



L.A. Care[®]
Medi-Cal

L.A. Care Health Plan

Medi-Cal Formulary



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 All previous versions of the formulary are no longer in effect.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

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

L.A. Care Medi-Cal Formulary

INTRODUCTION

Foreword

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

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated monthly, updated documents are available online at: <http://www.lacare.org>.

How to Use the Formulary

The formulary drug listing begins on Page 4. Drugs available in generic formulations are listed by their generic names and it's most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

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

Generic and Brand Name Medications

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

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the 'Medication Request Process' described on Page 3.

Non-Formulary Medications

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

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

Benefit Coverage and Limitations

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

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

Restrictions on Medication Coverage

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

Symbol	Restriction	Description
INF	Infertility	Infertility drugs
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
SP	Specialty Pharmacy Availability	Drug is considered a specialty drug and is available through the specialty pharmacy vendor, however they are not restricted to a specific pharmacy
VAC	Vaccine Program	Coverage is available through a vaccine program
LD	Limited Distribution	Coverage is available through a limited distributor or limited number of distributors
OTC	Over the Counter	Coverage of OTC medication
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
MSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans
PA	Prior Authorization	Requires specific physician request process
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug

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

Medication Request Process

Formulary Agents

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

Non-Formulary Agents

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

Pharmacist and Physician Feedback

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

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Search Tip:

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

NC =Not Covered

generic =small letters

BRANDS =CAPITAL LETTERS

CO = Drugs carved out by the Department of Health Care Services

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

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.

Drugs carved out by the Department of Health Care Services. These can be billed by the pharmacy to the Medi-Cal Fee for service program

** Products listed may not be all inclusive and are subject to change.

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Drug Name	Special Code	Tier	Category
SUBOXONE SL FILM (CARVE OUT - Covered by - Medi-Cal fee-for-service program)		CO	ANALGESICS - OPIOID
8-MOP CAP	KMSP	F	DERMATOLOGICALS
abacavir soln (CARVE OUT - Covered by Medi-Cal- fee-for-service program)		CO	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (CARVE - OUT - Covered by Medi-Cal fee-for-service program)		CO	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO	ANTIVIRALS
ABILIFY DISCMELT (CARVE OUT - Covered by - Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ (CARVE OUT - Covered - by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB (CARVE OUT - Covered by - Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB (CARVE OUT - Covered by Medi-Cal- fee-for-service program)		CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone tab 250mg (QL= 4 tabs/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
acamprosate calcium DR tab (CAMPRAL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	F	ANTIDIABETICS
acebutolol cap (SECTRAL equiv)	-	F	BETA BLOCKERS
acetaminophen cap	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen drops	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen elixir	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen er tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen liquid	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen supp	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen/codeine soln (QL= 240ml/30 days)	QL	F	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 180 tabs/30 days)	QL	F	ANALGESICS - OPIOID

Symbols and abbreviations are defined on page 1.

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acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	F	DIURETICS
acetazolamide tab	-	F	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	F	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	F	COUGH/COLD/ALLERGY
acitretin cap (SORIATANE equiv)	KMSP	F	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL=2 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
acyclovir cap (ZOVIRAX equiv)	-	F	ANTIVIRALS
acyclovir oint (ZOVIRAX equiv)	-	F	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	F	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	F	ANTIVIRALS
A-D oint	OTC	F	DERMATOLOGICALS
ADACEL INJ, BOOSTRIX INJ	VAC	F	TOXOIDS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
ADASUVE INHALER (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
adefovir dipivoxil tab (HEPSERA equiv)	KMSP	F	ANTIVIRALS
ADMELOG INJ	-	F	ANTIDIABETICS
ADMELOG SOLOSTAR INJ	-	F	ANTIDIABETICS
ADVATE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
AEROCHAMBER	OTC	F	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ (QL= 1 tab/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB 10MG (QL= 1 tab/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	F	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	F	VACCINES

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AFSTYLA KIT (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	F	DERMATOLOGICALS
alclometasone oint (ACLOVATE equiv)	-	F	DERMATOLOGICALS
ALCOHOL SWABS	OTC	F	MEDICAL DEVICES AND SUPPLIES
ALECENSA CAP (QL= 8 caps/day)	LMSP-P A-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate tab (FOSAMAX equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL=60ml/3 days)	PA-QL	F	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB (QL=6 tabs/3 days)	PA-QL	F	ANTI-INFECTIVE AGENTS - MISC.
allopurinol tab (ZYLOPRIM equiv)	-	F	GOUT AGENTS
ALOGLIPTIN TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day)	QL	F	ANTIDIABETICS
ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
alprazolam tab (XANAX equiv) (QL=5 tabs/day)	QL	F	ANTI-ANXIETY AGENTS
ALPROLIX INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
aluminum chloride soln (DRYSOL equiv)	-	F	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
ALUMINUM HYDROXIDE GEL SUSP	OTC	F	ANTACIDS
ALUNBRIG TAB 180MG (QL= 1 tab/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG (QL= 1 tab/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
amantadine cap (SYMMETREL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPARKINSON AGENTS
amantadine tab (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPARKINSON AGENTS
ambrisentan tab (QL= 1 tab/day)	LMSP-P A-QL	F	CARDIOVASCULAR AGENTS - MISC.
amethyst tab (LYBREL equiv)	-	F	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	F	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	F	DIURETICS
aminocaproic acid soln	-	F	HEMOSTATICS
aminocaproic acid syrup (AMICAR equiv)	-	F	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	F	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	F	ANTIARRHYTHMICS
amitriptyline tab (ELAVIL equiv)	-	F	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	F	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/olmesartan tab	-	F	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	F	ANTIHYPERTENSIVES
ammonium lactate cream	OTC	F	DERMATOLOGICALS
ammonium lactate lotion	OTC	F	DERMATOLOGICALS
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	F	DERMATOLOGICALS
AMOXAPINE TAB	-	F	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	F	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	F	PENICILLINS

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AMOXICILLIN CHEW TAB 250MG	-	F	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	F	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	F	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F	PENICILLINS
amoxicillin/clavulanate tab 500-125, 875-125 (AUGMENTIN equiv)	-	F	PENICILLINS
AMPHADASE INJ	PA	F	ASSORTED CLASSES
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
AMPICILLIN CAP	-	F	PENICILLINS
ampicillin cap (PRINCIPEN equiv)	-	F	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	F	PENICILLINS
anagrelide cap (AGRYLIN equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
ANORO ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
antacid chew tab	OTC	F	ANTACIDS
anti-nausea soln	OTC	F	ANTIEMETICS
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	F	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	F	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
aprepitant pak (EMEND PAK equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
APTIVUS CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
APTIVUS SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS

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aripiprazole ODT (ABILIFY equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA SYRINGE (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	F	THYROID AGENTS
ARNUIITY ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
artificial tears oint	OTC	F	OPHTHALMIC AGENTS
artificial tears soln	OTC	F	OPHTHALMIC AGENTS
ascorbic acid cap	OTC	F	VITAMINS
ascorbic acid chew tab	OTC	F	VITAMINS
ascorbic acid er tab	OTC	F	VITAMINS
ascorbic acid tab	OTC	F	MULTIVITAMINS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	F	CONTRACEPTIVES
aspirin chew tab 81mg	OTC	F	ANALGESICS - NONNARCOTIC
aspirin ec tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin EC tab 325mg	OTC	F	ANALGESICS - NONNARCOTIC
aspirin EC tab 81mg	OTC	F	ANALGESICS - NONNARCOTIC
aspirin tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	F	ANALGESICS - NONNARCOTIC
ASPIRIN TAB 81MG	OTC	F	ANALGESICS - NONNARCOTIC
aspirin/dipyridamole cap (AGGRENEX equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
atazanavir cap (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	F	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	F	ANTIHYPERTENSIVES
atorvastatin tab 10mg	-	F	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg	-	F	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg	-	F	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg	-	F	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	F	ANTIMALARIALS

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ATRIPLA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
atropine ophth oint	-	F	OPHTHALMIC AGENTS
ATROPINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVANDAMET TAB	-	F	ANTIDIABETICS
AVANDIA TAB	-	F	ANTIDIABETICS
AVC VAGINAL CREAM	-	F	VAGINAL PRODUCTS
AVONEX INJ	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AZASITE SOLN	-	F	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	F	ASSORTED CLASSES
azelaic acid gel	-	F	DERMATOLOGICALS
azelastine nasal spray 0.1%	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	F	OPHTHALMIC AGENTS
azithromycin susp (ZITHROMAX equiv)	-	F	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	F	MACROLIDES
bacitracin oint	OTC	F	DERMATOLOGICALS
BACITRACIN OPHTH OINT	-	F	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	F	OPHTHALMIC AGENTS
bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	F	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	F	OPHTHALMIC AGENTS
bacitracin/zinc oint	OTC	F	DERMATOLOGICALS
baclofen tab 10mg, 20mg	-	F	MUSCULOSKELETAL THERAPY AGENTS
balsalazide cap (COLAZAL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	F	ANTICONVULSANTS
BANZEL TAB	PA	F	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL=2 inhalations/fill)	QL	F	ANTIDIABETICS
BASAGLAR INJ	-	F	ANTIDIABETICS
BD AUTOSHIELD DUO PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES
B-D INSULIN SYRINGE U-500	OTC	F	MEDICAL DEVICES AND SUPPLIES
BELBUCA FILM (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
benazepril tab (LOTENSIN equiv)	-	F	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT-equiv)	-	F	ANTIHYPERTENSIVES
BENEFIX INJ (CARVE OUT - Covered by Medi-Cal-fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA AUTO INJECTOR (QL=4 inj/28 days)	LMSP-P A-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL=4 inj/28 days)	LMSP-P A-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
BENZNIDAZOLE TAB	PA	F	ANTHELMINTICS
benzonatate cap 100mg, 200mg (TESSALON equiv)	-	F	COUGH/COLD/ALLERGY
benzoyl peroxide cream (QL= 1 tube/30 days)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide gel (QL= 1 tube/30 days)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide liquid (QL= 1 bottle/30 days)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide lotion (QL= 1 bottle/30 days)	OTC-QL	F	DERMATOLOGICALS
benztropine tab (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPARKINSON AGENTS
betamethasone augmented cream (DIPROLENE AF equiv)	-	F	DERMATOLOGICALS
betamethasone augmented gel	-	F	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE equiv)	-	F	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE equiv)	-	F	DERMATOLOGICALS

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betamethasone dipropionate cream (DIPROSONE equiv)	-	F	DERMATOLOGICALS
betamethasone dipropionate lotion	-	F	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE equiv)	-	F	DERMATOLOGICALS
betamethasone valerate cream	-	F	DERMATOLOGICALS
betamethasone valerate lotion	-	F	DERMATOLOGICALS
betamethasone valerate oint	-	F	DERMATOLOGICALS
bethanechol tab (URECHOLINE equiv)	-	F	URINARY ANTISPASMODICS
bexarotene cap (TARGRETIN equiv)	KMSP-P A-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	VAC	F	VACCINES
bicalutamide tab (CASODEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIKTARVY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
BISACODYL ENEMA	OTC	F	LAXATIVES
bisacodyl supp	OTC	F	LAXATIVES
bisacodyl tab	OTC	F	LAXATIVES
bismuth subsalicylate chew tab	OTC	F	ANTIDIARRHEALS
bismuth subsalicylate susp	OTC	F	ANTIDIARRHEALS
bismuth subsalicylate tab	OTC	F	ANTIDIARRHEALS
bisoprolol tab (ZEBETA equiv)	-	F	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	F	ANTIHYPERTENSIVES
bosentan tab (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA- QL	F	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB	KMSP-P A-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 50MG (QL=4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA- QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL=6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA- QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
brimonidine ophth soln 0.15%	-	F	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN P equiv)	-	F	OPHTHALMIC AGENTS
bromfenac ophth soln (BROMDAY equiv)	-	F	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	F	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	F	ANTIPARKINSON AGENTS

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bromocriptine tab (PARLODEL equiv)	-	F	ANTIPARKINSON AGENTS
brompheniram/phenylephrine/dm soln (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
BROTAPP DM LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
budesonide inh susp (PULMICORT equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide SR cap (ENTOCORT EC equiv)	-	F	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	F	DIURETICS
BUNAVAIL SL FILM (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
buprenorphine patch (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
BUPRENORPHINE PATCH, BUTRANS PATCH (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
buprenorphine/naloxone SL film (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	F	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMK G	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	F	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	F	ANTIDEPRESSANTS
bupirone tab (BUSPAR equiv)	-	F	ANTIANSIETY AGENTS
BUTRANS PATCH (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
cabergoline tab (DOSTINEX equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI KIT (QL=1 vial/day; Only available through Biologics 800-850-4306)	LD-PA- QL	F	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA -QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALAMINE LOTION	OTC	F	DERMATOLOGICALS
calcipotriene cream (DOVONEX equiv)	-	F	DERMATOLOGICALS

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calcipotriene oint	-	F	DERMATOLOGICALS
calcipotriene soln (DOVONEX equiv)	-	F	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (ROCALTROL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
CALCIUM ACETATE TAB (QL= 9 tabs/day)	QL	F	MINERALS & ELECTROLYTES
calcium and phosphorus w/vitamin D tab (RISACAL-D equiv)	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate chew tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate susp	OTC	F	ANTACIDS
calcium carbonate tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/vitamin D cap	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/vitamin D chew tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/vitamin D tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/vitamind D tab	OTC	F	MINERALS & ELECTROLYTES
calcium citrate tab	OTC	F	MINERALS & ELECTROLYTES
calcium citrate w/vitamin D tab	OTC	F	MINERALS & ELECTROLYTES
CALCIUM GLUCONATE TAB	OTC	F	MINERALS & ELECTROLYTES
calcium pycarbophil tab (FIBERCON equiv)	OTC	F	LAXATIVES
CALIBRATION LIQUID	OTC	F	MEDICAL DEVICES AND SUPPLIES
CALQUENCE CAP (QL=2 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMPRAL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
capecitabine tab (XELODA equiv)	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin cream	OTC	F	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	F	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	F	ANTIHYPERTENSIVES
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	F	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	F	ANTICONVULSANTS

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carbamazepine susp (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbamide peroxide otic drop	OTC	F	OTIC AGENTS
carbidopa tab (LODOSYN equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	F	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	F	ANTIPARKINSON AGENTS
carisoprodol tab 350mg (SOMA equiv) (QL=120 tabs/30 days)	QL	F	MUSCULOSKELETAL THERAPY AGENTS
carvedilol tab (COREG equiv)	-	F	BETA BLOCKERS
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-R S	F	ANTI-INFECTIVE AGENTS - MISC.
cefdinir cap (OMNICEF equiv)	-	F	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	F	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	F	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	F	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	F	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	F	ANTICONVULSANTS
CENTRUM KIDS CHEW	OTC	F	MULTIVITAMINS
cephalexin cap (KEFLEX equiv)	-	F	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	F	CEPHALOSPORINS
CERDELGA CAP (Only available through Walgreens 888-347-3416)	LD-PA	F	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	F	MEDICAL DEVICES AND SUPPLIES
cetirizine syrup (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
cevimeline cap (EVOXAC equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 168 days/plan year)	QL-SMK G	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 168 days/plan year)	QL-SMK G	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	F	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	F	ANTI-ANXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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chlorhexidine gluconate liquid (HIBICLENS equiv)	OTC	F	ANTISEPTICS & DISINFECTANTS
chlorhexidine gluconate soln (PERIDEX equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	F	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	F	DIURETICS
CHLOROTHIAZIDE TAB 250MG, 500MG	-	F	DIURETICS
chlorpheniramine CR tab (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
chlorpheniramine syrup (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
CHLORPROMAZINE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpropamide tab (DIABINESE equiv)	-	F	ANTIDIABETICS
CHLORTHALIDONE TAB	-	F	DIURETICS
CHLORZOAZONE TAB 500MG	-	F	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohman LSS 844-246-5226)	LD-PA	F	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol oral soln	OTC	F	VITAMINS
cholecalciferol tab	OTC	F	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	F	ANTIHYPERTENSIVES
CIALIS TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
ciclopirox cream (LOPROX equiv)	-	F	DERMATOLOGICALS
ciclopirox gel (LOPROX equiv)	-	F	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	F	DERMATOLOGICALS
ciclopirox shampoo (LOPROX equiv)	-	F	DERMATOLOGICALS
ciclopirox topical susp (LOPROX equiv)	-	F	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
CIMDUO TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS

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cinacalcet tab	LMSP-P A	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
CIPRODEX OTIC SUSP	-	F	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	F	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	F	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	F	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	F	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	F	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	F	ANTIDEPRESSANTS
CITRULLINE	PA	F	NUTRIENTS
CLARITHROMYCIN SUSP	-	F	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	F	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	F	MACROLIDES
CLARITIN REDITAB (QL= 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
clindamycin cap	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN equiv)	-	F	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	F	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	F	DERMATOLOGICALS
clindamycin topical soln (CLEOCIN-T equiv)	-	F	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	F	VAGINAL PRODUCTS
clobazam tab	PA	F	ANTICONVULSANTS
clobetasol propionate cream (TEMOVATE equiv)	-	F	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE-E equiv)	-	F	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE equiv)	-	F	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	F	DERMATOLOGICALS
clonazepam tab (KLONOPIN equiv)	-	F	ANTICONVULSANTS
clonidine patch (CATAPRES-TTS equiv)	-	F	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	F	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
clotrimazole cream	OTC	F	DERMATOLOGICALS
clotrimazole soln	OTC	F	DERMATOLOGICALS
clotrimazole troches (MYCELEX equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
clotrimazole vaginal cream	OTC	F	VAGINAL PRODUCTS
clotrimazole/betamethasone cream (LORTRISONE equiv)	-	F	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE equiv)	-	F	DERMATOLOGICALS
CLOZAPINE ODT (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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clozapine ODT 25mg, 100mg (CLOZAPINE/FAZACLO equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT/FAZACLO ODT (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZARIL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
codeine sulfate tab (QL= 240 tabs/30 days)	QL	F	ANALGESICS - OPIOID
codeine sulfate tab 60mg (QL= 180 tabs/30 days)	QL	F	ANALGESICS - OPIOID
colchicine tab	PA	F	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	F	GOUT AGENTS
colestipol tab (COLESTID equiv)	-	F	ANTIHYPERTENSIVES
COLY-MYCIN S OTIC SUSP	-	F	OTIC AGENTS
COMBIVENT RESPIMAT INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
CONCEPTROL GEL	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE FILM	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	F	VAGINAL PRODUCTS
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXICANTS
COPIKTRA CAP (QL=2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COSENTYX INJ (1-PACK) (QL=1 inj/28 days)	LMSP-P A-QL	F	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL=2 inj/28 days)	LMSP-P A-QL	F	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA -QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CREATINE 5000	PA	F	NUTRIENTS
CREON CAP	-	F	DIGESTIVE AIDS

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CRINONE GEL	PA	F	VAGINAL PRODUCTS
CRIXIVAN CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
cromolyn nasal spray	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
cromolyn ophth soln (CROLOM equiv)	-	F	OPHTHALMIC AGENTS
cryselle tab (LO/OVRAL equiv)	-	F	CONTRACEPTIVES
cyanocobalamin inj	-	F	HEMATOPOIETIC AGENTS
cyanocobalamine er tab	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine lozenge	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine sl tab	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine tab	OTC	F	HEMATOPOIETIC AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F	OPHTHALMIC AGENTS
cyclophosphamide cap	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine cap (SANDIMMUNE equiv)	-	F	ASSORTED CLASSES
cyclosporine modified cap, gengraf cap (NEORAL equiv)	-	F	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	F	ASSORTED CLASSES
cyproheptadine syrup	-	F	ANTIHISTAMINES
cyproheptadine tab	-	F	ANTIHISTAMINES
CYSTAGON CAP (Only available through CVS Specialty 800-237-2767)	LD-PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days Only available through Walgreens 888-347-3416)	LD-PA-QL	F	OPHTHALMIC AGENTS
CYTRA-3 SYRUP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
dalfampridine ER tab (QL= 2 tabs/day)	LMSP-P A-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
danazol cap (DANOCRINE equiv)	-	F	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
dapsone tab	-	F	ANTI-INFECTIVE AGENTS - MISC.

