMEQ TAB	101	ULORIC TAB	163
triamterene/hydrochlorothiazide tab	146	tropicamide ophth soln	189	ULTRAM TAB	14
triazolam tab	170	trospium chloride SR cap	218	ULTRAVATE CREAM	139
tricitrates soln	161	trospium tab	218	ULTRAVATE OINT	140
tricon cap	168	TRUEPLUS INSULIN SYRINGE	176	UNIPHYL TAB	30
TRICOR TAB	62	TRUEPLUS PEN	176	UPTRAVI TAB	114
trientine cap	180	NEEDLE		URECHOLINE TAB	218
		TRULANCE TAB	157	UROCIT-K TAB	161
		TRULICITY INJ	48	UROQID #2 TAB	217
		TRUSOPT OPHTH SOLN	198	UROXATRAL TAB	162
				URSO FORTE TAB	158

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## ALPHABETICAL LISTING OF DRUGS

ursodiol cap	158	V-C FORTE CAP	183	VERELAN PM ER CAP	111
ursodiol tab	158	vcf vaginal gel	221	100MG, 300MG	
<b>V</b>					
VAGIFEM TAB	222	VELPHORO CHEW TAB	160	VERELAN SR CAP	111
valacyclovir tab	104	VELTIN GEL	129	360mg	
VALCHLOR GEL	132	VEMLIDY TAB	104	VERZENIO TAB	88
VALCYTE TAB	102	VENCLEXTA STARTER	79	VESICARE TAB	218
valganciclovir soln	102	PACK		VEXOL OPHTH SUSP	196
valganciclovir tab	102	VENCLEXTA TAB	80	VFEND SUSP	58
VALIUM TAB 2MG,	23	VENELEX OINT	143	VFEND TAB	58
10MG		venlafaxine ER cap	42	V-GO INJ KIT	175
VALIUM TAB 5MG	23	venlafaxine tab	42	VIBRAMYCIN CAP	212
valproic acid cap	38	VENTAVIS INH SOLN	113	VIBRAMYCIN SUSP	213
valproic acid syrup	38	VENTOLIN HFA	30	VIBRAMYCIN SYRUP	213
valsartan tab	66	INHALER		VICTOZA INJ	48
valsartan/hydrochlorothiazi	71	VERAPAMIL CAP	110	VICTRELIS CAP	104
de tab		100MG		VIDEX SOLN	102
VALTREX TAB	104	VERAPAMIL ER CAP	110	vigabatrin powder pack	36
VALTURNA TAB	71	200MG		vigabatrin tab	37
VANCOGIN CAP	74	VERAPAMIL ER CAP	111	VIGAMOX OPHTH SOLN	192
vancomycin cap	74	300MG		VIMPAT SOLN	36
VANIQA CREAM	140	verapamil SR cap	111	VIMPAT TAB	36
VANTIN TAB	117	VERAPAMIL SR CAP	111	viorele tab, kariva tab	119
varденаfil ODT	113	360mg		VIRACEPT POWDER	102
varденаfil tab	113	verapamil SR tab	111	VIRACEPT TAB	102
VARUBI TAB	56	verapamil tab	111	VIRAMUNE SUSP	102
VASERETIC TAB	71	VERELAN CAP	111	VIRAMUNE TAB	102
VASOTEC TAB	65	VERELAN PM CAP	111	VIREAD TAB 150MG,	102
				200MG, 250MG	

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ALPHABETICAL LISTING OF DRUGS

VIROPTIC OPHTH SOLN	192	VOTRIENT TAB	88	XIFAXAN TAB 200MG	73
VISICOL TAB	172	VP-PNV-DHA CAP	184	XIFAXAN TAB 550MG	73
VISTARIL CAP	22	VYNDAMAX CAP	115	XOPENEX NEB SOLN	30
VITAFOL STRIPS	184	VYNDAQEL CAP	115	XOSPATA TAB	89
vitamin D cap	224	VYTORIN TAB	60	XPOVIO PAK	82
vitamin D cap 1000unit	224	VYVANSE CAP	1	XTAMPZA ER CAP	14
vitamin D cap 400unit	224	VYVANSE CHEW TAB	1	XULANE PATCH	120
VITAMIN D TAB	224			XYLOCAINE SOLN	141
400UNIT		<b>W</b>		XYREM SOLN	205
VITEKTA TAB	102	WAKIX TAB	3		
VITRAKVI CAP 100MG	88	warfarin tab	31	<b>Y</b>	
VITRAKVI CAP 25MG	88	WELLBUTRIN SR TAB	39	YODOXIN TAB	5
VITRAKVI SOLN	88	WELLBUTRIN TAB	39		
VIVACTIL TAB	44	WELLBUTRIN XL TAB	39	<b>Z</b>	
VIVELLE-DOT PATCH	156	wymzya FE tab	119	zafirlukast tab	26
VIVOTIF CAP	219	<b>X</b>		zaleplon cap	171
VIZIMPRO TAB	88	XADAGO TAB	92	ZANAFLEX TAB	185
VOGELXO PUMP	19	XALATAN OPHTH SOLN	198	ZANOSAR INJ	79
VOLTAREN GEL	132	XALKORI CAP	88	ZANTAC GRANULE	215
VOLTAREN OPHTH SOLN	198	XANAX TAB	23	PACKET	
VOLTAREN TAB	9	XARELTO STARTER	31	ZARONTIN CAP	37
VOLTAREN XR TAB	9	PACK		ZARONTIN SOLN	37
voriconazole susp	58	XARELTO TAB	31	ZAROXOLYN TAB	148
voriconazole tab	58	XELJANZ TAB	5	ZARXIO INJ	166
VOSEVI TAB	104	XELJANZ XR TAB	5	ZEBETA TAB	108
VOSOL HC OTIC SOLN	200	XELODA TAB	79	ZEGERID CAP OTC	216
VOSOL OTIC SOLN	199	XEMBIFY INJ	201	ZEJULA CAP	89
VOSPIRE ER TAB	30	XENLETA TAB	75	ZELAPAR ODT	92
				ZELBORAF TAB	89

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ZEMPLAR CAP	153	ZONEGRAN CAP	36
ZERIT CAP	102	zonisamide cap	36
ZERIT SOLN	102	ZONTIVITY TAB	164
ZESTORETIC TAB	71	ZORPRIN TAB	11
ZETONNA NASAL SPRAY	187	ZORTRESS TAB 1MG	106
ZIAC TAB	72	ZOVIRAX CAP	104
ZIANA GEL	129	ZOVIRAX SUSP	104
zidovudine cap	102	ZOVIRAX TAB	104
zidovudine syrup	102	ZUTRIPRO LIQUID	125
zidovudine tab	102	ZYBAN TAB	209
ZIEXTENZO INJ	166	ZYDELIG TAB	89
zinc sulfate cap	180	ZYKADIA CAP	89
ziprasidone cap	93	ZYKADIA TAB	89
ZIRGAN OPHTH GEL	192	ZYLET OPHTH SUSP	196
ZITHROMAX POWDER PACK	172	ZYLOPRIM TAB	163
ZITHROMAX SUSP	173	ZYMAXID OPHTH SOLN	192
ZITHROMAX TAB	173	ZYPREXA TAB	95
ZMAX SUSP	173	ZYPREXA ZYDIS TAB	96
ZOCOR TAB	63	ZYVOX SUSP	75
ZOFRAN ODT	55	ZYVOX TAB	75
ZOFRAN SOLN	55		
ZOFRAN TAB	55		
ZOLINZA CAP	89		
ZOLOFT CONC	41		
ZOLOFT TAB	41		
zolpidem tab	169		

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