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DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F	ANTIMALARIALS
deferasirox tab (EXJADE equiv)	LMSP	F	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	KMSP	F	ANTIDOTES AND SPECIFIC ANTAGONISTS
DELSTRIGO TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
DENAVIR CREAM	-	F	DERMATOLOGICALS
DESCOVY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	F	ANTIDEPRESSANTS
desmopressin acetate inj (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desoximetasone cream (TOPICORT equiv)	-	F	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	F	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	F	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv)	-	F	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	F	CORTICOSTEROIDS
dexamethasone elixir	-	F	CORTICOSTEROIDS
dexamethasone ophth soln	-	F	OPHTHALMIC AGENTS
dexamethasone soln	-	F	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	F	CORTICOSTEROIDS
dexmethylphenidate tab (FOCALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
dextromethorphan cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan ER liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan hb/doxylamine soln (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY

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dextromethorphan syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/PHENYLEPHRINE LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	F	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	F	ANTICONVULSANTS
dialyvite tab (NEPHRO-VITE equiv)	OTC	F	MULTIVITAMINS
DIAPHRAGM	-	F	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL=5 inj/30 days)	QL	F	ANTICONVULSANTS
diazepam conc (VALIUM equiv) (QL=180 ml/30 days)	QL	F	ANTIAXIETY AGENTS
DIAZEPAM SOLN (QL=180 ml/30 days)	QL	F	ANTIAXIETY AGENTS
diazepam tab 10mg (QL=4 tabs/day)	QL	F	ANTIAXIETY AGENTS
diazepam tab 2mg (QL=4 tabs/day)	QL	F	ANTIAXIETY AGENTS
diazepam tab 5mg (QL=3 tabs/day)	QL	F	ANTIAXIETY AGENTS
diclofenac gel 1% (VOLTAREN equiv)	-	F	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	F	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	F	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	F	ULCER DRUGS
dicyclomine soln	-	F	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	F	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	F	ANTIVIRALS
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	F	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln or FIRVANQ SOLN)	QL-ST	F	MACROLIDES
digoxin soln (LANOXIN equiv)	-	F	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	F	CARDIOTONICS
DILANTIN CAP 30MG	-	F	ANTICONVULSANTS
DILTIAZEM ER CAP	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM CD equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	F	CALCIUM CHANNEL BLOCKERS

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diltiazem ER cap (DILACOR XR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	F	CALCIUM CHANNEL BLOCKERS
dimenhydrin tab	OTC	F	ANTIEMETICS
diphenhydramine cap (BENADRYL equiv) (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
diphenhydramine cream	OTC	F	DERMATOLOGICALS
diphenhydramine gel	OTC	F	DERMATOLOGICALS
diphenhydramine liquid (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
diphenhydramine tab	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine tab (Only covered for members age 2 years or older)	OTC	F	ANTIHISTAMINES
diphenhydramine/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine/phenylephrine/acetaminophen liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	F	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	F	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	F	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	F	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	F	ANTICONVULSANTS
d-methorphan hb/p-epd hcl/bpm elixir (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan hb/p-ephed hcl/cp liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/acetamin/doxylamn liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/pe/acetaminophen cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
docusate calcium cap	OTC	F	LAXATIVES
docusate sodium cap	OTC	F	LAXATIVES
docusate sodium enema	OTC	F	LAXATIVES

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docusate sodium liquid	OTC	F	LAXATIVES
docusate sodium syrup	OTC	F	LAXATIVES
docusate sodium tab	OTC	F	LAXATIVES
dofetilide cap	-	F	ANTIARRHYTHMICS
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DOPTELET TAB (QL=2 tabs/day)	KMSP-P A-QL	F	HEMATOPOIETIC AGENTS
dorzolamide ophth soln (TRUSOPT equiv)	-	F	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln	-	F	OPHTHALMIC AGENTS
DOVATO TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	F	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	F	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	F	ANTIDEPRESSANTS
doxercalciferol cap (HECTOROL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	F	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	F	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	F	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	F	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	F	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	F	TETRACYCLINES
doxylamine succinate tab	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
D-PENAMINE TAB	-	F	ASSORTED CLASSES
dronabinol cap (MARINOL equiv)	PA	F	ANTIEMETICS
DROXIA CAP	-	F	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	F	DERMATOLOGICALS
duloxetine EC cap (CYMBALTA equiv)	-	F	ANTIDEPRESSANTS
DUPIXENT INJ (QL=2 inj/28 days)	LMSP-P A-QL	F	DERMATOLOGICALS
DUREZOL OPHTH EMULSION	-	F	OPHTHALMIC AGENTS

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dutasteride cap	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
econazole cream (SPECTAZOLE equiv)	-	F	DERMATOLOGICALS
EDURANT TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
efavirenz cap (CARVE OUT - Covered by Medi-Cal-fee-for-service program)	-	CO	ANTIVIRALS
efavirenz tab (CARVE OUT - Covered by Medi-Cal - fee-for-service program)	-	CO	ANTIVIRALS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	F	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	F	CONTRACEPTIVES
ELMIRON CAP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
eluryng vaginal ring	-	F	CONTRACEPTIVES
EMCYT CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMSAM PATCH (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDEPRESSANTS
EMTRIVA CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
EMTRIVA SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
enalapril tab (VASOTEC equiv)	-	F	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	F	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL=4 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL=4 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	PA	F	VAGINAL PRODUCTS

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ENGERIX-B INJ	VAC	F	VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	F	VACCINES
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	F	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	F	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	F	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	KMSP-Q L	F	ANTIVIRALS
EPIFOAM AEROSOL	-	F	DERMATOLOGICALS
epinephrine inj (QL= 2 inj/fill)	QL	F	VASOPRESSORS
EPINEPHRINE INJ 0.15MG (QL=2 inj/fill)	QL	F	VASOPRESSORS
epinephrine inj 0.15mg (2 pack) (QL= 2 inj/fill)	QL	F	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL=2 inj/fill)	QL	F	VASOPRESSORS
EPIVIR HBV SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
EPIVIR HBV TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
EPIVIR SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
EPIVIR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
EPOGEN INJ	KMSP	F	HEMATOPOIETIC AGENTS
EPZICOM TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
EQUETRO CAP	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ergocalciferol soln	OTC	F	VITAMINS
ERIVEDGE CAP	KMSP-P A-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	KMSP-P A-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab	KMSP-P A-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erythromycin DR cap (ERYC equiv)	-	F	MACROLIDES
erythromycin ethylsuccinate susp	-	F	MACROLIDES
erythromycin gel	-	F	DERMATOLOGICALS
erythromycin ophth oint	-	F	OPHTHALMIC AGENTS
erythromycin pad	-	F	DERMATOLOGICALS
erythromycin soln	-	F	DERMATOLOGICALS
erythromycin stearate tab	-	F	MACROLIDES

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erythromycin tab (all forms except PCE)	-	F	MACROLIDES
ESBRIET CAP (QL= 9 tabs/day)	MSP-PA -QL-SF	F	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	MSP-PA -QL-SF	F	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	MSP-PA -QL-SF	F	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS
estazolam tab (PROSOM equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
estradiol patch (CLIMARA equiv)	-	F	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	F	ESTROGENS
estradiol tab (ESTRACE equiv)	-	F	ESTROGENS
estradiol vaginal cream (ESTRACE equiv)	-	F	VAGINAL PRODUCTS
estradiol valerate inj	-	F	ESTROGENS
ESTROPIPATE TAB	-	F	ESTROGENS
estropipate tab (OGEN equiv)	-	F	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ethacrynic tab	-	F	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	F	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	F	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	KMSP	F	ANTINEOPLASTICS
ETOVAZ TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
EURAX CREAM	-	F	DERMATOLOGICALS
everolimus tab (AFINITOR TAB equiv) (QL= 1 tab/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVZIO INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDOTES
exemestane tab (AROMASIN equiv) (Covered at \$0- for women 35 years or older; All other members covered at generic copay)		F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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EXTAVIA INJ	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ezetimibe tab	-	F	ANTIHYPERTENSIVES
famotidine susp (PEPCID equiv)	-	F	ULCER DRUGS
famotidine tab	OTC	F	ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC--	F	ULCER DRUGS
FANAPT TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA -QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FASENRA PEN INJ (QL=1 inj/56 days)	KMSP-P A-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FAZACLO ODT (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (Step Therapy requires trial of allopurinol)	ST	F	GOUT AGENTS
felbamate susp (FELBATOL equiv)	-	F	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	F	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	F	CALCIUM CHANNEL BLOCKERS
FEMALE CONDOMS	OTC	F	MEDICAL DEVICES AND SUPPLIES
fenofibrate cap 30mg, 67mg, 90mg, 134mg, 200mg - (ANTARA equiv)	-	F	ANTIHYPERTENSIVES
fenofibrate tab 48mg, 50mg, 54mg, 145mg, 160mg - (TRICOR equiv)	-	F	ANTIHYPERTENSIVES
fenofibric acid DR cap (TRILIPIX equiv)	-	F	ANTIHYPERTENSIVES
fentanyl patch (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	F	ANALGESICS - OPIOID
FERREX 150 CAP	-	F	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	F	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	F	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F	ANTIDOTES
ferrous gluconate tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate dr tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate er tab	OTC	F	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	F	HEMATOPOIETIC AGENTS

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ferrous sulfate slow release tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	F	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate tab	OTC	F	HEMATOPOIETIC AGENTS
FINACEA FOAM	-	F	DERMATOLOGICALS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
FIRST OMEPRAZOLE SUSP	-	F	ULCER DRUGS
FIRVANQ SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
flecainide tab (TAMBOCOR equiv)	-	F	ANTIARRHYTHMICS
FLEET ENEMA	OTC	F	LAXATIVES
FLUAD INJ	VAC	F	VACCINES
FLUARIX QUAD INJ, FLUZONE QUAD INJ	VAC	F	VACCINES
FLUBLOK INJ	VAC	F	VACCINES
FLUBLOK QUAD INJ	VAC	F	VACCINES
FLUCELVAX QUAD INJ	VAC	F	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	F	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	F	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	F	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	F	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	F	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	F	VACCINES
fluocinolone acetonide cream	-	F	DERMATOLOGICALS
fluocinolone acetonide oint	-	F	DERMATOLOGICALS
fluocinolone acetonide soln	-	F	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	F	OTIC AGENTS
fluocinonide cream 0.05%	-	F	DERMATOLOGICALS
fluocinonide emollient cream	-	F	DERMATOLOGICALS
fluocinonide gel	-	F	DERMATOLOGICALS
fluocinonide oint	-	F	DERMATOLOGICALS
fluocinonide soln	-	F	DERMATOLOGICALS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	F	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX equiv)	-	F	DERMATOLOGICALS
FLUOROURACIL SOLN	-	F	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	F	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	F	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	F	ANTIDEPRESSANTS
FLUPHENAZINE CONC (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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Drug Name	Special Code	Tier	Category
FLUPHENAZINE DECONATE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLUPHENAZINE ELIXIR (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLUPHENAZINE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLUPHENAZINE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
fluphenazine tab (PROLIXIN equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURAZEPAM CAP	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN	-	F	OPHTHALMIC AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	F	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	F	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	F	DERMATOLOGICALS
fluticasone/salmeterol diskus 100/50 (QL= 1 inhaler/30 days)	QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol diskus 250/50 (QL= 1 inhaler/30 days)	QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol diskus 500/50 (QL= 1 inhaler/30 days)	QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE/SALMETEROL INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUVIRIN INJ	VAC	F	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, or sertraline)	ST	F	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	F	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ	VAC	F	VACCINES
folbee tab	-	F	HEMATOPOIETIC AGENTS
folic acid tab 1mg	-	F	HEMATOPOIETIC AGENTS
folic acid tab 400mcg	OTC	F	HEMATOPOIETIC AGENTS
folic acid tab 800mcg	OTC	F	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	PA	F	ANTICOAGULANTS

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FORTEO INJ	KMSP-P A	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA TAB equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	F	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT-equiv)	-	F	ANTIHYPERTENSIVES
FREESTYLE FREEDOM LITE METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL=2 sensor/28 days)	PA-QL	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FULPHILA INJ	KMSP	F	HEMATOPOIETIC AGENTS
FUNGOID SOLN	OTC	F	DERMATOLOGICALS
FUROSEMIDE SOLN	-	F	DIURETICS
furosemide soln (LASIX equiv)	-	F	DIURETICS
furosemide tab (LASIX equiv)	-	F	DIURETICS
FUZEON INJ (CARVE OUT - Covered by Medi-Cal-fee-for-service program)	-	CO	ANTIVIRALS
gabapentin cap (NEURONTIN equiv)	-	F	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	F	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	F	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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ganirelix ac inj	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
GARDASIL 9 INJ	VAC	F	VACCINES
GARDASIL INJ	VAC	F	VACCINES
GAVILYTE-C SOLN	-	F	LAXATIVES
GEL DRESSING (QL= 2 boxes/30 days)	QL	F	DERMATOLOGICALS
gemfibrozil tab (LOPID equiv)	-	F	ANTIHYPERTENSIVES
GENTAK OPHTH OINT	-	F	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	F	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	F	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	F	DERMATOLOGICALS
gentamicin sulfate oint	-	F	DERMATOLOGICALS
GENVOYA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
GEODON CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
GEODON INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	F	CONTRACEPTIVES
GILENYA CAP (QL=30 cap/30 days)	LMSP-Q L	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA- QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glatopa inj, glatiramer inj	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	F	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	F	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	F	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	F	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ (QL=2 inj/fill)	QL	F	ANTIDIABETICS
GLUCAGON INJ KIT (QL=2 inj/fill)	QL	F	ANTIDIABETICS
GLUCOSE CHEW TAB	OTC	F	ANTIDIABETICS
glucose gel	OTC	F	ANTIDIABETICS
GLUCOSE TAB	OTC	F	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	F	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	F	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	F	ANTIDIABETICS
glycerin lotion	OTC	F	DERMATOLOGICALS

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glycerin suppository	OTC	F	LAXATIVES
glycopyrrolate tab (ROBINUL equiv)	-	F	ULCER DRUGS
GOCOVRI CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPARKINSON AGENTS
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	F	ANTIEMETICS
griseofulvin micro tab (GRIFULVIN V equiv)	-	F	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	F	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	F	ANTIFUNGALS
guaifenesin ER tab (MUCINEX equiv) (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine soln (TUSSI-ORGANIDIN-S equiv) (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan cap (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan ER tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/d-methorphan hb/pe syrup (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
guanfacine IR tab (TENEX equiv)	-	F	ANTIHYPERTENSIVES
GVOKE PFS INJ (QL= 2 inj/fill)	QL	F	ANTIDIABETICS

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HALDOL INJ (CARVE OUT - Covered by Medi-Cal - fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
halobetasol propionate cream (ULTRAVATE equiv) -	-	F	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	PA	F	DERMATOLOGICALS
haloperidol inj (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HAVRIX INJ, VAQTA INJ	VAC	F	VACCINES
hc pramoxine cream 1-1% (ANALPRAM HC equiv) -	-	F	ANORECTAL AGENTS
HEMLIBRA INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	VAC	F	VACCINES
HEXALEN CAP	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIZENTRA INJ	KMSP	F	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F	OPHTHALMIC AGENTS
HUMALOG MIX INJ	-	F	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	F	ANTIDIABETICS
HUMATE-P INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
HUMATROPE INJ	KMSP-P A	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY

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HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ, NOVOLIN MIX INJ	OTC	F	ANTIDIABETICS
HUMULIN MIX PEN INJ, NOVOLIN FLEXPEN INJ	OTC	F	ANTIDIABETICS
HUMULIN N INJ, NOVOLIN N INJ	OTC	F	ANTIDIABETICS
HUMULIN N PEN INJ, NOVOLIN N PEN INJ	OTC	F	ANTIDIABETICS
HUMULIN R INJ, NOVOLIN R INJ	OTC	F	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	F	ANTIDIABETICS
HYCAMTIN CAP	KMSP-P A	F	ANTINEOPLASTICS
hydralazine tab (APRESOLINE equiv)	-	F	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	F	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	F	DIURETICS
hydrocodone/acetaminophen soln 7.5mg-325mg/15ml (QL= 1800ml/30 days)	QL	F	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv) (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
hydrocodone/homatropine syrup (HYCODAN equiv)-	-	F	COUGH/COLD/ALLERGY
hydrocortisone ac cream	OTC	F	DERMATOLOGICALS
hydrocortisone aloe cream	OTC	F	DERMATOLOGICALS
hydrocortisone cream	OTC	F	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	F	ANORECTAL AGENTS
hydrocortisone gel	OTC	F	DERMATOLOGICALS
hydrocortisone lotion	OTC	F	DERMATOLOGICALS
hydrocortisone oint	OTC	F	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	F	CORTICOSTEROIDS
hydrocortisone topical soln	OTC	F	DERMATOLOGICALS
hydrogen peroxide soln	OTC	F	ANTISEPTICS & DISINFECTANTS
hydromorphone tab 2mg (QL= 240 tabs/30 days)	QL	F	ANALGESICS - OPIOID
hydromorphone tab 4mg (QL= 180 tabs/30 days)	QL	F	ANALGESICS - OPIOID
hydromorphone tab 8mg (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	F	ANTIMALARIALS
hydroxyprogesterone inj	LMSP-P A	F	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	F	ANTIANSIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	F	ANTIANSIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	F	ANTIANSIETY AGENTS

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HYLENEX INJ	PA	F	ASSORTED CLASSES
hyoscyamine sulfate CR tab (LEVBID equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	F	ULCER DRUGS
IBRANCE CAP (QL= 21 caps/28 days)	KMSP-P A-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen cap	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen chew tab	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB 15MG (QL= 3 tabs/day; Available only at AcariaHealth 1-800-511-5144)	LD-PA- QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ICLUSIG TAB 45MG (QL= 1 tab/day; Available only at AcariaHealth 1-800-511-5144)	LD-PA- QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
IDHIFA TAB (QL=1 tab/day)	MSP-PA -QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	F	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv) (QL= 3 tabs/day)	KMSP-P A-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA- QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA- QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA- QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine tab (TOFRANIL equiv)	-	F	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	F	DERMATOLOGICALS
IMOVAX RABIES INJ	VAC	F	VACCINES
IMPAVIDO CAP	PA	F	ANTI-INFECTIVE AGENTS - MISC.
INCRELEX INJ	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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indapamide tab (LOZOL equiv)	-	F	DIURETICS
indomethacin cap (INDOCIN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
INFANT FORMULA LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFANT FORMULA POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INGREZZA CAP (QL=1 cap/day; Only available through Garfield Pharmacy (323-295-5585))	LD-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTELENCE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
INTRON-A INJ	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVEGA INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
INVIRASE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
IOPIDINE OPHTH SOLN 1%	-	F	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	F	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	F	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISENTRESS CHEW TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
ISENTRESS POWDER PACK (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
ISENTRESS TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	F	CONTRACEPTIVES

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isonarif cap (RIFAMATE equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
ISONIAZID SYRUP	-	F	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	F	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	F	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	F	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	F	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	F	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	F	ANTIANGINAL AGENTS
itraconazole cap (SPORANOX equiv)	PA	F	ANTIFUNGALS
ivermectin tab (STROMEKTOL equiv)	-	F	ANTHELMINTICS
JADENU SPRINKLE	KMSP	F	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB	KMSP	F	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA -QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
jinteli tab (FEMHRT equiv)	-	F	ESTROGENS
JIVI INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
JULUCA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	F	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	F	CONTRACEPTIVES
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA- QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KALETRA SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
KALETRA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	KMSP-P A-QL-SF	F	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	KMSP-P A-QL-SF	F	RESPIRATORY AGENTS - MISC.
kelnor tab (DEMULEN equiv)	-	F	CONTRACEPTIVES
ketoconazole cream (NIZORAL equiv)	-	F	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL equiv)	-	F	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	F	ANTIFUNGALS
ketorolac ophth soln (ACULAR (LS) equiv)	-	F	OPHTHALMIC AGENTS

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ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	F	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	F	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC	F	OPHTHALMIC AGENTS
KEVZARA INJ (QL=2 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
KINERET INJ (QL= 28 inj/28 days; Only available through Biologics 800-850-4306)	LD-PA- QL	F	ANALGESICS - ANTI-INFLAMMATORY
KLOR-CON M15 TAB	-	F	MINERALS & ELECTROLYTES
KOATE DVI INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
KOGENATE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
KONSYL POWDER	OTC	F	LAXATIVES
KONSYL POWDER PACKET	OTC	F	LAXATIVES
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	F	ANTIDIABETICS
K-PHOS TAB	-	F	MINERALS & ELECTROLYTES
KRINTAFEL TAB	-	F	ANTIMALARIALS
K-TAB	-	F	MINERALS & ELECTROLYTES
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
labetalol tab (NORMODYNE equiv)	-	F	BETA BLOCKERS
lactulose soln	-	F	LAXATIVES
LAMICTAL CHEW TAB 2MG	-	F	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
lamivudine tab (EPIVIR equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (CARVE-OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	F	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	F	ANTICONVULSANTS
LANCETS	OTC	F	MEDICAL DEVICES AND SUPPLIES

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lansoprazole DR cap (PREVACID equiv)	OTC	F	ULCER DRUGS
LANSOPRAZOLE SUSP	-	F	ULCER DRUGS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
LATUDA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)-	-	F	CONTRACEPTIVES
leflunomide tab (ARAVA equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
letrozole tab (FEMARA equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam ER tab (KEPPRA XR equiv)	-	F	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	F	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	F	ANTICONVULSANTS
LEVITRA TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	F	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab	OTC	F	NUTRIENTS
levocarnitine tab (CARNITOR equiv)	OTC--	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
levofloxacin ophth soln (QUIXIN equiv)	-	F	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	F	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	F	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	F	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	F	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	-	F	THYROID AGENTS
LEXIVA SUSP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
LICE B GONE SHAMPOO	OTC	F	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	F	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
LIDOCAINE GEL 2%	-	F	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	F	MOUTH/THROAT/DENTAL AGENTS

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lidocaine soln (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine viscous soln	-	F	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	F	DERMATOLOGICALS
LINDANE LOTION	-	F	DERMATOLOGICALS
linezolid susp (Restricted to Infectious Disease Specialist)	RS	F	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTI-INFECTIVE AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	F	THYROID AGENTS
LIQUIGEN	PA	F	NUTRIENTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	F	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	F	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHIUM POWDER (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOBID TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LOHIST-D LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
LOKELMA PAK	KMSP-PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	OTC	F	ANTIDIARRHEALS
loperamide liquid	OTC	F	ANTIDIARRHEALS
loperamide tab	OTC	F	ANTIDIARRHEALS
lopinavir/ritonavir soln (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS

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loratadine ODT (CLARITIN equiv) (QL= 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv) (QL= 240ml/30 days; Only covered for members age 2 years or older)	OTC-QL	F	ANTIHISTAMINES
loratadine tab (CLARITIN equiv) (QL= 1 tab/day; Covered for members age 2 years or older)	OTC-QL	F	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) (QL= 2 tabs/day)	OTC-QL	F	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) (QL= 1 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	F	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	F	ANTIANKXIETY AGENTS
LORBRENA TAB 100MG (QL=1 tab/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL=3 tabs/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
losartan tab (COZAAR equiv)	-	F	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F	ANTIHYPERTENSIVES
lovastatin tab (MEVACOR equiv)	-	F	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LOXITANE CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubricating jelly	OTC	F	DERMATOLOGICALS
LUCEMYRA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA CAP (QL=16 caps/day; Only available through Biologics 800-850-4306)	LD-PA- QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL=4 tab/day; Only available through Biologics 800-850-4306)	LD-PA- QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSODREN TAB (Only available through Direct Success Pharmacy 732-919-1234)	LD	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
magnesium citrate soln	OTC	F	LAXATIVES
magnesium hydroxide susp	OTC	F	LAXATIVES
magnesium oxide tab	OTC	F	ANTACIDS
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F	ANTACIDS
magnesium/aluminum hydroxide/simethicone susp	OTC	F	ANTACIDS
MALE CONDOMS	OTC	F	MEDICAL DEVICES AND SUPPLIES
MAPROTILINE TAB	-	F	ANTIDEPRESSANTS

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MARPLAN TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDEPRESSANTS
MATULANE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVYRET TAB (QL=3 tabs/day)	KMSP-P A-QL	F	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	F	OPHTHALMIC AGENTS
MAYZENT TAB	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MCT OIL	OTC-PA	F	NUTRIENTS
meclizine chew tab (BONINE equiv)	OTC	F	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	F	ANTIEMETICS
medroxyprogesterone tab (PROVERA equiv)	-	F	PROGESTINS
MEFLOQUINE TAB	-	F	ANTIMALARIALS
mefloquine tab (LARIAM equiv)	-	F	ANTIMALARIALS
megestrol susp (MEGACE equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL=3 tabs/day)	KMSP-P A-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL=1 tab/day)	KMSP-P A-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA- QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam tab (MOBIC equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine er cap (Step Therapy requires trial of memantine tab)	ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	F	VACCINES
MENHIBRIX INJ	VAC	F	VACCINES
MENVEO INJ	VAC	F	VACCINES

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meperidine tab (DEMEROL equiv) (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
mercaptapurine tab (PURINETHOL equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine enema (ROWASA equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap	-	F	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp	-	F	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METAPROTERENOL SYRUP	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metformin ER tab (GLUCOPHAGE XR equiv)	-	F	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	F	ANTIDIABETICS
methadone conc (QL= 600ml/30 days)	QL	F	ANALGESICS - OPIOID
methadone soln 10mg/5ml (QL= 600ml/30 days)	QL	F	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL= 1200ml/30 days)	QL	F	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv) (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
methadone tab 10mg (QL= 240 tabs/30 days)	QL	F	ANALGESICS - OPIOID
methazolamide tab (NEPTAZANE equiv)	-	F	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	F	URINARY ANTI-INFECTIVES
methimazole tab (TAPAZOLE equiv)	-	F	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (OXSORALEN ULTRA equiv)	KMSP	F	DERMATOLOGICALS
METHYCLOTHIAZIDE TAB	-	F	DIURETICS
methyldopa tab (ALDOMET equiv)	-	F	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	F	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	F	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS

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METHYLPHENIDATE ER TAB	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
methylphenidate tab (RITALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
methylprednisolone dose pack	-	F	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	F	CORTICOSTEROIDS
METHYLTESTOSTERONE CAP	PA	F	ANDROGENS-ANABOLIC
metoclopramide soln (REGLAN equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	F	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	F	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	F	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	F	ANTIHYPERTENSIVES
metronidazole cream (METROCREAM equiv)	-	F	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	F	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	F	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	F	VAGINAL PRODUCTS
MEXILETINE CAP	-	F	ANTIARRHYTHMICS
MIACALCIN INJ	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICONAZOLE 3 SUPP 200MG	OTC	F	VAGINAL PRODUCTS
miconazole cream	OTC	F	DERMATOLOGICALS
miconazole nitrate powder	OTC	F	DERMATOLOGICALS
miconazole oint	OTC	F	DERMATOLOGICALS
miconazole vaginal cream	OTC	F	VAGINAL PRODUCTS
MICONAZOLE VAGINAL KIT	OTC	F	VAGINAL PRODUCTS
midodrine tab (PROAMATINE equiv)	-	F	VASOPRESSORS
MIGERGOT SUPP	-	F	MIGRAINE PRODUCTS
miglustat cap (Only available through Accredo 888-773-7376)	LD-PA	F	HEMATOPOIETIC AGENTS
mineral oil	OTC	F	LAXATIVES
mineral oil enema	OTC	F	LAXATIVES
mineral oil/petrolatum cream	OTC	F	DERMATOLOGICALS
minocycline cap (MINOCIN equiv)	-	F	TETRACYCLINES

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minocycline tab (DYNACIN equiv)	-	F	TETRACYCLINES
MINONINE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
minoxidil tab (LONITEN equiv)	-	F	ANTIHYPERTENSIVES
mirtazapine ODT (REMERON equiv)	-	F	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	F	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	F	ULCER DRUGS
MITIGARE CAP	-	F	GOUT AGENTS
M-M-R II INJ	VAC	F	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
MOLINDONE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	F	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	F	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	F	DERMATOLOGICALS
mononessa tab (ORTHO-CYCLEN equiv)	-	F	CONTRACEPTIVES
montelukast chew tab (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER tab (MS CONTIN equiv) (QL= 90 tabs/30 days)	QL	F	ANALGESICS - OPIOID
morphine sulfate soln 10mg/5ml (QL= 120ml/30 days)	QL	F	ANALGESICS - OPIOID
morphine sulfate soln 20mg/5ml (QL= 120ml/30 days)	QL	F	ANALGESICS - OPIOID
morphine sulfate soln 20mg/ml (QL= 120ml/30 days)	QL	F	ANALGESICS - OPIOID
morphine sulfate tab (QL= 180 tabs/30 days)	QL	F	ANALGESICS - OPIOID
moxifloxacin ophth soln	-	F	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	F	FLUOROQUINOLONES
MULTAQ TAB	-	F	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	F	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	F	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	F	HEMATOPOIETIC AGENTS
multiple vitamin tab	OTC	F	MULTIVITAMINS
multivitamin w/iron chew tab	OTC	F	MULTIVITAMINS

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multivitamin w/iron tab	OTC	F	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	OTC	F	MULTIVITAMINS
mupirocin oint (BACTROBAN equiv)	-	F	DERMATOLOGICALS
mycophenolate DR tab (MYFORTIC equiv)	-	F	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	F	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT equiv)	-	F	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	F	ASSORTED CLASSES
MYLERAN TAB	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nabumetone tab (RELAFEN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	F	BETA BLOCKERS
naloxone inj (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDOTES
NALOXONE PREFILLED INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDOTES
NAPHAZOLINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
naphazoline/pheniramine ophth drops	OTC	F	OPHTHALMIC AGENTS
naproxen EC tab (NAPROSYN EC equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
NARCAN NASAL SPRAY (CARVE OUT - Covered - by Medi-Cal fee-for-service program)	-	CO	ANTIDOTES
NARDIL TAB (CARVE OUT - Covered by Medi-Cal- fee-for-service program)	-	CO	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NEBUSAL NEB SOLN	-	F	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	F	CONTRACEPTIVES
necon tab 1-50 (NORYNIL equiv)	-	F	CONTRACEPTIVES
NEFAZODONE TAB	-	F	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	F	ANTIDEPRESSANTS
neomycin tab	-	F	AMINOGLYCOSIDES
neomycin/bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F	DERMATOLOGICALS
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	F	OPHTHALMIC AGENTS

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neomycin/polymyxin/hydrocortisone otic soln (CORTISPORIN equiv)	-	F	OTIC AGENTS
neomycin/polymyxin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F	OTIC AGENTS
neomycin/polymyxin b/pramoxine cream	OTC	F	DERMATOLOGICALS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	F	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	F	OPHTHALMIC AGENTS
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	F	OPHTHALMIC AGENTS
NEPHRON FA TAB	-	F	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL=6 tab/day)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEUMEGA INJ	KMSP	F	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	F	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP	-	F	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
nevirapine susp (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
NEVIRAPINE SUSP (VIRAMUNE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
niacin cap	OTC	F	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	F	VITAMINS
niacin ER tab (NIASPAN equiv)	-	F	ANTIHYPERTENSIVES
niacin tab	OTC	F	VITAMINS
NIACIN TR TAB	OTC	F	VITAMINS
niacinamide tab	OTC	F	VITAMINS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 182 days/plan year)	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 182 days/plan year)	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMK G	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMK G	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	F	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
nilutamide tab	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NINJACOF-XG LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
NINLARO CAP	KMSP-P A	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	F	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F	URINARY ANTI-INFECTIVES
nitroglycerin patch (NITRO-DUR equiv)	-	F	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	F	ANTIANGINAL AGENTS
NIVESTYM INJ	KMSP	F	HEMATOPOIETIC AGENTS
norethindrone tab (AYGESTIN equiv)	-	F	PROGESTINS
norethindrone tab (NORA-QD equiv)	-	F	CONTRACEPTIVES
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	F	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	F	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	F	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	F	ANTIDEPRESSANTS
NORVIR CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
NORVIR POWDER PACKET (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
NORVIR SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
NORVIR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
NOVOLIN R INJ	OTC	F	ANTIDIABETICS
NOVOSEVEN INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.

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NOXAFIL SUSP	-	F	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	F	THYROID AGENTS
NUCALA INJ (QL=1 inj/28 days)	LMSP-P A-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUPLAZID CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUWIQ INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
nystatin cream (MYCOSTATIN equiv)	-	F	DERMATOLOGICALS
nystatin oint	-	F	DERMATOLOGICALS
nystatin powder	-	F	ANTIFUNGALS
nystatin susp	-	F	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	F	ANTIFUNGALS
nystatin topical powder	-	F	DERMATOLOGICALS
OCALIVA TAB (Only available through Walgreens 888-347-3416; QL=1 tab/day)	LD-PA- QL-SF	F	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODEFSEY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA- QL-SF	F	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	F	OPHTHALMIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	F	FLUOROQUINOLONES
olanzapine inj (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine ODT (ZYPREXA equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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olanzapine tab (ZYPREXA equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
olmesartan tab (BENICAR equiv)	-	F	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT-equiv)	-	F	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	-	F	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (QL=2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
omedia otic soln (AMERICAINE equiv)	-	F	OTIC AGENTS
omega-3 fatty acid cap (FISH OIL equiv)	OTC	F	NUTRIENTS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F	ANTIHYPERLIPIDEMICS
omeprazole cap	OTC	F	ULCER DRUGS
omeprazole DR cap 10mg (PRILOSEC equiv)	-	F	ULCER DRUGS
omeprazole DR cap 20mg (PRILOSEC equiv)	-	F	ULCER DRUGS
omeprazole DR cap 40mg (PRILOSEC equiv)	-	F	ULCER DRUGS
ondansetron ODT (ZOFTRAN equiv)	-	F	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	F	ANTIEMETICS
ONDANSETRON TAB	-	F	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	F	ANTIEMETICS
OPSUMIT TAB (Only available through CVS Specialty 800-237-2767)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
ORAP TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ORLISSA TAB 150MG (QL=1 tab/day)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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ORLISSA TAB 200MG (QL=2 tabs/day)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL=2 packets/day)	KMSP-P A-QL-SF	F	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	KMSP-P A-QL-SF	F	RESPIRATORY AGENTS - MISC.
oseltamivir cap (QL= 10 caps/fill)	QL	F	ANTIVIRALS
oseltamivir cap 30mg (QL= 20 caps/fill)	QL	F	ANTIVIRALS
oseltamivir susp (QL= 250ml/fill)	QL	F	ANTIVIRALS
OSMOLEX ER TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPARKINSON AND RELATED THERAPY AGENTS
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL=2 tabs/day)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
oxandrolone tab (OXANDRIN equiv)	-	F	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
OXAZEPAM CAP	-	F	ANTI-ANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	F	URINARY ANTISPASMODICS
oxybutynin syrup	-	F	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	F	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv) (QL= 120 caps/30 days)	QL	F	ANALGESICS - OPIOID
oxycodone soln 5mg/5ml (ROXICODONE equiv) (QL= 240ml/30 days)	QL	F	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv) (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10mg-325mg (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5mg-325mg (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5mg-325mg (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv) (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID

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oxymetazolin spray (Only covered for members age 2 years or older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
OZEMPIC INJ (QL=1 pack/28 days)	QL	F	ANTIDIABETICS
paliperidone SR tab (INVEGA equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ 10MG/0.5ML (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PALYNZIQ INJ 2.5MG/0.5ML (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PALYNZIQ INJ 20MG/ML (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole EC tab (PROTONIX equiv)	-	F	ULCER DRUGS
paricalcitol cap (ZEMPLAR equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARNATE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDEPRESSANTS
paroxetine ER tab (PAXIL CR equiv)	-	F	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	F	ANTIDEPRESSANTS
PEAK FLOW METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
PEDIATRIC COUGH/COLD LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pediatric electrolyte soln	OTC	F	MINERALS & ELECTROLYTES
PEDIATRIC MASK	OTC	F	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride chew tab	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	F	MULTIVITAMINS
pediatric multivitamin adc drops	OTC	F	MULTIVITAMINS
pediatric multivitamin w/iron chew tab	OTC	F	MULTIVITAMINS
pediatric multivitamin w/iron drops	OTC	F	MULTIVITAMINS
pediatric multivitamin w/minerals gummy	OTC	F	MULTIVITAMINS
pediatric multivitamin w/vitamin c soln	OTC	F	MULTIVITAMINS
pediatric multivitamin w/vitamin C/iron chew tab	OTC	F	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv)	-	F	LAXATIVES
PEGASYS INJ	KMSP	F	ANTIVIRALS
penicillamine tab	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PENICILLIN VK SOLN	-	F	PENICILLINS

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penicillin vk soln (VEETIDS equiv)	-	F	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	F	PENICILLINS
pentamidine neb soln	KMSP	F	ANTI-INFECTIVE AGENTS - MISC.
pentoxifylline ER tab (TRENAL equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
permethrin cream (ELIMITE equiv)	-	F	DERMATOLOGICALS
permethrin liquid	OTC	F	DERMATOLOGICALS
permethrin lotion	OTC	F	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/AMITRIPTYLINE TAB	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
petrolatum oint	OTC	F	DERMATOLOGICALS
phenazopyridine tab (PYRIDIUM equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDEPRESSANTS
phenobarbital elixir	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenobarbital tab	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	KMSP	F	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
phenylphrine/brompheniramine elixir (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PHENYLDPHRINE/BROMPHENIRAMINE TAB (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine ophth soln (MYDFRIN equiv)	-	F	OPHTHALMIC AGENTS
phenylephrine tab (Only covered for members age 2 years or older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine/chlorpheniramine liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/diphenhydramine liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY

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phenylephrine/dm/acetaminop/gg liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/dm/acetaminop/gg tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPRINE/ACETAMIN/DOXYLAMINE CAP (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
phenytoin cap (DILANTIN equiv)	-	F	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	F	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	F	ANTICONVULSANTS
phlexy-10 tab	OTC-PA	F	NUTRIENTS
PHOSLYRA SOLN	-	F	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	F	VITAMINS
PIFELTRO TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	F	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
PIMOZIDE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	F	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	F	ANTIDIABETICS
piperonyl butoxide/pyrethrins liquid	OTC	F	DERMATOLOGICALS
piperonyl butoxide/pyrethrins shampoo	OTC	F	DERMATOLOGICALS
piroxicam cap (FELDENE equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	F	CONTRACEPTIVES
PLEGRIDY INJ	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PNEUMOVAX INJ	VAC	F	VACCINES
PODOCON SOLN	-	F	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	F	DERMATOLOGICALS
polyethylene glycol 3350 powder	OTC	F	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	F	PHARMACEUTICAL ADJUVANTS
polyethylene glycol packet (MIRALAX equiv)	OTC	F	LAXATIVES
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	F	OPHTHALMIC AGENTS
posaconazole DR tab	-	F	ANTIFUNGALS
potassium bicarbonate effer tab (K-LYTE equiv)	-	F	MINERALS & ELECTROLYTES

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potassium chloride effer tab (K-LYTE/CL equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride soln	-	F	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROKIT-K equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
povidone-iodine soln	OTC	F	ANTISEPTICS & DISINFECTANTS
PRADAXA CAP	-	F	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	KMSP-P A-QL	F	ANTIHYPERTENSIVES
pramipexole tab (MIRAPEX equiv)	-	F	ANTIPARKINSON AGENTS
prasugrel tab (EFFIENT equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	F	ANTIHYPERTENSIVES
praziquantel tab (BILTRICIDE equiv)	-	F	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	F	ANTIHYPERTENSIVES
PRECISION XTRA METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	F	DERMATOLOGICALS
PREDNICARBATE OINT	-	F	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	F	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	F	OPHTHALMIC AGENTS
PREDNISOLONE ORAL SYRUP	-	F	CORTICOSTEROIDS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	F	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	F	CORTICOSTEROIDS
PREDNISOLONE/SULFACETAMIDE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PREDNISONE SOLN	-	F	CORTICOSTEROIDS

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prednisone tab (DELTASONE equiv)	-	F	CORTICOSTEROIDS
pregabalin cap	PA	F	ANTICONVULSANTS
pregabalin soln	PA	F	ANTICONVULSANTS
PREMARIN TAB	-	F	ESTROGENS
PREMPHASE TAB, PREMPRO TAB	-	F	ESTROGENS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	OTC	F	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS/PREPLUS/PRENAPLUS)	OTC	F	MULTIVITAMINS
PREVACID DR CAP OTC (Step Therapy requires trial of lansoprazole and pantoprazole)	OTC-ST	F	ULCER DRUGS
PREVIDENT 5000 PASTE	-	F	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ (Covered for members age 19 years or older, Prior authorization required if member less than 19 years. 1 fill for lifetime for age 19 years or older.)	PA-QL-V AC	F	VACCINES
PREZCOBIX TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
PREZISTA SUSP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
PREZISTA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
PRIFTIN TAB	-	F	ANTIMYCOBACTERIAL AGENTS
primaquine tab	-	F	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	F	ANTICONVULSANTS
probenecid tab (BENEMID equiv)	-	F	GOUT AGENTS
PROBUPHINE KIT (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
prochlorperazine supp (COMPAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ	KMSP	F	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	F	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	F	ANORECTAL AGENTS
PROFILNINE SD INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
progesterone cap (PROMETRIUM equiv)	-	F	PROGESTINS
PROLENSA OPHTH SOLN	-	F	OPHTHALMIC AGENTS

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PROMACTA TAB	KMSP-P A	F	HEMATOPOIETIC AGENTS
PROMAZINE POWDER (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	CHEMICALS
PROMETHAZINE DM SYRUP	-	F	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	F	ANTIHISTAMINES
promethazine syrup	-	F	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	F	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	F	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	F	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	F	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODIENE equiv)	-	F	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODIENE equiv)	-	F	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	F	ANTIHISTAMINES
propafenone ER cap (RYTHMOL SR equiv)	-	F	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	F	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	F	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	F	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	F	BETA BLOCKERS
PROPRANOLOL SOLN	-	F	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	F	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	F	ANTIHYPERTENSIVES
propylthiouracil tab	-	F	THYROID AGENTS
pro-stat liq	OTC-PA	F	NUTRIENTS
pseudoephedrine ER tab (QL= 2 tabs/day; Covered for members age 2 years or older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine syrup (QL= 1200ml/30 days; Covered for members age 2 years or older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL= 8 tabs/day; Covered for members age 2 years or older)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day; Covered for members age 2 years or older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/brompheniramine liquid (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY

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pseudoephedrine/triprolidine tab (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
psyllium cap (METAMUCIL equiv)	OTC	F	LAXATIVES
psyllium powder (METAMUCIL equiv)	OTC	F	LAXATIVES
PULMOZYME INH SOLN	KMSP	F	RESPIRATORY AGENTS - MISC.
pyrantel pamoate susp	OTC	F	ANTHELMINTICS
pyrazinamide tab	-	F	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	F	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	F	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridoxine tab	OTC	F	VITAMINS
QBRELIS SOLN	PA	F	ANTIHYPERTENSIVES
QSYMIA CAP (QL= 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
quetiapine tab (SEROQUEL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUILLIVANT XR SUSP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBE SITY/ANOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	F	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	F	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	F	ANTIARRHYTHMICS
quinidine sulfate tab	-	F	ANTIARRHYTHMICS
QVAR INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
raloxifene tab (EVISTA equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	F	ANTIHYPERTENSIVES
ranitidine syrup (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine tab 75mg	OTC	F	ULCER DRUGS
ranolazine tab	-	F	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv)	-	F	ANTIPARKINSON AGENTS
REBETOL SOLN	KMSP	F	ANTIVIRALS

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REBINYN SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
RECOMBINATE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
REGRANEX GEL (QL= two 15gm tubes/fill)	QL	F	DERMATOLOGICALS
RELENZA DISKHALER (QL= 20 units/fill)	QL	F	ANTIVIRALS
renaphro cap (NEPHROCAP equiv)	-	F	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
repaglinide tab (PRANDIN equiv)	-	F	ANTIDIABETICS
REPATHA INJ (QL=2 inj/28 days)	KMSP-P A-QL	F	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL=1 inj/28 days)	KMSP-P A-QL	F	ANTIHYPERTENSIVES
RESCRIPTOR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
RETACRIT INJ	KMSP	F	HEMATOPOIETIC AGENTS
REVIA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDOTES
REVLIMID CAP (QL= 1 cap/day)	KMSP-P A-QL	F	ASSORTED CLASSES
REXULTI TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
REYATAZ POWDER PACK (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
RHOGAM PLUS INJ	KMSP-P A	F	PASSIVE IMMUNIZING AGENTS
ribavirin cap (REBETOL equiv)	KMSP	F	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	KMSP	F	ANTIVIRALS
RIDAURA CAP	-	F	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	F	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	F	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	F	ANTIVIRALS
RINVOQ ER TAB (QL=1 tab/day)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY

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RISCAL-D TAB	OTC	F	MINERALS & ELECTROLYTES
RISPERDAL INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL M ODT (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv) (CARVE OUT -- Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR TAB equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (Step Therapy requires trial of rivastigmine cap)	ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 QL fills/60 days)	-	F	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 QL fills/60 days)	QL	F	MIGRAINE PRODUCTS
ropinirole tab (REQUIP equiv)	-	F	ANTIPARKINSON AGENTS
rosuvastatin tab 10mg (QL= 1 tab/day)	QL	F	ANTIHYPERTENSIVES
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 QL tabs/day)	QL	F	ANTIHYPERTENSIVES
rosuvastatin tab 40mg (QL= 1 tab/day)	QL	F	ANTIHYPERTENSIVES
rosuvastatin tab 5mg (QL= 1 tab/day)	QL	F	ANTIHYPERTENSIVES
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779.)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUZURGI TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTIMYASTHENIC/CHOLINERGIC AGENTS
RYDAPT CAP	KMSP-P A	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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salicylic acid pad	OTC	F	DERMATOLOGICALS
saline nasal spray	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
salsalate tab (DISALCID equiv)	-	F	ANALGESICS - NONNARCOTIC
SANDIMMUNE SOLN 100MG/ML	-	F	ASSORTED CLASSES
SANTYL OINT (QL= 90gm/30 days)	QL	F	DERMATOLOGICALS
SAPHRIS SL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SAVELLA PAK	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SEGLUROMET TAB (QL=2 tab/day)	QL	F	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	F	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	F	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	F	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	F	DERMATOLOGICALS
SELZENTRY ORAL SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
SELZENTRY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
sennosides tab	OTC	F	LAXATIVES
sennosides/docusate sodium tab	OTC	F	LAXATIVES
SEREVENT DISKUS INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEROQUEL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sertraline conc (ZOLOFT equiv)	-	F	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	F	ANTIDEPRESSANTS
sevelamer carbonate tab (RENVELA equiv)	PA	F	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 50 years or older, Not covered if member less than 50 years.)	VAC	F	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	F	CARDIOVASCULAR AGENTS - MISC.
silver sulfadiazine cream (SILVADENE equiv)	-	F	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	F	OPHTHALMIC AGENTS
simethicone cap	OTC	F	GASTROINTESTINAL AGENTS - MISC.

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simethicone chew tab	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone drops	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid	OTC	F	GASTROINTESTINAL AGENTS - MISC.
SIMETHICONE STRIPS	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	F	ANTIHYPERTENSIVES
sirolimus soln	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	F	ASSORTED CLASSES
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTI-INFECTIVE AGENTS - MISC.
SKYRIZI INJ (QL= 2 inj/84 days)	LMSP-P A-QL	F	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
sodium bicarbonate tab	OTC	F	ANTACIDS
sodium chloride neb soln (HYPER-SAL equiv)	-	F	COUGH/COLD/ALLERGY
sodium chloride ophth oint	OTC	F	OPHTHALMIC AGENTS
sodium chloride ophth soln	OTC	F	OPHTHALMIC AGENTS
SODIUM CHLORIDE SPRAY	OTC	F	DERMATOLOGICALS
sodium chloride tab	OTC	F	MINERALS & ELECTROLYTES
sodium citrate/citric acid soln (BICITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv)	-	F	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv)	-	F	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phosphate enema	OTC	F	LAXATIVES
sodium polystyrene powder (KAYEXALATE equiv)	-	F	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	F	ASSORTED CLASSES
sodium sulfacetamide/sulfur emulsion 10-5%	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash 9-4.5%	-	F	DERMATOLOGICALS

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SOFOSBUVIR/VELPATASVIR TAB (QL=1 tab/day)	KMSP-P A-QL	F	ANTIVIRALS
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sotalol AF tab (BETAPACE AF equiv)	-	F	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	F	BETA BLOCKERS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	F	DERMATOLOGICALS
SPIRIVA RESPIMAT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	F	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	F	DIURETICS
SPRYCEL TAB (QL= 1 tab/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPRYCEL TAB 20MG (QL= 3 tabs/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	F	COUGH/COLD/ALLERGY
stavudine cap (ZERIT equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
stavudine soln (ZERIT equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
STEGLATRO TAB (QL=1 tab/day.)	QL	F	ANTIDIABETICS
STIMATE NASAL SOLN	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA -QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
SUBLOCADE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
SUBOXONE SL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID
sucralfate susp	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
sucralfate tab (CARAFATE equiv)	-	F	ULCER DRUGS

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sulfacetamide sodium ophth soln (BLEPH-10 equiv)-	-	F	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	F	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	F	SULFONAMIDES
SULFAMYLON CREAM	-	F	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUSTIVA CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
SUSTIVA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
SUTENT CAP	KMSP-P A-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMBYAX CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMDEKO TAB (QL= 2 tabs/day)	KMSP-P A-QL-SF	F	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	F	VASOPRESSORS
SYMPROIC TAB	PA	F	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
SYNAREL NASAL SOLN	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TABLOID TAB	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	F	ASSORTED CLASSES
tacrolimus oint (PROTOPIC equiv)	-	F	DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH)	LMSP-P A	F	CARDIOVASCULAR AGENTS - MISC.

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TAFINLAR CAP (QL= 4 caps/day)	KMSP-P A-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGRISSE TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA- QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.25MG (QL=3 caps/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 1MG (QL= 1 cap/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
TARGRETIN GEL	KMSP-P A	F	DERMATOLOGICALS
TASIGNA CAP	KMSP-P A-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAVALISSE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA- QL-SF	F	HEMATOLOGICAL AGENTS - MISC.
TECFIDERA CAP	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHLITE INSULIN SYRINGE	OTC	F	MEDICAL DEVICES AND SUPPLIES
TECHLITE PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES
TEGSEDI INJ (QL=4 inj/28 days; Only available through Accredo 888-773-7376)	LD-PA- QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
telmisartan tab (MICARDIS equiv)	-	F	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	F	ANTIHYPERTENSIVES
terbinafine cream (QL= 1 tube/30 days; Covered for members age 12 years or older)	OTC-QL	F	DERMATOLOGICALS
terbinafine tab (LAMISIL equiv)	-	F	ANTIFUNGALS

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terbutaline sulfate tab (BRETHINE equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	F	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	F	VAGINAL PRODUCTS
TERCONAZOLE VAGINAL CREAM	-	F	VAGINAL PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 10 units (2 packets)/day)	PA-QL	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone pump 1.62% (QL= 2 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
TETANUS/DIPHThERIA TOXOID INJ	VAC	F	TOXOIDS
tetrabenazine tab	LMSP-P A	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetrahydrozoline ophth soln	OTC	F	OPHTHALMIC AGENTS
THALOMID CAP	KMSP-P A	F	ASSORTED CLASSES
THEOCHRON TAB	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiamine tab	OTC	F	VITAMINS
thioridazine tab (MELLARIL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
throat lozenge	OTC	F	MOUTH/THROAT/DENTAL AGENTS

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THYROLAR TAB	-	F	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	F	ANTICONVULSANTS
TIBSOVO TAB (QL=2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICLOPIDINE TAB	-	F	HEMATOLOGICAL AGENTS - MISC.
ticlopidine tab (TICLID equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	F	BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN	-	F	OPHTHALMIC AGENTS
tioconazole vaginal oint	OTC	F	VAGINAL PRODUCTS
TIVICAY TAB (CARVE OUT - Covered by Medi-Cal-fee-for-service program)		CO	ANTIVIRALS
tizanidine tab (ZANAFLEX equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
TOBRADEX OPHTH OINT	-	F	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	F	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	F	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	F	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	F	ANTIDIABETICS
TOLBUTAMIDE TAB	-	F	ANTIDIABETICS
tolnaftate aerosol	OTC	F	DERMATOLOGICALS
tolnaftate cream	OTC	F	DERMATOLOGICALS
tolnaftate powder	OTC	F	DERMATOLOGICALS
tolterodine SR cap (DETROL LA equiv)	-	F	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	F	URINARY ANTISPASMODICS
topiramate sprinkle cap (TOPAMAX equiv)	-	F	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	F	ANTICONVULSANTS
toremifene tab	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
toremifene tab (DEMADEX equiv)	-	F	DIURETICS
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
tramadol tab (ULTRAM equiv) (QL= 240 tabs/30 days)	QL	F	ANALGESICS - OPIOID
tranexamic acid tab (LYSTEDA equiv)	-	F	HEMOSTATICS

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tranylcypromine tab (PARNATE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDEPRESSANTS
trazodone tab (DESYREL equiv)	-	F	ANTIDEPRESSANTS
TRELEGY ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
tretinoin cap (VESANOID equiv)	KMSP	F	ANTINEOPLASTICS
tretinoin cream (RETIN-A equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
tretinoin gel (RETIN-A equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
tretinoin gel (RETIN-A MICRO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
TRETTIN INJ (CARVE OUT - Covered by Medi-Cal-fee-for-service program)		CO	HEMATOLOGICAL AGENTS - MISC.
triamcinolone cream	-	F	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	F	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT AQ equiv) (QL= 2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	F	DERMATOLOGICALS
triamcinolone otc nasal spray (NASACORT AQ equiv) (QL= 2 bottles/fill)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	F	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	F	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	F	DIURETICS
triazolam tab (HALCION equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
tricon cap (TRINSICON equiv)	-	F	HEMATOPOIETIC AGENTS
trifluoperazine tab (STELAZINE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	F	OPHTHALMIC AGENTS

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trihexyphenidyl elixir (ARTANE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	F	CONTRACEPTIVES
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv)	-	F	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	F	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
tri-sprintec tab (ORTHO TRI-CYCLEN equiv)	-	F	CONTRACEPTIVES
TRIUMEQ TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
tri-vit/iron/fluoride drop	-	F	MULTIVITAMINS
TRIZIVIR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
TROGARZO INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
tropicamide ophth soln (MYDRIACYL equiv)	-	F	OPHTHALMIC AGENTS
TRUEPLUS INSULIN SYRINGE	OTC	F	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS PEN NEEDLE	-	F	MEDICAL DEVICES AND SUPPLIES
TRULICITY INJ (QL=4 pens/28 days)	QL	F	ANTIDIABETICS
TRUMENBA INJ	VAC	F	VACCINES
TRUVADA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
TUSSIN CF LIQUID (Only covered for members age 2 years or older)	OTC	F	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	F	VACCINES
TYBOST TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
TYKERB TAB	KMSP-P A	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (Only available through Accredo 888-773-7376; QL=2 tab/day)	LD-PA- QL	F	CARDIOVASCULAR AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	-	F	ANTIVIRALS

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VALCHLOR GEL (QL= 4 tubes/30 days)	PA-QL	F	DERMATOLOGICALS
valganciclovir soln	-	F	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	F	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	F	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	F	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	F	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	F	ANTIHYPERTENSIVES
vancomycin cap (VANCOGIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	EXC	DERMATOLOGICALS
vardenafil tab	-	EXC	CARDIOVASCULAR AGENTS - MISC.
VARIVAX INJ	VAC	F	VACCINES
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
VAXCHORA SUSP	VAC	F	VACCINES
vcf vaginal gel (CONCEPTROL equiv)	OTC	F	VAGINAL PRODUCTS
velivet tab (CYCLESSA equiv)	-	F	CONTRACEPTIVES
VEMLIDY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENELEX OINT	-	F	DERMATOLOGICALS
venlafaxine ER cap (EFFEXOR XR equiv)	-	F	ANTIDEPRESSANTS
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
VERAPAMIL CAP	-	F	CALCIUM CHANNEL BLOCKERS
verapamil SR cap	-	F	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360MG	-	F	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	F	CALCIUM CHANNEL BLOCKERS
VERSACLOZ SUSP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL=2 tab/day)	LMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VEXOL OPHTH SUSP	-	F	OPHTHALMIC AGENTS

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V-GO INJ KIT (QL= 1 kit/day)	QL	F	MEDICAL DEVICES AND SUPPLIES
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)-		F	CONTRACEPTIVES
vigabatrin powder pack (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTICONVULSANTS
vigabatrin tab (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTICONVULSANTS
VIMPAT SOLN	-	F	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	F	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	F	CONTRACEPTIVES
VIRACEPT POWDER (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
VIRACEPT TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
VIRAMUNE SUSP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
VIRAMUNE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
VIRAMUNE XR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
VIREAD POW (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
VIREAD TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO	ANTIVIRALS
VIREAD TAB 300MG (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
vitamin a - d oint	OTC	F	DERMATOLOGICALS
vitamin B complex cap	OTC	F	MULTIVITAMINS
VITAMIN B-12 TAB	OTC	F	HEMATOPOIETIC AGENTS
VITAMIN C TAB	OTC	F	VITAMINS
vitamin D cap	OTC	F	VITAMINS
vitamin D cap (RX strength only)	OTC--	F	VITAMINS
VITAMIN D TAB 400UNIT	OTC	F	VITAMINS
VITEKTA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA- QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA- QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL=10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA- QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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VIVITROL INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIDOTES
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	F	VACCINES
VIZIMPRO TAB (QL=1 tab/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VONVEDI INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTIFUNGALS
VOSEVI TAB	KMSP-P A-QL	F	ANTIVIRALS
VOTRIENT TAB	KMSP-P A-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VRAYLAR PACK (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
warfarin tab (COUMADIN equiv)	-	F	ANTICOAGULANTS
WINRHO SDF INJ	KMSP-P A	F	PASSIVE IMMUNIZING AGENTS
XADAGO TAB (QL=1 tab/day)	PA-QL	F	ANTIPARKINSON AGENTS
XALKORI CAP (QL=2 cap/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK	-	F	ANTICOAGULANTS
XARELTO TAB	-	F	ANTICOAGULANTS
XELJANZ TAB (QL= 2 tabs/day)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-P A-QL	F	ANALGESICS - ANTI-INFLAMMATORY
XIFAXAN TAB 200MG (QL= 9 tabs/fill)	PA-QL	F	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	F	ANTI-INFECTIVE AGENTS - MISC.
XOSPATA TAB (QL=3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA- QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTAMPZA ER CAP (QL=120 cap/30 days)	PA-QL	F	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	F	CONTRACEPTIVES
XYNTHA INJ (CARVE OUT - Covered by Medi-Cal - fee-for-service program)	-	CO	HEMATOLOGICAL AGENTS - MISC.

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XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zaleplon cap (SONATA equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZARXIO INJ	KMSP	F	HEMATOPOIETIC AGENTS
ZEJULA CAP (QL=3 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELBORAF TAB (QL=8 tabs/day)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERIT CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
ZERIT SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
ZIAGEN SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
ZIAGEN TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIVIRALS
zidovudine cap (RETROVIR equiv)	-	F	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	F	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	F	ANTIVIRALS
ZIEXTENZO INJ	KMSP	F	HEMATOPOIETIC AGENTS
zinc oxide oint	OTC	F	DERMATOLOGICALS
zinc oxide paste	OTC	F	DERMATOLOGICALS
zinc sulfate cap	OTC	F	MINERALS & ELECTROLYTES
ziprasidone cap (GEODON equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	F	OPHTHALMIC AGENTS
ZOLINZA CAP	KMSP-P A-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zonisamide cap (ZONEGRAN equiv)	-	F	ANTICONVULSANTS
ZORTRESS TAB	KMSP-P A	F	ASSORTED CLASSES
ZOSTAVAX INJ (Covered for members age 50 years or older, Not covered if member less than 50 years.)	VAC	F	VACCINES
ZUBSOLV SL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANALGESICS - OPIOID

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary Cont.

Alphabetical Index

Last Updated 3/1/2020

Drug Name	Special Code	Tier	Category
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-S F	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA CAP (QL=3 caps/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL=3 tabs/day)	KMSP-P A-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F	OPHTHALMIC AGENTS
ZYPREXA INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA RELPREVV INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO	ANTIPSYCHOTICS/ANTIMANIC AGENTS

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	F
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F
dextroamphetamine tab (DEXEDRINE equiv)	-	F
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	F
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	F
QSYMIA CAP (QL= 1 cap/day)	PA-QL	F
ANTI-OBESITY AGENTS		
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	F
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	F
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	F
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	F
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	F
dexmethylphenidate tab (FOCALIN equiv)	-	F
methylphenidate CD cap (METADATE CD equiv)	-	F
methylphenidate ER cap (RITALIN LA equiv)	-	F
METHYLPHENIDATE ER TAB	-	F
methylphenidate ER tab (CONCERTA equiv)	-	F
methylphenidate soln (METHYLIN equiv)	-	F
methylphenidate tab (RITALIN equiv)	-	F
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	F
QUILLIVANT XR SUSP	-	F
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	F
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ ER TAB (QL=1 tab/day)	LMSP-PA-QL	F
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	F
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	F
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	F
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	F
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	F
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	F
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	F
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	F
GOLD COMPOUNDS		
RIDAURA CAP	-	F
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 28 inj/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	F
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	F
ACTEMRA SC INJ (QL=2 inj/28 days)	LMSP-PA-QL	F
KEVZARA INJ (QL=2 inj/28 days)	LMSP-PA-QL	F
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	F
diclofenac potassium tab (CATAFLAM equiv)	-	F
diclofenac sodium EC tab (VOLTAREN equiv)	-	F
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	F
etodolac cap (LODINE equiv)	-	F
etodolac tab	-	F
flurbiprofen tab (ANSAID equiv)	-	F
ibuprofen cap	OTC	F
ibuprofen chew tab	OTC	F
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	OTC	F
ibuprofen tab	OTC	F
indomethacin cap (INDOCIN equiv)	-	F
indomethacin CR cap (INDOCIN SR equiv)	-	F
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	F
meloxicam tab (MOBIC equiv)	-	F
nabumetone tab (RELAFEN equiv)	-	F
naproxen EC tab (NAPROSYN EC equiv)	-	F
naproxen tab (NAPROSYN equiv)	-	F
oxaprozin tab (DAYPRO equiv)	-	F
piroxicam cap (FELDENE equiv)	-	F
sulindac tab (CLINORIL equiv)	-	F
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	F
OTEZLA TAB (QL=2 tabs/day)	LMSP-PA-QL	F
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	F
SELECTIVE COSTIMULATION MODULATORS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	F
ORENCIA INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	F
ORENCIA INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	F
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	F
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	F
ENBREL INJ 50MG (QL=4 inj/28 days)	LMSP-PA-QL	F
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	F
ENBREL SURECLICK INJ 50MG (QL=4 inj/28 days)	LMSP-PA-QL	F
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER		
acetaminophen cap	OTC	F
acetaminophen drops	OTC	F
acetaminophen elixir	OTC	F
acetaminophen er tab	OTC	F
acetaminophen liquid	OTC	F
acetaminophen supp	OTC	F
acetaminophen tab	OTC	F
SALICYLATES		
aspirin chew tab 81mg	OTC	F
aspirin ec tab	OTC	F
aspirin EC tab 325mg	OTC	F
aspirin EC tab 81mg	OTC	F
aspirin tab	OTC	F
aspirin tab 325mg	OTC	F
ASPIRIN TAB 81MG	OTC	F
salsalate tab (DISALCID equiv)	-	F
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab (QL= 240 tabs/30 days)	QL	F
codeine sulfate tab 60mg (QL= 180 tabs/30 days)	QL	F
fentanyl patch (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	F
hydromorphone tab 2mg (QL= 240 tabs/30 days)	QL	F
hydromorphone tab 4mg (QL= 180 tabs/30 days)	QL	F
hydromorphone tab 8mg (QL= 120 tabs/30 days)	QL	F
meperidine tab (DEMEROL equiv) (QL= 120 tabs/30 days)	QL	F
methadone conc (QL= 600ml/30 days)	QL	F
methadone soln 10mg/5ml (QL= 600ml/30 days)	QL	F
methadone soln 5mg/5ml (QL= 1200ml/30 days)	QL	F
methadone tab (DOLOPHINE equiv) (QL= 120 tabs/30 days)	QL	F
methadone tab 10mg (QL= 240 tabs/30 days)	QL	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
morphine sulfate ER tab (MS CONTIN equiv) (QL= 90 tabs/30 days)	QL	F
morphine sulfate soln 10mg/5ml (QL= 120ml/30 days)	QL	F
morphine sulfate soln 20mg/5ml (QL= 120ml/30 days)	QL	F
morphine sulfate soln 20mg/ml (QL= 120ml/30 days)	QL	F
morphine sulfate tab (QL= 180 tabs/30 days)	QL	F
oxycodone cap (OXYIR equiv) (QL= 120 caps/30 days)	QL	F
oxycodone soln 5mg/5ml (ROXICODONE equiv) (QL= 240ml/30 days)	QL	F
oxycodone tab (ROXICODONE equiv) (QL= 120 tabs/30 days)	QL	F
tramadol tab (ULTRAM equiv) (QL= 240 tabs/30 days)	QL	F
XTAMPZA ER CAP (QL=120 cap/30 days)	PA-QL	F
OPIOID COMBINATIONS		
acetaminophen/codeine soln (QL= 240ml/30 days)	QL	F
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 180 tabs/30 days)	QL	F
hydrocodone/acetaminophen soln 7.5mg-325mg/15ml (QL= 1800ml/30 days)	QL	F
hydrocodone/acetaminophen tab (LORTAB equiv) (QL= 120 tabs/30 days)	QL	F
oxycodone/acetaminophen tab 10mg-325mg (QL= 120 tabs/30 days)	QL	F
oxycodone/acetaminophen tab 5mg-325mg (QL= 120 tabs/30 days)	QL	F
oxycodone/acetaminophen tab 7.5mg-325mg (QL= 120 tabs/30 days)	QL	F
OXYCODONE/ASPIRIN TAB (QL= 120 tabs/30 days)	QL	F
oxycodone/aspirin tab (PERCODAN equiv) (QL= 120 tabs/30 days)	QL	F
OPIOID PARTIAL AGONISTS		
SUBOXONE SL FILM (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
BELBUCA FILM (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
BUNAVAIL SL FILM (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
buprenorphine patch (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
BUPRENORPHINE PATCH, BUTRANS PATCH (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
buprenorphine SL tab (SUBUTEX equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
buprenorphine/naloxone SL film (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
buprenorphine/naloxone SL tab (SUBOXONE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
BUTRANS PATCH (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
PROBUPHINE KIT (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SUBLOCADE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SUBOXONE SL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ZUBSOLV SL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
ANDROGENS		
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	F
danazol cap (DANOCRINE equiv)	-	F
METHYLTESTOSTERONE CAP	PA	F
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	F
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	F
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F
testosterone gel 1% 50mg (QL= 10 units (2 packets)/day)	PA-QL	F
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	F
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	F
testosterone gel 1.62% 1.25gm (QL= 1 packet/day)	PA-QL	F
testosterone gel 1.62% 2.5gm (QL= 2 packets/day)	PA-QL	F
testosterone pump 1.62% (QL= 2 bottles/30 days)	PA-QL	F
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	F
RECTAL COMBINATIONS		
hc pramoxine cream 1-1% (ANALPRAM HC equiv)	-	F
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F
PROCTOFOAM HC FOAM	-	F
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	F
ANTACIDS		
ANTACID COMBINATIONS		
antacid chew tab	OTC	F
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F
magnesium/aluminum hydroxide/simethicone susp	OTC	F
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE GEL SUSP	OTC	F
ANTACIDS - BICARBONATE		
sodium bicarbonate tab	OTC	F
ANTACIDS - CALCIUM SALTS		
calcium carbonate chew tab	OTC	F
calcium carbonate susp	OTC	F
calcium carbonate tab	OTC	F
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab	OTC	F
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB	PA	F
ivermectin tab (STROMEKTOL equiv)	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTHELMINTICS Cont.		
praziquantel tab (BILTRICIDE equiv)	-	F
pyrantel pamoate susp	OTC	F
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab	-	F
NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	F
isosorbide dinitrate tab (ISORDIL equiv)	-	F
isosorbide mononitrate ER tab (IMDUR equiv)	-	F
isosorbide mononitrate tab (MONOKET equiv)	-	F
nitroglycerin patch (NITRO-DUR equiv)	-	F
nitroglycerin SL tab (NITROSTAT equiv)	-	F
ANTIANGIETY AGENTS		
ANTIANGIETY AGENTS - MISC.		
bupirone tab (BUSPAR equiv)	-	F
hydroxyzine pamoate cap (VISTARIL equiv)	-	F
hydroxyzine syrup (ATARAX equiv)	-	F
hydroxyzine tab (ATARAX equiv)	-	F
BENZODIAZEPINES		
alprazolam tab (XANAX equiv) (QL=5 tabs/day)	QL	F
chlordiazepoxide cap (LIBRIUM equiv)	-	F
diazepam conc (VALIUM equiv) (QL=180 ml/30 days)	QL	F
DIAZEPAM SOLN (QL=180 ml/30 days)	QL	F
diazepam tab 10mg (QL=4 tabs/day)	QL	F
diazepam tab 2mg (QL=4 tabs/day)	QL	F
diazepam tab 5mg (QL=3 tabs/day)	QL	F
lorazepam conc (ATIVAN equiv)	-	F
lorazepam tab (ATIVAN equiv)	-	F
OXAZEPAM CAP	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	F
quinidine gluconate CR tab	-	F
quinidine sulfate tab	-	F
ANTIARRHYTHMICS TYPE I-B		
MEXILETINE CAP	-	F
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	F
propafenone ER cap (RYTHMOL SR equiv)	-	F
propafenone tab (RYTHMOL equiv)	-	F
ANTIARRHYTHMICS TYPE III		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
amiodarone tab (CORDARONE equiv)	-	F
dofetilide cap	-	F
MULTAQ TAB	-	F
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ (QL=1 inj/56 days)	KMSP-PA-QL	F
NUCALA INJ (QL=1 inj/28 days)	LMSP-PA-QL	F
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA INHALER	-	F
INCRUSE ELLIPTA INHALER	-	F
ipratropium neb soln (ATROVENT equiv)	-	F
SPIRIVA RESPIMAT INHALER	-	F
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	F
montelukast granule pack (SINGULAIR equiv)	-	F
montelukast tab (SINGULAIR equiv)	-	F
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	F
budesonide inh susp (PULMICORT equiv)	-	F
QVAR INHALER	-	F
QVAR REDIHALER	-	F
SYMPATHOMIMETICS		
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	F
albuterol neb soln	-	F
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	F
albuterol sulfate syrup	-	F
albuterol sulfate tab	-	F
albuterol/ipratropium neb soln (DUONEB equiv)	-	F
ANORO ELLIPTA INHALER	-	F
COMBIVENT RESPIMAT INHALER	-	F
fluticasone/salmeterol diskus 100/50 (QL= 1 inhaler/30 days)	QL	F
fluticasone/salmeterol diskus 250/50 (QL= 1 inhaler/30 days)	QL	F
fluticasone/salmeterol diskus 500/50 (QL= 1 inhaler/30 days)	QL	F
FLUTICASONE/SALMETEROL INHALER	-	F
METAPROTERENOL SYRUP	-	F
SEREVENT DISKUS INHALER	-	F
STIOLTO INHALER	-	F
terbutaline sulfate tab (BRETHINE equiv)	-	F
TRELEGY ELLIPTA INHALER	-	F
XANTHINES		
ELIXOPHYLLIN ELIXIR	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
THEOCHRON TAB	-	F
theophylline CR tab (QUIBRON-T equiv)	-	F
theophylline ER tab (UNIPHYL equiv)	-	F
theophylline soln	-	F
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	F
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	F
XARELTO STARTER PACK	-	F
XARELTO TAB	-	F
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	F
fondaparinux inj (ARIXTRA equiv)	PA	F
THROMBIN INHIBITORS		
PRADAXA CAP	-	F
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab	PA	F
clonazepam tab (KLONOPIN equiv)	-	F
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL=5 inj/30 days)	QL	F
ANTICONVULSANTS - MISC.		
BANZEL SUSP	PA	F
BANZEL TAB	PA	F
carbamazepine chew tab (TEGRETOL equiv)	-	F
carbamazepine ER cap (CARBATROL equiv)	-	F
carbamazepine ER tab (TEGRETOL XR equiv)	-	F
carbamazepine susp (TEGRETOL equiv)	-	F
carbamazepine tab (TEGRETOL equiv)	-	F
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	F
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	F
gabapentin cap (NEURONTIN equiv)	-	F
gabapentin soln (NEURONTIN equiv)	-	F
gabapentin tab (NEURONTIN equiv)	-	F
LAMICTAL CHEW TAB 2MG	-	F
lamotrigine chew tab (LAMICTAL equiv)	-	F
lamotrigine tab (LAMICTAL equiv)	-	F
levetiracetam ER tab (KEPPRA XR equiv)	-	F
levetiracetam soln (KEPPRA equiv)	-	F
levetiracetam tab (KEPPRA equiv)	-	F
oxcarbazepine susp (TRILEPTAL equiv)	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
oxcarbazepine tab (TRILEPTAL equiv)	-	F
pregabalin cap	PA	F
pregabalin soln	PA	F
primidone tab (MYSOLINE equiv)	-	F
topiramate sprinkle cap (TOPAMAX equiv)	-	F
topiramate tab (TOPAMAX equiv)	-	F
VIMPAT SOLN	-	F
VIMPAT TAB (QL= 2 tabs/day)	QL	F
zonisamide cap (ZONEGRAN equiv)	-	F
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	F
felbamate tab (FELBATOL equiv)	-	F
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	F
vigabatrin powder pack (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	F
vigabatrin tab (Only available through Walgreens 888-347-3416)	LD-PA	F
HYDANTOINS		
DILANTIN CAP 30MG	-	F
phenytoin cap (DILANTIN equiv)	-	F
phenytoin chew tab (DILANTIN equiv)	-	F
phenytoin susp (DILANTIN equiv)	-	F
SUCCINIMIDES		
CELONTIN CAP	-	F
ethosuximide cap (ZARONTIN equiv)	-	F
ethosuximide soln (ZARONTIN equiv)	-	F
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	F
divalproex sodium DR tab (DEPAKOTE equiv)	-	F
divalproex sprinkle cap (DEPAKOTE equiv)	-	F
valproic acid cap (DEPAKENE equiv)	-	F
valproic acid syrup (DEPAKENE equiv)	-	F
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	F
mirtazapine tab (REMERON equiv)	-	F
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	F
bupropion tab (WELLBUTRIN equiv)	-	F
bupropion XL tab (WELLBUTRIN XL equiv)	-	F
MAPROTILINE TAB	-	F

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PATCH (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
MARPLAN TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
NARDIL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
PARNATE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
phenelzine tab (NARDIL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
tranylcypromine tab (PARNATE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	F
citalopram tab (CELEXA equiv)	-	F
escitalopram soln (LEXAPRO equiv)	-	F
escitalopram tab (LEXAPRO equiv)	-	F
fluoxetine cap (PROZAC equiv)	-	F
fluoxetine soln (PROZAC equiv)	-	F
fluoxetine tab (PROZAC equiv)	-	F
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, or sertraline)	ST	F
fluvoxamine tab (LUVOX equiv)	-	F
paroxetine ER tab (PAXIL CR equiv)	-	F
paroxetine tab (PAXIL equiv)	-	F
sertraline conc (ZOLOFT equiv)	-	F
sertraline tab (ZOLOFT equiv)	-	F
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	F
nefazodone tab 50mg, 250mg	-	F
trazodone tab (DESYREL equiv)	-	F
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv)	-	F
duloxetine EC cap (CYMBALTA equiv)	-	F
venlafaxine ER cap (EFFEXOR XR equiv)	-	F
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	F
AMOXAPINE TAB	-	F
desipramine tab (NORPRAMIN equiv)	-	F
doxepin cap (SINEQUAN equiv)	-	F
doxepin conc (SINEQUAN equiv)	-	F
imipramine tab (TOFRANIL equiv)	-	F
nortriptyline cap (PAMELOR equiv)	-	F
NORTRIPTYLINE SOLN	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	F
ANTIDIABETIC COMBINATIONS		
ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day)	QL	F
ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day)	QL	F
AVANDAMET TAB	-	F
glipizide/metformin tab (METAGLIP equiv)	-	F
glyburide/metformin tab (GLUCOVANCE equiv)	-	F
SEGLUROMET TAB (QL=2 tab/day)	QL	F
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	F
metformin tab (GLUCOPHAGE equiv)	-	F
DIABETIC OTHER		
BAQSIMI NASAL POWDER (QL=2 inhalations/fill)	QL	F
GLUCAGEN HYPOKIT INJ (QL=2 inj/fill)	QL	F
GLUCAGON INJ KIT (QL=2 inj/fill)	QL	F
GLUCOSE CHEW TAB	OTC	F
glucose gel	OTC	F
GLUCOSE TAB	OTC	F
GVOKE PFS INJ (QL= 2 inj/fill)	QL	F
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	F
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN TAB (QL= 1 tab/day)	QL	F
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ (QL=1 pack/28 days)	QL	F
TRULICITY INJ (QL=4 pens/28 days)	QL	F
INSULIN		
ADMELOG INJ	-	F
ADMELOG SOLOSTAR INJ	-	F
BASAGLAR INJ	-	F
HUMALOG MIX INJ	-	F
HUMALOG MIX KWIKPEN INJ	-	F
HUMULIN MIX INJ, NOVOLIN MIX INJ	OTC	F
HUMULIN MIX PEN INJ, NOVOLIN FLEXPEN INJ	OTC	F
HUMULIN N INJ, NOVOLIN N INJ	OTC	F
HUMULIN N PEN INJ, NOVOLIN N PEN INJ	OTC	F
HUMULIN R INJ, NOVOLIN R INJ	OTC	F
HUMULIN R U-500 KWIKPEN INJ	-	F
NOVOLIN R INJ	OTC	F
INSULIN SENSITIZING AGENTS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
AVANDIA TAB	-	F
pioglitazone tab (ACTOS equiv)	-	F
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	F
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
STEGLATRO TAB (QL=1 tab/day.)	QL	F
SULFONYLUREAS		
chlorpropamide tab (DIABINESE equiv)	-	F
glimepiride tab (AMARYL equiv)	-	F
glipizide ER tab (GLUCOTROL XL equiv)	-	F
glipizide tab (GLUCOTROL equiv)	-	F
glyburide micronized tab (GLYNASE equiv)	-	F
glyburide tab (MICRONASE equiv)	-	F
tolazamide tab (TOLINASE equiv)	-	F
TOLBUTAMIDE TAB	-	F
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
bismuth subsalicylate chew tab	OTC	F
bismuth subsalicylate susp	OTC	F
bismuth subsalicylate tab	OTC	F
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F
loperamide cap (IMODIUM equiv)	OTC	F
loperamide liquid	OTC	F
loperamide tab	OTC	F
ANTIDOTES		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	F
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
OPIOID ANTAGONISTS		
EVZIO INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
naloxone inj (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
naltrexone tab (REVIA equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
NARCAN NASAL SPRAY (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
REVIA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
VIVITROL INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ANTIDOTES AND SPECIFIC ANTAGONISTS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
ANTIDOTES - CHELATING AGENTS		
deferasirox tab (EXJADE equiv)	LMSP	F
deferasirox tab 90mg, 360mg (JADENU equiv)	KMSP	F
JADENU SPRINKLE	KMSP	F
JADENU TAB	KMSP	F
OPIOID ANTAGONISTS		
EVZIO INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
NALOXONE PREFILLED INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	F
ondansetron ODT (ZOFTRAN equiv)	-	F
ondansetron soln (ZOFTRAN equiv)	-	F
ONDANSETRON TAB	-	F
ondansetron tab (ZOFTRAN equiv)	-	F
ANTIEMETICS - ANTICHOLINERGIC		
dimenhydrin tab	OTC	F
meclizine chew tab (BONINE equiv)	OTC	F
meclizine tab (ANTIVERT equiv)	OTC	F
trimethobenzamide cap (TIGAN equiv)	-	F
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F
anti-nausea soln	OTC	F
dronabinol cap (MARINOL equiv)	PA	F
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F
aprepitant pak (EMEND PAK equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	F
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap (ANCOBON equiv)	-	F
griseofulvin micro tab (GRIFULVIN V equiv)	-	F
griseofulvin susp (GRIFULVIN equiv)	-	F
griseofulvin tab (GRIS-PEG equiv)	-	F
nystatin powder	-	F
nystatin tab	-	F
terbinafine tab (LAMISIL equiv)	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
fluconazole susp (DIFLUCAN equiv)	-	F
fluconazole tab (DIFLUCAN equiv)	-	F
itraconazole cap (SPORANOX equiv)	PA	F
ketoconazole tab (NIZORAL equiv)	-	F
NOXAFIL SUSP	-	F
posaconazole DR tab	-	F
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine CR tab (Only covered for members age 2 years or older)	OTC	F
chlorpheniramine syrup (Only covered for members age 2 years or older)	OTC	F
chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap (BENADRYL equiv) (Only covered for members age 2 years or older)	OTC	F
diphenhydramine liquid (Only covered for members age 2 years or older)	OTC	F
diphenhydramine tab (Only covered for members age 2 years or older)	OTC	F
ANTIHISTAMINES - NON-SEDATING		
cetirizine syrup (ZYRTEC equiv)	OTC	F
cetirizine tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	F
CLARITIN REDITAB (QL= 1 tab/day)	OTC-QL	F
loratadine ODT (CLARITIN equiv) (QL= 1 tab/day)	OTC-QL	F
loratadine syrup (CLARITIN equiv) (QL= 240ml/30 days; Only covered for members age 2 years or older)	OTC-QL	F
loratadine tab (CLARITIN equiv) (QL= 1 tab/day; Covered for members age 2 years or older)	OTC-QL	F
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp (PHENERGAN equiv)	-	F
promethazine syrup	-	F
promethazine tab (PHENERGAN equiv)	-	F
PROMETHEGAN SUPP	-	F
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	F
cyproheptadine tab	-	F
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVES - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
cholestyramine powder (QUESTRAN equiv)	-	F
cholestyramine powder pack (QUESTRAN equiv)	-	F
colestipol tab (COLESTID equiv)	-	F
FIBRIC ACID DERIVATIVES		
fenofibrate cap 30mg, 67mg, 90mg, 134mg, 200mg (ANTARA equiv)	-	F
fenofibrate tab 48mg, 50mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	F
fenofibric acid DR cap (TRILIPIX equiv)	-	F
gemfibrozil tab (LOPID equiv)	-	F
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg	-	F
atorvastatin tab 20mg	-	F
atorvastatin tab 40mg	-	F
atorvastatin tab 80mg	-	F
lovastatin tab (MEVACOR equiv)	-	F
pravastatin tab (PRAVACHOL equiv)	-	F
rosuvastatin tab 10mg (QL= 1 tab/day)	QL	F
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	F
rosuvastatin tab 40mg (QL= 1 tab/day)	QL	F
rosuvastatin tab 5mg (QL= 1 tab/day)	QL	F
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	F
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab	-	F
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	F
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	KMSP-PA-QL	F
REPATHA INJ (QL=2 inj/28 days)	KMSP-PA-QL	F
REPATHA PUSHTRONEX INJ (QL=1 inj/28 days)	KMSP-PA-QL	F
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	F
captopril tab (CAPOTEN equiv)	-	F
enalapril tab (VASOTEC equiv)	-	F
fosinopril tab (MONOPRIL equiv)	-	F
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	F
QBRELIS SOLN	PA	F
quinapril tab (ACCUPRIL equiv)	-	F
ramipril cap (ALTACE equiv)	-	F
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	KMSP	F
ANGIOTENSIN II RECEPTOR ANTAGONISTS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
irbesartan tab (AVAPRO equiv)	-	F
losartan tab (COZAAR equiv)	-	F
olmesartan tab (BENICAR equiv)	-	F
telmisartan tab (MICARDIS equiv)	-	F
valsartan tab (DIOVAN equiv)	-	F
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	F
clonidine tab (CATAPRES equiv)	-	F
doxazosin tab (CARDURA equiv)	-	F
guanfacine IR tab (TENEX equiv)	-	F
methyldopa tab (ALDOMET equiv)	-	F
prazosin cap (MINIPRESS equiv)	-	F
terazosin cap (HYTRIN equiv)	-	F
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	F
amlodipine/olmesartan tab	-	F
amlodipine/valsartan tab (EXFORGE equiv)	-	F
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	F
atenolol/chlorthalidone tab (TENORETIC equiv)	-	F
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	F
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	F
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	F
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	F
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	F
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	F
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	F
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	F
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	F
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	F
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	F
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	F
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	F
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	F
minoxidil tab (LONITEN equiv)	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
IMPAVIDO CAP	PA	F
metronidazole tab (FLAGYL equiv)	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
pentamidine neb soln	KMSP	F
trimethoprim tab (PROLOPRIM equiv)	-	F
XIFAXAN TAB 200MG (QL= 9 tabs/fill)	PA-QL	F
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	F
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	F
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL=60ml/3 days)	PA-QL	F
ALINIA TAB (QL=6 tabs/3 days)	PA-QL	F
atovaquone susp (MEPRON equiv)	-	F
GLYCOPEPTIDES		
FIRVANQ SOLN	-	F
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	F
VANCOMYCIN SOLN KIT	-	F
LEPROSTATICS		
dapsone tab	-	F
LINCOSAMIDES		
clindamycin cap	-	F
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F
OXAZOLIDINONES		
linezolid susp (Restricted to Infectious Disease Specialist)	RS	F
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	F
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	F
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	F
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
hydroxychloroquine tab (PLAQUENIL equiv)	-	F
KRINTAFEL TAB	-	F
MEFLOQUINE TAB	-	F
mefloquine tab (LARIAM equiv)	-	F
primaquine tab	-	F
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine CR tab (MESTINON equiv)	-	F
pyridostigmine tab (MESTINON equiv)	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.		
RUZURGI TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
isonarif cap (RIFAMATE equiv)	-	F
RIFAMATE CAP	-	F
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	F
ISONIAZID SYRUP	-	F
isoniazid tab	-	F
PRIFTIN TAB	-	F
pyrazinamide tab	-	F
rifabutin cap (MYCOBUTIN equiv)	-	F
rifampin cap (RIFADIN equiv)	-	F
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	KMSP	F
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	KMSP	F
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	KMSP-PA	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
AFINITOR TAB 10MG (QL= 1 tab/day)	KMSP-PA-QL-SFF	
cyclophosphamide cap	-	F
GLEOSTINE/LOMUSTINE CAP	-	F
HEXALEN CAP	KMSP	F
LEUKERAN TAB	KMSP	F
melphalan tab	KMSP	F
MYLERAN TAB	KMSP	F
temozolomide cap (TEMODAR equiv)	KMSP	F
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	KMSP	F
mercaptopurine tab (PURINETHOL equiv)	-	F
methotrexate inj	-	F
methotrexate tab (TREXALL equiv)	-	F
TABLOID TAB	-	F
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ERIVEDGE CAP	KMSP-PA-SF	F
ODOMZO CAP (QL= 1 cap/day)	KMSP-PA-QL-SFF	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone tab 250mg (QL= 4 tabs/day)	KMSP-PA-QL-SFF	
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	F
bicalutamide tab (CASODEX equiv)	-	F
EMCYT CAP	-	F
ERLEADA TAB (QL= 4 tabs/day)	KMSP-PA-QL	F
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	F
flutamide cap (EULEXIN equiv)	-	F
letrozole tab (FEMARA equiv)	-	F
LYSODREN TAB (Only available through Direct Success Pharmacy 732-919-1234)	LD	F
megestrol susp (MEGACE equiv)	-	F
megestrol tab (MEGACE equiv)	-	F
nilutamide tab	KMSP	F
tamoxifen tab (NOLVADEX equiv)	-	F
toremifene tab	-	F
XTANDI CAP (QL= 4 caps/day)	KMSP-PA-QL-SFF	
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	F
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ (QL= 1 tab/day)	KMSP-PA-QL-SFF	
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	F
ALUNBRIG TAB 180MG (QL= 1 tab/day)	KMSP-PA-QL-SFF	
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	KMSP-PA-QL-SFF	
ALUNBRIG TAB 90MG (QL= 1 tab/day)	KMSP-PA-QL-SFF	
BALVERSA TAB (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	F
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	F
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	F
BOSULIF TAB	KMSP-PA-SF	F
BRAFTOVI CAP 50MG (QL=4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
BRAFTOVI CAP 75MG (QL=6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
CALQUENCE CAP (QL=2 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	F
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
COPIKTRA CAP (QL=2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	F
erlotinib tab	KMSP-PA-SF	F
everolimus tab (AFINITOR TAB equiv) (QL= 1 tab/day)	KMSP-PA-QL-SF	F
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	F
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
IBRANCE CAP (QL= 21 caps/28 days)	KMSP-PA-QL	F
ICLUSIG TAB 15MG (QL= 3 tabs/day; Available only at AcariaHealth 1-800-511-5144)	LD-PA-QL-SF	F
ICLUSIG TAB 45MG (QL= 1 tab/day; Available only at AcariaHealth 1-800-511-5144)	LD-PA-QL-SF	F
IDHIFA TAB (QL=1 tab/day)	MSP-PA-QL	F
imatinib tab (GLEEVEC equiv) (QL= 3 tabs/day)	KMSP-PA-QL	F
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
INLYTA TAB (QL= 8 tabs/day)	KMSP-PA-QL-SF	F
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	F
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
LORBRENA TAB 100MG (QL=1 tab/day)	KMSP-PA-QL-SF	F
LORBRENA TAB 25MG (QL=3 tabs/day)	KMSP-PA-QL-SF	F
LYNPARZA CAP (QL=16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F
LYNPARZA TAB (QL=4 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F
MEKINIST TAB 0.5MG (QL=3 tabs/day)	KMSP-PA-QL	F
MEKINIST TAB 2MG (QL=1 tab/day)	KMSP-PA-QL	F
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
NERLYNX TAB (QL=6 tab/day)	LD-PA-QL-SF	F
NEXAVAR TAB	MSP-PA-SF	F
NINLARO CAP	KMSP-PA	F
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779.)	LD-PA-QL-SF	F
RYDAPT CAP	KMSP-PA	F
SPRYCEL TAB (QL= 1 tab/day)	KMSP-PA-QL-SF	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
SPRYCEL TAB 20MG (QL= 3 tabs/day)	KMSP-PA-QL-SFF	
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	F
SUTENT CAP	KMSP-PA-SF	F
TAFINLAR CAP (QL= 4 caps/day)	KMSP-PA-QL	F
TAGRISSE TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F
TALZENNA CAP 0.25MG (QL=3 caps/day)	KMSP-PA-QL-SFF	
TALZENNA CAP 1MG (QL= 1 cap/day)	KMSP-PA-QL-SFF	
TASIGNA CAP	KMSP-PA-SF	F
TIBSOVO TAB (QL=2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
TYKERB TAB	KMSP-PA	F
VERZENIO TAB (QL=2 tab/day)	LMSP-PA-QL-SFF	
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	F
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	F
VITRAKVI SOLN (QL=10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	F
VIZIMPRO TAB (QL=1 tab/day)	KMSP-PA-QL-SFF	
VOTRIENT TAB	KMSP-PA-SF	F
XALKORI CAP (QL=2 cap/day)	KMSP-PA-QL-SFF	
XOSPATA TAB (QL=3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F
ZEJULA CAP (QL=3 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F
ZELBORAF TAB (QL=8 tabs/day)	MSP-PA-QL	F
ZOLINZA CAP	KMSP-PA-SF	F
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F
ZYKADIA CAP (QL=3 caps/day)	KMSP-PA-QL-SFF	
ZYKADIA TAB (QL=3 tabs/day)	KMSP-PA-QL-SFF	
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
ALFERON-N INJ	KMSP	F
bexarotene cap (TARGRETIN equiv)	KMSP-PA-SF	F
hydroxyurea cap (HYDREA equiv)	-	F
INTRON-A INJ	KMSP	F
MATULANE CAP	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	F
MESNEX TAB	KMSP	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	F
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
trihexyphenidyl elixir (ARTANE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
trihexyphenidyl tab (ARTANE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	F
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
amantadine syrup (SYMMETREL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
amantadine tab (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
GOCOVRI CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	F
bromocriptine cap (PARLODEL equiv)	-	F
bromocriptine tab (PARLODEL equiv)	-	F
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	F
carbidopa/levodopa ODT (PARCOPA equiv)	-	F
carbidopa/levodopa tab (SINEMET equiv)	-	F
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	F
NEUPRO PATCH	-	F
pramipexole tab (MIRAPEX equiv)	-	F
ropinirole tab (REQUIP equiv)	-	F
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline tab (AZILECT equiv)	-	F
selegiline cap (ELDEPRYL equiv)	-	F
selegiline tab (ELDEPRYL equiv)	-	F
XADAGO TAB (QL=1 tab/day)	PA-QL	F
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON DOPAMINERGICS		
OSMOLEX ER TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
lithium carbonate ER tab (LITHOBID equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
lithium carbonate tab (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
lithium citrate soln (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
LITHIUM POWDER (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
LITHOBID TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
ANTIPSYCHOTICS - MISC.		
GEODON CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
GEODON INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
LATUDA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
NUPLAZID CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
NUPLAZID TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
VRAYLAR PACK (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
ziprasidone cap (GEODON equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
EQUETRO CAP -		F
BENZISOXAZOLES		
FANAPT TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
FANAPT TITRATION PACK (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
INVEGA INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
INVEGA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
paliperidone SR tab (INVEGA equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
PERSERIS INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
RISPERDAL INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
RISPERDAL M ODT (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
RISPERDAL SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
RISPERDAL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
RISPERIDONE ODT (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
risperidone ODT (RISPERDAL M equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
risperidone soln (RISPERDAL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
risperidone tab (RISPERDAL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
BUTYROPHENONES		
HALDOL INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
haloperidol inj (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
haloperidol lactate conc (HALDOL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
haloperidol tab (HALDOL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
DIBENZAPINES		
ADASUVE INHALER (CARVE OUT - Covered by Medi-Cal fee-for-service program)-		CO
CLOZAPINE ODT (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
clozapine ODT 25mg, 100mg (CLOZAPINE/FAZACLO equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
CLOZAPINE ODT/FAZACLO ODT (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
clozapine tab (CLOZARIL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
CLOZARIL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
FAZACLO ODT (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
loxapine cap (LOXITANE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
LOXITANE CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
olanzapine inj (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
olanzapine ODT (ZYPREXA equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
olanzapine tab (ZYPREXA equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
quetiapine tab (SEROQUEL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
quetiapine XR tab (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
SAPHRIS SL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
SEROQUEL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
SEROQUEL XR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)-		CO
VERSACLOZ SUSP (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
ZYPREXA INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
ZYPREXA RELPREVV INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
ZYPREXA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
ZYPREXA ZYDIS TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
DIHYDROINDOLONES		
MOLINDONE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
PHENOTHIAZINES		
CHLORPROMAZINE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
chlorpromazine tab (THORAZINE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
FLUPHENAZINE CONC (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
FLUPHENAZINE DECONATE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
FLUPHENAZINE ELIXIR (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
FLUPHENAZINE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)-		CO
FLUPHENAZINE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
fluphenazine tab (PROLIXIN equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
perphenazine tab (TRILAFON equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
thioridazine tab (MELLARIL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
trifluoperazine tab (STELAZINE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
prochlorperazine supp (COMPAZINE equiv)	-	F
prochlorperazine tab (COMPAZINE equiv)	-	F
QUINOLINONE DERIVATIVES		
ABILIFY DISCMELT (CARVE OUT - Covered by Medi-Cal fee-for-service program) -		CO
ABILIFY MAINTENA INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ABILIFY MYCITE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
ABILIFY SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ABILIFY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
aripiprazole ODT (ABILIFY equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
aripiprazole soln (ABILIFY equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
aripiprazole tab (ABILIFY equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
ARISTADA SYRINGE (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
REXULTI TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
THIOXANTHENES		
thiothixene cap (NAVANE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
hydrogen peroxide soln	OTC	F
CHLORINE ANTISEPTICS		
chlorhexidine gluconate liquid (HIBICLENS equiv)	OTC	F
IODINE ANTISEPTICS		
povidone-iodine soln	OTC	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir soln (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
abacavir tab (ZIAGEN equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
abacavir/lamivudine tab (EPZICOM equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
APTIVUS CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
APTIVUS SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
atazanavir cap (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ATRIPLA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
BIKTARVY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
CIMDUO TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
COMBIVIR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
COMPLERA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
CRIXIVAN CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
DELSTRIGO TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
DESCOVY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
DOVATO TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
EDURANT TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
efavirenz cap (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
efavirenz tab (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
EMTRIVA CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
EMTRIVA SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
EPIVIR SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
EPIVIR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
EPZICOM TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ETOVAZ TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
fosamprenavir tab (LEXIVA TAB equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
FUZEON INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
GENVOYA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
INTELENCE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
INVIRASE CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
INVIRASE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ISENTRESS CHEW TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ISENTRESS POWDER PACK (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ISENTRESS TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO

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Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary

Category/Class

Last Updated* 3/1/2020

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
JULUCA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
KALETRA SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
KALETRA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
lamivudine soln (EPIVIR equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
lamivudine tab (EPIVIR equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
lamivudine/zidovudine tab (COMBIVIR equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
LEXIVA SUSP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
lopinavir/ritonavir soln (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
nevirapine ER tab (VIRAMUNE XR equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
nevirapine susp (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
NEVIRAPINE SUSP (VIRAMUNE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
nevirapine tab (VIRAMUNE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
NORVIR CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
NORVIR POWDER PACKET (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
NORVIR SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
NORVIR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ODEFSEY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
PIFELTRO TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
PREZCOBIX TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
PREZISTA SUSP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
PREZISTA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
RESCRIPTOR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
REYATAZ CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
REYATAZ POWDER PACK (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ritonavir tab (NORVIR TAB equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SELZENTRY ORAL SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SELZENTRY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
stavudine cap (ZERIT equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
stavudine soln (ZERIT equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
STRIBILD TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SUSTIVA CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SUSTIVA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SYMFI (LO) TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SYMTUZA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
tenofovir disoproxil fumarate tab (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
TIVICAY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
TRIUMEQ TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
TRIZIVIR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
TROGARZO INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
TRUVADA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
TYBOST TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
VIRACEPT POWDER (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
VIRACEPT TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
VIRAMUNE SUSP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
VIRAMUNE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
VIRAMUNE XR TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
VIREAD POW (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
VIREAD TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
VIREAD TAB 300MG (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
VITEKTA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ZERIT CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ZERIT SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ZIAGEN SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ZIAGEN TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
didanosine DR cap (VIDEX EC equiv)	-	F
zidovudine cap (RETROVIR equiv)	-	F
zidovudine syrup (RETROVIR equiv)	-	F
zidovudine tab (RETROVIR equiv)	-	F
CMV AGENTS		
valganciclovir soln	-	F
valganciclovir tab (VALCYTE equiv)	-	F
HEPATITIS AGENTS		
EPIVIR HBV SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
EPIVIR HBV TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
lamivudine tab 100mg (EPIVIR HBV equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
VEMLIDY TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
adefovir dipivoxil tab (HEPSERA equiv)	KMSP	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	KMSP-QL	F
MAVYRET TAB (QL=3 tabs/day)	KMSP-PA-QL	F
PEGASYS INJ	KMSP	F
REBETOL SOLN	KMSP	F
ribavirin cap (REBETOL equiv)	KMSP	F
ribavirin tab (COPEGUS equiv)	KMSP	F
SOFOSBUVIR/VELPATASVIR TAB (QL=1 tab/day)	KMSP-PA-QL	F
VOSEVI TAB	KMSP-PA-QL	F
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	F
acyclovir susp (ZOVIRAX equiv)	-	F
acyclovir tab (ZOVIRAX equiv)	-	F
valacyclovir tab (VALTREX equiv)	-	F
INFLUENZA AGENTS		
oseltamivir cap (QL= 10 caps/fill)	QL	F
oseltamivir cap 30mg (QL= 20 caps/fill)	QL	F
oseltamivir susp (QL= 250ml/fill)	QL	F
RELENZA DISKHALER (QL= 20 units/fill)	QL	F
RIMANTADINE TAB	-	F
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	F
ENZYMES		
AMPHADASE INJ	PA	F
HYLENEX INJ	PA	F
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day)	KMSP-PA-QL	F
THALOMID CAP	KMSP-PA	F
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	F
cyclosporine cap (SANDIMMUNE equiv)	-	F
cyclosporine modified cap, gengraf cap (NEORAL equiv)	-	F
cyclosporine modified soln (NEORAL equiv)	-	F
mycophenolate DR tab (MYFORTIC equiv)	-	F
mycophenolate mofetil cap (CELLCEPT equiv)	-	F
mycophenolate mofetil susp (CELLCEPT equiv)	-	F
mycophenolate mofetil tab (CELLCEPT equiv)	-	F
SANDIMMUNE SOLN 100MG/ML	-	F
sirolimus tab (RAPAMUNE equiv)	-	F
tacrolimus cap (PROGRAF equiv)	-	F
ZORTRESS TAB	KMSP-PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	F
sodium polystyrene susp (SPS equiv)	-	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	F
labetalol tab (NORMODYNE equiv)	-	F
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	F
atenolol tab (TENORMIN equiv)	-	F
bisoprolol tab (ZEBETA equiv)	-	F
metoprolol ER tab (TOPROL XL equiv)	-	F
metoprolol tab (LOPRESSOR equiv)	-	F
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	-	F
pindolol tab (VISKEN equiv)	-	F
propranolol ER cap (INDERAL LA equiv)	-	F
PROPRANOLOL SOLN	-	F
propranolol tab (INDERAL equiv)	-	F
sotalol AF tab (BETAPACE AF equiv)	-	F
sotalol tab (BETAPACE equiv)	-	F
timolol maleate tab (BLOCADREN equiv)	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	F
DILTIAZEM ER CAP	-	F
diltiazem ER cap (CARDIZEM CD equiv)	-	F
diltiazem ER cap (CARDIZEM SR equiv)	-	F
diltiazem ER cap (DILACOR XR equiv)	-	F
diltiazem ER cap (TIAZAC equiv)	-	F
diltiazem tab (CARDIZEM equiv)	-	F
felodipine ER tab (PLENDIL equiv)	-	F
nifedipine cap (PROCARDIA equiv)	-	F
nifedipine ER tab (ADALAT CC equiv)	-	F
VERAPAMIL CAP	-	F
verapamil SR cap	-	F
VERAPAMIL SR CAP 360MG	-	F
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	F
verapamil tab (CALAN equiv)	-	F
CARDIOTONICS		
CARDIAC GLYCOSIDES		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CARDIOTONICS Cont.		
digoxin soln (LANOXIN equiv)	-	F
digoxin tab (LANOXIN equiv)	-	F
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	F
IMPOTENCE AGENTS		
CIALIS TAB	-	EXC
LEVITRA TAB	-	EXC
tadalafil tab (CIALIS equiv)	-	EXC
vardenafil tab	-	EXC
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (QL= 1 tab/day)	LMSP-PA-QL	F
bosentan tab (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
OPSUMIT TAB (Only available through CVS Specialty 800-237-2767)	LD-PA	F
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	F
tadalafil tab (PAH)	LMSP-PA	F
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (Only available through Accredo 888-773-7376; QL=2 tab/day)	LD-PA-QL	F
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cephalexin cap (KEFLEX equiv)	-	F
cephalexin susp (KEFLEX equiv)	-	F
CEPHALOSPORINS - 2ND GENERATION		
cefuroxime susp (CEFTIN equiv)	-	F
cefuroxime tab (CEFTIN equiv)	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	F
cefdinir susp (OMNICEF equiv)	-	F
CHEMICALS		
BULK CHEMICALS - P'S		
PROMAZINE POWDER (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	F
cryselle tab (LO/OVRAL equiv)	-	F
enpresse tab (TRI-LEVELLEN equiv)	-	F
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	F
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	F
junel FE tab (LOESTRIN FE equiv)	-	F
junel tab (LOESTRIN equiv)	-	F
kelnor tab (DEMULEN equiv)	-	F
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	F
mononessa tab (ORTHO-CYCLEN equiv)	-	F
necon tab (ORTHO-NOVUM equiv)	-	F
necon tab 1-50 (NORYNIL equiv)	-	F
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	F
nortrel tab (OVCON 35 equiv)	-	F
tri-legest tab (ESTROSTEP FE equiv)	-	F
tri-sprintec tab (ORTHO TRI-CYCLEN equiv)	-	F
velivet tab (CYCLESSA equiv)	-	F
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	F
violele tab, kariva tab (MIRCETTE equiv)	-	F
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	F
COMBINATION CONTRACEPTIVES - VAGINAL		
eluryng vaginal ring	-	F
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	F
levonorgestrel tab (PLAN B equiv)	OTC	F
LEVONORGESTREL TAB 0.75MG	-	F
PLAN B TAB	OTC	F
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide SR cap (ENTOCORT EC equiv)	-	F
DEXAMETHASONE CONC	-	F
dexamethasone elixir	-	F
dexamethasone soln	-	F
dexamethasone tab (DECADRON equiv)	-	F
hydrocortisone tab (CORTEF equiv)	-	F
methylprednisolone dose pack	-	F
methylprednisolone tab (MEDROL equiv)	-	F
prednisolone ODT (ORAPRED equiv)	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
PREDNISOLONE ORAL SYRUP	-	F
prednisolone soln (PEDIAPRED equiv)	-	F
prednisolone syrup (PRELONE equiv)	-	F
PREDNISON SOLN	-	F
prednisone tab (DELTASONE equiv)	-	F
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	F
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100mg, 200mg (TESSALON equiv)	-	F
dextromethorphan cap (Only covered for members age 2 years or older)	OTC	F
dextromethorphan ER liquid (Only covered for members age 2 years or older)	OTC	F
dextromethorphan syrup (Only covered for members age 2 years or older)	OTC	F
hydrocodone/homatropine syrup (HYCODAN equiv)	-	F
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniram/phenylephrine/dm soln (Only covered for members age 2 years or older)	OTC	F
BROTAPP DM LIQUID (Only covered for members age 2 years or older)	OTC	F
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	F
dextromethorphan hb/doxylamine soln (Only covered for members age 2 years or older)	OTC	F
DEXTROMETHORPHAN/PHENYLEPHRINE LIQUID (Only covered for members age 2 years or older)	OTC	F
diphenhydramine/phenylephrine/acetaminophen liquid (Only covered for members age 2 years or older)	OTC	F
d-methorphan hb/p-epd hcl/bpm elixir (Only covered for members age 2 years or older)	OTC	F
d-methorphan hb/p-ephed hcl/cp liquid (Only covered for members age 2 years or older)	OTC	F
d-methorphan/acetamin/doxylamn liquid (Only covered for members age 2 years or older)	OTC	F
d-methorphan/pe/acetaminophen cap (Only covered for members age 2 years or older)	OTC	F
guaifenesin/codeine liquid (Only covered for members age 2 years or older)	OTC	F
guaifenesin/codeine soln (TUSSI-ORGANIDIN-S equiv) (Only covered for members age 2 years or older)	OTC	F
GUAIFENESIN/CODEINE SYRUP (Only covered for members age 2 years or older)	OTC	F
guaifenesin/dextromethorphan cap (Only covered for members age 2 years or older)	OTC	F
guaifenesin/dextromethorphan ER tab (Only covered for members age 2 years or older)	OTC	F
guaifenesin/dextromethorphan liquid (Only covered for members age 2 years or older)	OTC	F
guaifenesin/dextromethorphan tab (Only covered for members age 2 years or older)	OTC	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
guaifenesin/d-methorphan hb/pe syrup (Only covered for members age 2 years or older)	OTC	F
guaifenesin/pseudoephedrine tab (Only covered for members age 2 years or older)	OTC	F
LOHIST-D LIQUID (Only covered for members age 2 years or older)	OTC	F
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) (QL= 2 tabs/day)	OTC-QL	F
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) (QL= 1 tab/day)	OTC-QL	F
NINJACOF-XG LIQUID (Only covered for members age 2 years or older)	OTC	F
PEDIATRIC COUGH/COLD LIQUID (Only covered for members age 2 years or older)	OTC	F
phenylephrine/brompheniramine elixir (Only covered for members age 2 years or older)	OTC	F
PHENYLEPHRINE/BROMPHENIRAMINE TAB (Only covered for members age 2 years or older)	OTC	F
phenylephrine/chlorpheniramine liquid (Only covered for members age 2 years or older)	OTC	F
phenylephrine/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F
phenylephrine/diphenhydramine liquid (Only covered for members age 2 years or older)	OTC	F
phenylephrine/dm/acetaminop/gg liquid (Only covered for members age 2 years or older)	OTC	F
phenylephrine/dm/acetaminop/gg tab (Only covered for members age 2 years or older)	OTC	F
PHENYLEPRINE/ACETAMIN/DOXYLAMINE CAP (Only covered for members age 2 years or older)	OTC	F
promethazine DM syrup	-	F
PROMETHAZINE VC SYRUP	-	F
promethazine VC syrup (PHENERGAN VC equiv)	-	F
PROMETHAZINE VC/CODEINE SYRUP	-	F
promethazine VC/codeine syrup (PHENERGAN VC/CODIENE equiv)	-	F
promethazine/codeine syrup (PHENERGAN/CODIENE equiv)	-	F
pseudoephedrine/brompheniramine liquid (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine/chlorpheniramine tab (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine/triprolidine tab (Only covered for members age 2 years or older)	OTC	F
TUSSIN CF LIQUID (Only covered for members age 2 years or older)	OTC	F
EXPECTORANTS		
guaifenesin ER tab (MUCINEX equiv) (Only covered for members age 2 years or older)	OTC	F
guaifenesin liquid (Only covered for members age 2 years or older)	OTC	F
guaifenesin syrup (Only covered for members age 2 years or older)	OTC	F
guaifenesin tab (Only covered for members age 2 years or older)	OTC	F
SSKI SOLN	-	F
MISC. RESPIRATORY INHALANTS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
NEBUSAL NEB SOLN	-	F
sodium chloride neb soln (HYPER-SAL equiv)	-	F
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	F
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv)	-	F
benzoyl peroxide cream (QL= 1 tube/30 days)	OTC-QL	F
benzoyl peroxide gel (QL= 1 tube/30 days)	OTC-QL	F
benzoyl peroxide liquid (QL= 1 bottle/30 days)	OTC-QL	F
benzoyl peroxide lotion (QL= 1 bottle/30 days)	OTC-QL	F
clindamycin gel (CLEOCIN equiv)	-	F
clindamycin lotion (CLEOCIN- T equiv)	-	F
clindamycin pad (CLEOCIN-T equiv)	-	F
clindamycin topical soln (CLEOCIN-T equiv)	-	F
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	F
erythromycin gel	-	F
erythromycin pad	-	F
erythromycin soln	-	F
sodium sulfacetamide/sulfur emulsion 10-5%	-	F
sodium sulfacetamide/sulfur wash 9-4.5%	-	F
tretinoin cream (RETIN-A equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
tretinoin gel (RETIN-A equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
tretinoin gel (RETIN-A MICRO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
ANTIBIOTICS - TOPICAL		
bacitracin oint	OTC	F
bacitracin/polymyxin b oint	OTC	F
bacitracin/zinc oint	OTC	F
gentamicin sulfate cream	-	F
gentamicin sulfate oint	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
mupirocin oint (BACTROBAN equiv)	-	F
neomycin/bacitracin/polymyxin b oint	OTC	F
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F
neomycin/polymyxin b/pramoxine cream	OTC	F
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX equiv)	-	F
ciclopirox gel (LOPROX equiv)	-	F
ciclopirox nail soln (PENLAC equiv)	-	F
ciclopirox shampoo (LOPROX equiv)	-	F
ciclopirox topical susp (LOPROX equiv)	-	F
clotrimazole cream	OTC	F
clotrimazole soln	OTC	F
clotrimazole/betamethasone cream (LORTRISONE equiv)	-	F
clotrimazole/betamethasone lotion (LOTRISONE equiv)	-	F
econazole cream (SPECTAZOLE equiv)	-	F
FUNGOID SOLN	OTC	F
ketoconazole cream (NIZORAL equiv)	-	F
ketoconazole shampoo (NIZORAL equiv)	-	F
miconazole cream	OTC	F
miconazole nitrate powder	OTC	F
miconazole oint	OTC	F
nystatin cream (MYCOSTATIN equiv)	-	F
nystatin oint	-	F
nystatin topical powder	-	F
terbinafine cream (QL= 1 tube/30 days; Covered for members age 12 years or older)	OTC-QL	F
tolnaftate aerosol	OTC	F
tolnaftate cream	OTC	F
tolnaftate powder	OTC	F
ANTIHISTAMINES-TOPICAL		
diphenhydramine cream	OTC	F
diphenhydramine gel	OTC	F
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv)	-	F
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX equiv)	-	F
FLUOROURACIL SOLN	-	F
TARGRETIN GEL	KMSP-PA	F
VALCHLOR GEL (QL= 4 tubes/30 days)	PA-QL	F
ANTIPSORIATICS		
8-MOP CAP	KMSP	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
acitretin cap (SORIATANE equiv)	KMSP	F
calcipotriene cream (DOVONEX equiv)	-	F
calcipotriene oint	-	F
calcipotriene soln (DOVONEX equiv)	-	F
COSENTYX INJ (1-PACK) (QL=1 inj/28 days)	LMSP-PA-QL	F
COSENTYX INJ (2-PACK) (QL=2 inj/28 days)	LMSP-PA-QL	F
methoxsalen cap (OXSORALEN ULTRA equiv)	KMSP	F
SKYRIZI INJ (QL= 2 inj/84 days)	LMSP-PA-QL	F
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	F
selenium sulfide shampoo (SELSEB equiv)	-	F
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX equiv)	-	F
DENAVIR CREAM	-	F
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE equiv)	-	F
SULFAMYLON CREAM	-	F
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	F
alclometasone oint (ACLOVATE equiv)	-	F
betamethasone augmented cream (DIPROLENE AF equiv)	-	F
BETAMETHASONE AUGMENTED GEL	-	F
betamethasone augmented lotion (DIPROLENE equiv)	-	F
betamethasone augmented oint (DIPROLENE equiv)	-	F
betamethasone dipropionate cream (DIPROSONE equiv)	-	F
betamethasone dipropionate lotion	-	F
betamethasone dipropionate oint (DIPROSONE equiv)	-	F
betamethasone valerate cream	-	F
betamethasone valerate lotion	-	F
betamethasone valerate oint	-	F
clobetasol propionate cream (TEMOVATE equiv)	-	F
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	F
clobetasol propionate gel (TEMOVATE equiv)	-	F
clobetasol propionate oint (TEMOVATE equiv)	-	F
desoximetasone cream (TOPICORT equiv)	-	F
desoximetasone gel (TOPICORT equiv)	-	F
desoximetasone oint (TOPICORT equiv)	-	F
EPIFOAM AEROSOL	-	F
fluocinolone acetonide cream	-	F
fluocinolone acetonide oint	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinolone acetonide soln	-	F
fluocinonide cream 0.05%	-	F
fluocinonide emollient cream	-	F
fluocinonide gel	-	F
fluocinonide oint	-	F
fluocinonide soln	-	F
fluticasone propionate cream (CUTIVATE equiv)	-	F
fluticasone propionate oint (CUTIVATE equiv)	-	F
halobetasol propionate cream (ULTRAVATE equiv)	-	F
halobetasol propionate oint (ULTRAVATE equiv)	PA	F
hydrocortisone ac cream	OTC	F
hydrocortisone aloe cream	OTC	F
hydrocortisone cream	OTC	F
hydrocortisone gel	OTC	F
hydrocortisone lotion	OTC	F
hydrocortisone oint	OTC	F
hydrocortisone topical soln	OTC	F
mometasone cream (ELOCON equiv)	-	F
mometasone oint (ELOCON equiv)	-	F
mometasone soln (ELOCON equiv)	-	F
PREDNICARBATE CREAM	-	F
PREDNICARBATE OINT	-	F
triamcinolone cream	-	F
triamcinolone lotion	-	F
triamcinolone oint	-	F
DIAPER RASH PRODUCTS		
A-D oint	OTC	F
ECZEMA AGENTS		
DUPIXENT INJ (QL=2 inj/28 days)	LMSP-PA-QL	F
EMOLLIENTS		
ammonium lactate cream	OTC	F
ammonium lactate lotion	OTC	F
glycerin lotion	OTC	F
mineral oil/petrolatum cream	OTC	F
petrolatum oint	OTC	F
vitamin a - d oint	OTC	F
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	F
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	EXC
HAIR REDUCTION AGENTS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	F
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC equiv)	-	F
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	F
podofilox soln (CONDYLOX equiv)	-	F
salicylic acid pad	OTC	F
LOCAL ANESTHETICS - TOPICAL		
capsaicin cream	OTC	F
lidocaine cream 3% (LIDAMANTLE equiv)	-	F
lidocaine gel (XYLOCAINE equiv)	-	F
LIDOCAINE GEL 2%	-	F
lidocaine soln (XYLOCAINE equiv)	-	F
lidocaine/prilocaine cream (EMLA equiv)	-	F
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	F
CALAMINE LOTION	OTC	F
DRYSOL SOLN	-	F
GEL DRESSING (QL= 2 boxes/30 days)	QL	F
lubricating jelly	OTC	F
mineral oil/petrolatum cream	OTC	F
SODIUM CHLORIDE SPRAY	OTC	F
zinc oxide oint	OTC	F
zinc oxide paste	OTC	F
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
azelaic acid gel	-	F
FINACEA FOAM	-	F
metronidazole cream (METROCREAM equiv)	-	F
metronidazole gel (METROGEL equiv)	-	F
metronidazole lotion (METROLOTION equiv)	-	F
SCABICIDES & PEDICULICIDES		
EURAX CREAM	-	F
LICE B GONE SHAMPOO	OTC	F
LINDANE LOTION	-	F
permethrin cream (ELIMITE equiv)	-	F
permethrin liquid	OTC	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
permethrin lotion	OTC	F
piperonyl butoxide/pyrethrins liquid	OTC	F
piperonyl butoxide/pyrethrins shampoo	OTC	F
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	F
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= two 15gm tubes/fill)	QL	F
VENELEX OINT	-	F
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
DIAGNOSTIC TESTS		
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
KETOSTIX	OTC	F
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
INFANT FOODS		
INFANT FORMULA LIQUID	OTC-PA	F
INFANT FORMULA POWDER	OTC-PA	F
NUTRITIONAL SUPPLEMENTS		
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	F
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	F
acetazolamide tab	-	F
methazolamide tab (NEPTAZANE equiv)	-	F
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	F
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	F
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	F
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	F
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	F
LOOP DIURETICS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
DIURETICS Cont.		
bumetanide tab (BUMEX equiv)	-	F
ethacrynic tab	-	F
FUROSEMIDE SOLN	-	F
furosemide soln (LASIX equiv)	-	F
furosemide tab (LASIX equiv)	-	F
torsemide tab (DEMADEX equiv)	-	F
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	F
spironolactone tab (ALDACTONE equiv)	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab (DIURIL equiv)	-	F
CHLOROTHIAZIDE TAB 250MG, 500MG	-	F
CHLORTHALIDONE TAB	-	F
DIURIL SUSP	-	F
hydrochlorothiazide cap (MICROZIDE equiv)	-	F
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	F
indapamide tab (LOZOL equiv)	-	F
METHYCLOTHIAZIDE TAB	-	F
metolazone tab (ZAROXOLYN equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	F
ALENDRONATE TAB 40MG	-	F
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
TYMLOS INJ	KMSP	F
CALCIUM REGULATORS - MISC.		
calcitonin nasal spray (MIACALCIN equiv)	-	F
FORTEO INJ	KMSP-PA	F
MIACALCIN INJ	KMSP	F
GNRH/LHRH ANTAGONISTS		
GANIRELIX AC INJ	INF	EXC
ORILISSA TAB 150MG (QL=1 tab/day)	PA-QL	F
ORILISSA TAB 200MG (QL=2 tabs/day)	PA-QL	F
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
GROWTH HORMONES		
HUMATROPE INJ	KMSP-PA	F
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv)	-	F
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	KMSP	F
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	F
calcitriol soln (ROCALTROL equiv)	-	F
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	F
cinacalcet tab	LMSP-PA	F
doxercalciferol cap (HECTOROL equiv)	-	F
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	F
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	F
levocarnitine soln (CARNITOR equiv)	-	F
levocarnitine tab (CARNITOR equiv)	-	F
PALYNZIQ INJ 10MG/0.5ML (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F
PALYNZIQ INJ 2.5MG/0.5ML (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F
PALYNZIQ INJ 20MG/ML (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F
paricalcitol cap (ZEMPLAR equiv)	-	F
sodium phenylbutyrate powder (BUPHENYL equiv)	KMSP	F
sodium phenylbutyrate tab (BUPHENYL equiv)	KMSP	F
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	F
desmopressin acetate tab (DDAVP equiv)	-	F
desmopressin nasal soln (DDAVP equiv)	-	F
STIMATE NASAL SOLN	KMSP	F
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	F
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	KMSP	F
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
ESTROGENS		
ESTROGEN COMBINATIONS		
jinteli tab (FEMHRT equiv)	-	F
PREMPHASE TAB, PREMPRO TAB	-	F
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	F
estradiol patch (VIVELLE-DOT equiv)	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ESTROGENS Cont.		
estradiol tab (ESTRACE equiv)	-	F
estradiol valerate inj	-	F
ESTROPIPATE TAB	-	F
estropipate tab (OGEN equiv)	-	F
PREMARIN TAB	-	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin susp (CIPRO equiv)	-	F
ciprofloxacin tab (CIPRO equiv)	-	F
levofloxacin soln (LEVAQUIN equiv)	-	F
levofloxacin tab (LEVAQUIN equiv)	-	F
moxifloxacin tab (AVELOX equiv)	-	F
ofloxacin tab (FLOXIN equiv)	-	F
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
simethicone cap	OTC	F
simethicone chew tab	OTC	F
simethicone drops	OTC	F
simethicone liquid	OTC	F
SIMETHICONE STRIPS	OTC	F
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohman LSS 844-246-5226)	LD-PA	F
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (Only available through Walgreens 888-347-3416; QL=1 tab/day)	LD-PA-QL-SF	F
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	F
ursodiol tab (URSO (FORTE) equiv)	-	F
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	F
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	F
metoclopramide tab (REGLAN equiv)	-	F
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	F
mesalamine enema (ROWASA equiv)	-	F
mesalamine ER cap	-	F
mesalamine supp	-	F
sulfasalazine EC tab (AZULFIDINE equiv)	-	F
sulfasalazine tab (AZULFIDINE equiv)	-	F
INTESTINAL ACIDIFIERS		
lactulose soln	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
SYMPROIC TAB	PA	F
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	F
PHOSLYRA SOLN	-	F
sevelamer carbonate tab (RENVELA equiv)	PA	F
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3 SYRUP	-	F
ORACIT SOLN	-	F
potassium citrate CR tab (UROKIT-K equiv)	-	F
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	F
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	F
sodium citrate/citric acid soln (BICITRA equiv)	-	F
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-237-2767)	LD-PA	F
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	F
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	F
dutasteride cap	-	F
dutasteride/tamsulosin cap	-	F
finasteride tab (PROSCAR equiv)	-	F
tamsulosin cap (FLOMAX equiv)	-	F
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	F
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	F
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	F
colchicine tab	PA	F
febuxostat tab (Step Therapy requires trial of allopurinol)	ST	F
MITIGARE CAP	-	F
URICOSURICS		
probenecid tab (BENEMID equiv)	-	F
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
AFSTYLA KIT (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ALPROLIX INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
BENEFIX INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ELOCTATE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
HEMLIBRA INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
HUMATE-P INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
IDELVION (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
JIVI INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
KOATE DVI INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
KOGENATE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
MINONINE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
NOVOSEVEN INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
NUWIQ INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
PROFILNINE SD INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
REBINYN SOLN (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
RECOMBINATE INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
TRETTIN INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
VONVEDI INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
XYNTHA INJ (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
HEMATOAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	F
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	F
aspirin/dipyridamole cap (AGGRENEX equiv)	-	F
CABLIVI KIT (QL=1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	F
cilostazol tab (PLETAL equiv)	-	F
clopidogrel tab 75mg (PLAVIX equiv)	-	F
dipyridamole tab (PERSANTINE equiv)	-	F
prasugrel tab (EFFIENT equiv)	-	F
TICLOPIDINE TAB	-	F
ticlopidine tab (TICLID equiv)	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP (Only available through Walgreens 888-347-3416)	LD-PA	F
miglustat cap (Only available through Accredo 888-773-7376)	LD-PA	F
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	F
COBALAMINS		
cyanocobalamin inj	-	F
cyanocobalamin er tab	OTC	F
cyanocobalamin lozenge	OTC	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
cyanocobalamine sl tab	OTC	F
cyanocobalamine tab	OTC	F
VITAMIN B-12 TAB	OTC	F
FOLIC ACID/FOLATES		
folic acid tab 1mg	-	F
folic acid tab 400mcg	OTC	F
folic acid tab 800mcg	OTC	F
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TAB (QL=2 tabs/day)	KMSP-PA-QL	F
EPOGEN INJ	KMSP	F
FULPHILA INJ	KMSP	F
NEUMEGA INJ	KMSP	F
NIVESTYM INJ	KMSP	F
PROCRIT INJ	KMSP	F
PROMACTA TAB	KMSP-PA	F
RETACRIT INJ	KMSP	F
ZARXIO INJ	KMSP	F
ZIEXTENZO INJ	KMSP	F
HEMATOPOIETIC MIXTURES		
FERREX 150 CAP	-	F
ferrex 150 forte cap	-	F
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	F
folbee tab	-	F
multigen folic tab (CHROMAGEN FA equiv)	-	F
multigen plus tab (CHROMAGEN FORTE equiv)	-	F
multigen tab (CHROMAGEN equiv)	-	F
NEPHRON FA TAB	-	F
tricon cap (TRINSICON equiv)	-	F
IRON		
ferrous gluconate tab	OTC	F
ferrous sulfate dr tab	OTC	F
ferrous sulfate er tab	OTC	F
FERROUS SULFATE LIQUID	OTC	F
ferrous sulfate slow release tab	OTC	F
ferrous sulfate soln	OTC	F
FERROUS SULFATE SYRUP	OTC	F
ferrous sulfate tab	OTC	F
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln	-	F
aminocaproic acid syrup (AMICAR equiv)	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMOSTATICS Cont.		
aminocaproic acid tab (AMICAR equiv)	-	F
tranexamic acid tab (LYSTEDA equiv)	-	F
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine tab	OTC	F
diphenhydramine/acetaminophen tab (Only covered for members age 2 years or older)	OTC	F
doxylamine succinate tab	OTC	F
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	F
phenobarbital tab	-	F
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	F
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	F
FLURAZEPAM CAP	-	F
temazepam cap 15mg (RESTORIL equiv)	-	F
temazepam cap 30mg (RESTORIL equiv)	-	F
triazolam tab (HALCION equiv)	-	F
zaleplon cap (SONATA equiv)	-	F
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	F
LAXATIVES		
BULK LAXATIVES		
calcium pycarbophil tab (FIBERCON equiv)	OTC	F
KONSYL POWDER	OTC	F
KONSYL POWDER PACKET	OTC	F
psyllium cap (METAMUCIL equiv)	OTC	F
psyllium powder (METAMUCIL equiv)	OTC	F
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN	-	F
peg 3350/electrolytes soln (COLYTE equiv)	-	F
sennosides/docusate sodium tab	OTC	F
trilyte soln (NULYTELY equiv)	-	F
LAXATIVES - MISCELLANEOUS		
FLEET ENEMA	OTC	F
glycerin suppository	OTC	F
lactulose soln	-	F
polyethylene glycol 3350 powder	OTC	F
polyethylene glycol packet (MIRALAX equiv)	OTC	F
LUBRICANT LAXATIVES		
MINERAL OIL	OTC	F
mineral oil enema	OTC	F
SALINE LAXATIVES		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
LAXATIVES Cont.		
magnesium citrate soln	OTC	F
magnesium hydroxide susp	OTC	F
sodium phosphate enema	OTC	F
STIMULANT LAXATIVES		
BISACODYL ENEMA	OTC	F
bisacodyl supp	OTC	F
bisacodyl tab	OTC	F
sennosides tab	OTC	F
SURFACTANT LAXATIVES		
docusate calcium cap	OTC	F
docusate sodium cap	OTC	F
docusate sodium enema	OTC	F
docusate sodium liquid	OTC	F
docusate sodium syrup	OTC	F
docusate sodium tab	OTC	F
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	F
azithromycin tab (ZITHROMAX equiv)	-	F
CLARITHROMYCIN		
CLARITHROMYCIN SUSP	-	F
clarithromycin susp (BIAXIN equiv)	-	F
clarithromycin tab (BIAXIN equiv)	-	F
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	F
erythromycin ethylsuccinate susp	-	F
erythromycin stearate tab	-	F
erythromycin tab (all forms except PCE)	-	F
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln or FIRVANQ SOLN)	QL-ST	F
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	F
DIAPHRAGM	-	F
FEMALE CONDOMS	OTC	F
MALE CONDOMS	OTC	F
DIABETIC SUPPLIES		
CALIBRATION LIQUID	OTC	F
FREESTYLE FREEDOM LITE METER	OTC	F
FREESTYLE INSULINX METER	OTC	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	F
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	F
FREESTYLE LIBRE SENSOR (14-DAY) (QL=2 sensor/28 days)	PA-QL	F
FREESTYLE LITE METER	OTC	F
LANCETS	OTC	F
PRECISION XTRA METER	OTC	F
V-GO INJ KIT (QL= 1 kit/day)	QL	F
MISC. DEVICES		
ALCOHOL SWABS	OTC	F
PARENTERAL THERAPY SUPPLIES		
BD AUTOSHIELD DUO PEN NEEDLE	OTC	F
B-D INSULIN SYRINGE U-500	OTC	F
TECHLITE INSULIN SYRINGE	OTC	F
TECHLITE PEN NEEDLE	OTC	F
TRUEPLUS INSULIN SYRINGE	OTC	F
TRUEPLUS PEN NEEDLE	-	F
RESPIRATORY AIDS		
PEDIATRIC MASK	OTC	F
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	F
PEAK FLOW METER	OTC	F
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
MIGERGOT SUPP	-	F
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	F
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	F
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F
MINERALS & ELECTROLYTES		
CALCIUM		
CALCIUM ACETATE TAB (QL= 9 tabs/day)	QL	F
calcium and phosphorus w/vitamin D tab (RISACAL-D equiv)	OTC	F
calcium carbonate chew tab	OTC	F
calcium carbonate tab	OTC	F
calcium carbonate w/vitamin D cap	OTC	F
calcium carbonate w/vitamin D chew tab	OTC	F
calcium carbonate w/vitamin D tab	OTC	F
calcium carbonate w/vitamind D tab	OTC	F
calcium citrate tab	OTC	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
calcium citrate w/vitamin D tab	OTC	F
CALCIUM GLUCONATE TAB	OTC	F
RISCAL-D TAB	OTC	F
ELECTROLYTE MIXTURES		
pediatric electrolyte soln	OTC	F
FLUORIDE		
sodium fluoride chew tab (LURIDE equiv)	-	F
sodium fluoride soln (LURIDE equiv)	-	F
MAGNESIUM		
magnesium oxide tab	OTC	F
MINERAL COMBINATIONS		
calcium citrate tab	OTC	F
PHOSPHATE		
K-PHOS TAB	-	F
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F
POTASSIUM		
KLOR-CON M15 TAB	-	F
K-TAB	-	F
potassium bicarbonate effer tab (K-LYTE equiv)	-	F
potassium chloride effer tab (K-LYTE/CL equiv)	-	F
potassium chloride ER cap (MICRO-K equiv)	-	F
potassium chloride ER tab (KLOR-CON equiv)	-	F
potassium chloride micro tab (K-DUR equiv)	-	F
potassium chloride powder packet (KLOR-CON equiv)	-	F
potassium chloride soln	-	F
SODIUM		
sodium chloride tab	OTC	F
ZINC		
zinc sulfate cap	OTC	F
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab	-	F
IMMUNOSUPPRESSIVE AGENTS		
sirolimus soln	-	F
POTASSIUM REMOVING AGENTS		
LOKELMA PAK	KMSP-PA	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO INJECTOR (QL=4 inj/28 days)	LMSP-PA-QL	F
BENLYSTA INJ (QL=4 inj/28 days)	LMSP-PA-QL	F
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
LIDOCAINE ORAL SOLN 4%	-	F
lidocaine viscous soln	-	F
throat lozenge	OTC	F
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX equiv)	-	F
nystatin susp	-	F
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	F
DENTAL PRODUCTS		
PREVIDENT 5000 PASTE	-	F
sodium fluoride cream (PREVIDENT equiv)	-	F
sodium fluoride gel (PREVIDENT equiv)	-	F
sodium fluoride paste (PREVIDENT equiv)	-	F
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F
LOZENGES		
throat lozenge	OTC	F
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG equiv)	-	F
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	F
pilocarpine tab (SALAGEN equiv)	-	F
MULTIVITAMINS		
B-COMPLEX VITAMINS		
vitamin B complex cap	OTC	F
B-COMPLEX W/ FOLIC ACID		
dialyvite tab (NEPHRO-VITE equiv)	OTC	F
renaphro cap (NEPHROCAP equiv)	-	F
BIOFLAVONOID PRODUCTS		
ascorbic acid tab	OTC	F
MULTIPLE VITAMINS W/ IRON		
multivitamin w/iron tab	OTC	F
MULTIPLE VITAMINS W/ MINERALS		
multivitamin w/iron chew tab	OTC	F
multivitamin/minerals tab (STROVITE equiv)	OTC	F
MULTIVITAMINS		
multiple vitamin tab	OTC	F
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	F
tri-vit/iron/fluoride drop	-	F
PED MULTIPLE VITAMINS W/ MINERALS		
CENTRUM KIDS CHEW	OTC	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
pediatric multivitamin w/minerals gummy	OTC	F
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride chew tab	-	F
pediatric multiple vitamins/fluoride soln	-	F
PED MV W/ IRON		
pediatric multivitamin w/iron chew tab	OTC	F
pediatric multivitamin w/iron drops	OTC	F
PEDIATRIC MULTIPLE VITAMINS		
pediatric multivitamin w/vitamin c soln	OTC	F
pediatric multivitamin w/vitamin C/iron chew tab	OTC	F
PEDIATRIC VITAMINS		
pediatric multivitamin adc drops	OTC	F
PRENATAL VITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	OTC	F
PRENATAL VITAMINS (PRENATAL PLUS/PREPLUS/PRENAPLUS)	OTC	F
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 10mg, 20mg	-	F
carisoprodol tab 350mg (SOMA equiv) (QL=120 tabs/30 days)	QL	F
CHLORZOXAZONE TAB 500MG	-	F
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F
methocarbamol tab (ROBAXIN equiv)	-	F
tizanidine tab (ZANAFLEX equiv)	-	F
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	F
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
saline nasal spray	OTC	F
NASAL ANTIALLERGY		
azelastine nasal spray 0.1%	-	F
cromolyn nasal spray	OTC	F
olopatadine nasal spray (PATANASE equiv)	-	F
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	F
NASAL STEROIDS		
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	F
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	F
triamcinolone nasal spray (NASACORT AQ equiv) (QL= 2 bottles/fill)	QL	F
triamcinolone otc nasal spray (NASACORT AQ equiv) (QL= 2 bottles/fill)	OTC-QL	F
SYMPATHOMIMETIC DECONGESTANTS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
oxymetazolin spray (Only covered for members age 2 years or older)	OTC	F
phenylephrine tab (Only covered for members age 2 years or older)	OTC	F
pseudoephedrine ER tab (QL= 2 tabs/day; Covered for members age 2 years or older)	OTC-QL	F
pseudoephedrine syrup (QL= 1200ml/30 days; Covered for members age 2 years or older)	OTC-QL	F
pseudoephedrine tab 30mg (QL= 8 tabs/day; Covered for members age 2 years or older)	QL	F
pseudoephedrine tab 60mg (QL= 4 tabs/day; Covered for members age 2 years or older)	OTC-QL	F
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	F
NUTRIENTS		
LIPIDS		
LIQUIGEN	PA	F
MCT OIL	OTC-PA	F
MISC. NUTRITIONAL SUBSTANCES		
CREATINE 5000	PA	F
omega-3 fatty acid cap (FISH OIL equiv)	OTC	F
PROTEINS		
CITRULLINE	PA	F
levocarnitine tab	OTC	F
phlexy-10 tab	OTC-PA	F
pro-stat liq	OTC-PA	F
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tears oint	OTC	F
artificial tears soln	OTC	F
BETA-BLOCKERS - OPHTHALMIC		
dorzolamide/timolol ophth soln	-	F
LEVOBUNOLOL OPHTH SOLN	-	F
levobunolol ophth soln (BETAGAN equiv)	-	F
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	F
timolol maleate ophth soln (TIMOPTIC equiv)	-	F
TIMOLOL OPHTH GEL SOLN	-	F
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	F
ATROPINE OPHTH SOLN	-	F
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F
CYCLOMYDRIL OPHTH SOLN	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	F
ISOPTO HYOSCINE OPHTH SOLN	-	F
phenylephrine ophth soln (MYDFRIN equiv)	-	F
tropicamide ophth soln (MYDRIACYL equiv)	-	F
MIOTICS		
ISOPTO CARBACHOL OPHTH SOLN	-	F
PHOSPHOLINE OPHTH SOLN	-	F
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	F
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine ophth soln (IOPIDINE equiv)	-	F
brimonidine ophth soln 0.15%	-	F
brimonidine ophth soln 0.2% (ALPHAGAN P equiv)	-	F
IOPIDINE OPHTH SOLN 1%	-	F
SIMBRINZA OPHTH SUSP	-	F
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOLN	-	F
BACITRACIN OPHTH OINT	-	F
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	F
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	F
ciprofloxacin ophth soln (CILOXAN equiv)	-	F
erythromycin ophth oint	-	F
GENTAK OPHTH OINT	-	F
gentamicin ophth oint (GARAMYCIN equiv)	-	F
gentamicin ophth soln (GARAMYCIN equiv)	-	F
levofloxacin ophth soln (QUIXIN equiv)	-	F
moxifloxacin ophth soln	-	F
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	F
ofloxacin ophth soln (OCUFLOX equiv)	-	F
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	F
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	F
tobramycin ophth soln (TOBREX equiv)	-	F
TRIFLURIDINE OPHTH SOLN	-	F
trifluridine ophth soln (VIROPTIC equiv)	-	F
ZIRGAN OPHTH GEL	-	F
OPHTHALMIC DECONGESTANTS		
NAPHAZOLINE OPHTH SOLN	-	F
naphazoline/pheniramine ophth drops	OTC	F
tetrahydrozoline ophth soln	OTC	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	F
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	F
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	F
dexamethasone ophth soln	-	F
DUREZOL OPHTH EMULSION	-	F
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	F
MAXIDEX OPHTH SOLN	-	F
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	F
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	F
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	F
PRED MILD OPHTH SOLN	-	F
PRED-G OPHTH SOLN	-	F
PREDNISOLONE OPHTH SUSP	-	F
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	F
PREDNISOLONE/SULFACETAMIDE OPHTH SOLN	-	F
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	F
TOBRADEX OPHTH OINT	-	F
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	F
VEXOL OPHTH SUSP	-	F
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F
OPHTHALMICS - MISC.		
ALOMIDE OPHTH SOLN	-	F
azelastine ophth soln (OPTIVAR equiv)	-	F
bromfenac ophth soln (BROMDAY equiv)	-	F
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	F
cromolyn ophth soln (CROLOM equiv)	-	F
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
diclofenac sodium ophth soln (VOLTAREN equiv)	-	F
dorzolamide ophth soln (TRUSOPT equiv)	-	F
FLURBIPROFEN OPHTH SOLN	-	F
flurbiprofen ophth soln (OCUFEN equiv)	-	F
ILEVRO OPHTH SUSP	-	F
ketorolac ophth soln (ACULAR (LS) equiv)	-	F
ketotifen ophth soln (ZADITOR equiv)	OTC	F
NEVANAC OPHTH SUSP	-	F
olopatadine ophth soln 0.1% (PATANOL equiv)	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
olopatadine ophth soln 0.2% (QL=2.5ml/30 days)	QL	F
PROLENSA OPHTH SOLN	-	F
sodium chloride ophth oint	OTC	F
sodium chloride ophth soln	OTC	F
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	F
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	F
carbamide peroxide otic drop	OTC	F
OTIC ANALGESICS		
omedia otic soln (AMERICAINE equiv)	-	F
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	F
OTIC COMBINATIONS		
CIPRODEX OTIC SUSP	-	F
COLY-MYCIN S OTIC SUSP	-	F
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	F
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F
fluocinolone otic oil (DERMOTIC equiv)	-	F
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	F
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	KMSP	F
RHOGAM PLUS INJ	KMSP-PA	F
WINRHO SDF INJ	KMSP-PA	F
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	F
amoxicillin chew tab (AMOXIL equiv)	-	F
AMOXICILLIN CHEW TAB 250MG	-	F
amoxicillin susp (TRIMOX equiv)	-	F
amoxicillin tab (AMOXIL equiv)	-	F
AMPICILLIN CAP	-	F
ampicillin cap (PRINCIPEN equiv)	-	F
ampicillin susp (PRINCIPEN equiv)	-	F
NATURAL PENICILLINS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PENICILLINS Cont.		
PENICILLIN VK SOLN	-	F
penicillin vk soln (VEETIDS equiv)	-	F
penicillin vk tab (VEETIDS equiv)	-	F
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F
amoxicillin/clavulanate tab 500-125, 875-125 (AUGMENTIN equiv)	-	F
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	F
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	F
PROGESTINS		
PROGESTINS		
hydroxyprogesterone inj	LMSP-PA	F
medroxyprogesterone tab (PROVERA equiv)	-	F
norethindrone tab (AYGESTIN equiv)	-	F
progesterone cap (PROMETRIUM equiv)	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
ANTABUSE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
CAMPRAL TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
disulfiram tab (ANTABUSE equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)		CO
LUCEMYRA TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	F
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	F
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F
galantamine ER cap (RAZADYNE ER equiv)	-	F
galantamine tab (RAZADYNE equiv)	-	F
memantine er cap (Step Therapy requires trial of memantine tab)	ST	F
memantine soln	-	F
memantine tab (NAMENDA equiv)	-	F
rivastigmine cap (EXELON equiv)	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
rivastigmine patch (Step Therapy requires trial of rivastigmine cap)	ST	F
COMBINATION PSYCHOTHERAPEUTICS		
olanzapine/fluoxetine cap (SYMBYAX equiv) (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SYMBYAX CAP (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	F
PERPHENAZINE/AMITRIPTYLINE TAB	-	F
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	F
SAVELLA TAB (QL= 2 tabs/day)	QL	F
MOVEMENT DISORDER DRUG THERAPY		
INGREZZA CAP (QL=1 cap/day; Only available through Garfield Pharmacy (323-295-5585))	LD-PA-QL	F
tetrabenazine tab	LMSP-PA	F
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB	LMSP	F
AVONEX INJ	LMSP	F
dalfampridine ER tab (QL= 2 tabs/day)	LMSP-PA-QL	F
EXTAVIA INJ	LMSP	F
GILENYA CAP (QL=30 cap/30 days)	LMSP-QL	F
glatopa inj, glatiramer inj	LMSP	F
MAYZENT TAB	LMSP	F
MAYZENT TAB STARTER PACK	LMSP	F
PLEGRIDY INJ	LMSP	F
PLEGRIDY PEN INJ	LMSP	F
TECFIDERA CAP	LMSP	F
TECFIDERA STARTER PACK	LMSP	F
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ORAP TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
PIMOZIDE TAB (CARVE OUT - Covered by Medi-Cal fee-for-service program)	-	CO
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	F
CHANTIX PAK (Limited to 168 days/plan year)	QL-SMKG	F
CHANTIX TAB (Limited to 168 days/plan year)	QL-SMKG	F
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F
NICOTINE KIT (Limited to 182 days/plan year)	OTC-QL-SMKG	F
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F
nicotine patch (NICODERM equiv) (Limited to 182 days/plan year)	OTC-QL-SMKG	F
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ (QL=4 inj/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	F
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day)	KMSP-PA-QL-SFF	
KALYDECO TAB (QL= 2 tabs/day)	KMSP-PA-QL-SFF	
ORKAMBI GRANULES PACKET (QL=2 packets/day)	KMSP-PA-QL-SFF	
ORKAMBI TAB (QL= 4 tabs/day)	KMSP-PA-QL-SFF	
PULMOZYME INH SOLN	KMSP	F
SYMDEKO TAB (QL= 2 tabs/day)	KMSP-PA-QL-SFF	
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 tabs/day)	MSP-PA-QL-SF	F
ESBRIET TAB 267MG (QL= 9 tabs/day)	MSP-PA-QL-SF	F
ESBRIET TAB 801MG (QL= 3 tabs/day)	MSP-PA-QL-SF	F
OFEV CAP (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	F
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB	-	F
TETRACYCLINES		
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	F
doxycycline hyclate tab (VIBRATAB equiv)	-	F
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	F
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	F
doxycycline monohydrate tab (ADOXA equiv)	-	F
doxycycline susp (VIBRAMYCIN equiv)	-	F
minocycline cap (MINOCIN equiv)	-	F
minocycline tab (DYNACIN equiv)	-	F
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	F
propylthiouracil tab	-	F
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	F
levothyroxine tab (SYNTHROID equiv)	-	F
liothyronine tab (CYTOMEL equiv)	-	F
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	F
THYROLAR TAB	-	F
TOXOIDS		
TOXOID COMBINATIONS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
TOXOIDS Cont.		
ADACEL INJ, BOOSTRIX INJ	VAC	F
TETANUS/DIPHTHERIA TOXOID INJ	VAC	F
ULCER DRUGS		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	F
dicyclomine soln	-	F
dicyclomine tab (BENTYL equiv)	-	F
glycopyrrolate tab (ROBINUL equiv)	-	F
hyoscyamine sulfate CR tab (LEVVID equiv)	-	F
hyoscyamine sulfate elixir (LEVSIN equiv)	-	F
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F
hyoscyamine sulfate soln (LEVSIN equiv)	-	F
hyoscyamine tab (LEVSIN equiv)	-	F
PROPANTHELINE TAB	-	F
H-2 ANTAGONISTS		
famotidine susp (PEPCID equiv)	-	F
famotidine tab	OTC	F
famotidine tab (PEPCID equiv)	OTC--	F
ranitidine syrup (ZANTAC equiv)	-	F
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F
ranitidine tab 75mg	OTC	F
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	F
PROTON PUMP INHIBITORS		
FIRST OMEPRAZOLE SUSP	-	F
lansoprazole DR cap (PREVACID equiv)	OTC	F
LANSOPRAZOLE SUSP	-	F
omeprazole cap	OTC	F
omeprazole DR cap 10mg (PRILOSEC equiv)	-	F
omeprazole DR cap 20mg (PRILOSEC equiv)	-	F
omeprazole DR cap 40mg (PRILOSEC equiv)	-	F
pantoprazole EC tab (PROTONIX equiv)	-	F
PREVACID DR CAP OTC (Step Therapy requires trial of lansoprazole and pantoprazole)	OTC-ST	F
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	F
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
MISC. ANTI-ULCER		
sucralfate susp	-	F
URINARY ANTI-INFECTIVES		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
URINARY ANTI-INFECTIVES Cont.		
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	F
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	F
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	F
oxybutynin syrup	-	F
oxybutynin tab (DITROPAN equiv)	-	F
tolterodine tab (DETROL equiv)	-	F
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
tolterodine SR cap (DETROL LA equiv)	-	F
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	F
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	F
MENACTRA INJ	VAC	F
MENHIBRIX INJ	VAC	F
MENVEO INJ	VAC	F
PNEUMOVAX INJ	VAC	F
PREVNAR 13 INJ (Covered for members age 19 years or older, Prior authorization required if member less than 19 years. 1 fill for lifetime for age 19 years or older.)	PA-QL-VAC	F
TRUMENBA INJ	VAC	F
VAXCHORA SUSP	VAC	F
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	F
VIRAL VACCINES		
AFLURIA INJ	VAC	F
AFLURIA INJ, FLUZONE INJ	VAC	F
ENGERIX-B INJ	VAC	F
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	F
FLUAD INJ	VAC	F
FLUARIX QUAD INJ, FLUZONE QUAD INJ	VAC	F
FLUBLOK INJ	VAC	F
FLUBLOK QUAD INJ	VAC	F
FLUCELVAX QUAD INJ	VAC	F
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	F
FLUMIST QUADRIVALENT NASAL SUSP	VAC	F
FLUVIRIN INJ	VAC	F
FLUZONE HIGH DOSE PF INJ	VAC	F
GARDASIL 9 INJ	VAC	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
VACCINES Cont.		
GARDASIL INJ	VAC	F
HAVRIX INJ, VAQTA INJ	VAC	F
HEPLISAV-B INJ	VAC	F
IMOVAX RABIES INJ	VAC	F
M-M-R II INJ	VAC	F
SHINGRIX INJ (Covered for members age 50 years or older, Not covered if member less than 50 years.)	VAC	F
TWINRIX INJ	VAC	F
VARIVAX INJ	VAC	F
ZOSTAVAX INJ (Covered for members age 50 years or older, Not covered if member less than 50 years.)	VAC	F
VAGINAL PRODUCTS		
SPERMICIDES		
CONCEPTROL GEL	OTC	F
CONTRACEPTIVE FILM	OTC	F
CONTRACEPTIVE FOAM	OTC	F
CONTRACEPTIVE GEL	OTC	F
CONTRACEPTIVE SUPP	OTC	F
TODAY SPONGE	OTC	F
vcf vaginal gel (CONCEPTROL equiv)	OTC	F
VAGINAL ANTI-INFECTIVES		
AVC VAGINAL CREAM	-	F
clindamycin vaginal cream (CLEOCIN equiv)	-	F
clotrimazole vaginal cream	OTC	F
metronidazole vaginal gel (METROGEL equiv)	-	F
MICONAZOLE 3 SUPP 200MG	OTC	F
miconazole vaginal cream	OTC	F
MICONAZOLE VAGINAL KIT	OTC	F
terconazole cream (TERAZOL equiv)	-	F
terconazole supp (TERAZOL equiv)	-	F
TERCONAZOLE VAGINAL CREAM	-	F
tioconazole vaginal oint	OTC	F
VAGINAL ESTROGENS		
estradiol vaginal cream (ESTRACE equiv)	-	F
VAGINAL PROGESTINS		
CRINONE GEL	PA	F
ENDOMETRIN INSERT	PA	F
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine inj (QL= 2 inj/fill)	QL	F
EPINEPHRINE INJ 0.15MG (QL=2 inj/fill)	QL	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
epinephrine inj 0.15mg (2 pack) (QL= 2 inj/fill)	QL	F
EPINEPHRINE INJ 0.3MG (QL=2 inj/fill)	QL	F
SYMJEPI INJ (QL= 2 inj/fill)	QL	F
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	F
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol oral soln	OTC	F
cholecalciferol tab	OTC	F
ergocalciferol soln	OTC	F
phytonadione tab (MEPHYTON equiv)	-	F
vitamin D cap	OTC	F
vitamin D cap (RX strength only)	OTC--	F
VITAMIN D TAB 400UNIT	OTC	F
WATER SOLUBLE VITAMINS		
ascorbic acid cap	OTC	F
ascorbic acid chew tab	OTC	F
ascorbic acid er tab	OTC	F
ascorbic acid tab	OTC	F
niacin cap	OTC	F
niacin CR tab (SLO-NIACIN equiv)	OTC	F
niacin tab	OTC	F
NIACIN TR TAB	OTC	F
niacinamide tab	OTC	F
pyridoxine tab	OTC	F
thiamine tab	OTC	F
VITAMIN C TAB	OTC	F

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Symbols and abbreviations are defined on page 1.

**L.A. Care Health Plan Medi-Cal Formulary
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone tab 250mg	F
ACTEMRA ACTPEN INJ	F
ACTEMRA SC INJ	F
ACTIMMUNE INJ	F
adapalene cream	F
adapalene gel	F
AFINITOR DISPERZ	F
AFINITOR TAB 10MG	F
ALECENSA CAP	F
ALINIA SUSP	F
ALINIA TAB	F
ALUNBRIG TAB 180MG	F
ALUNBRIG TAB 30MG	F
ALUNBRIG TAB 90MG	F
ambrisentan tab	F
AMPHADASE INJ	F
ANDROGEL PUMP 1%	F
armodafinil tab	F
BALVERSA TAB	F
BALVERSA TAB 3MG	F
BALVERSA TAB 4MG	F
BANZEL SUSP	F
BANZEL TAB	F
BELVIQ TAB	F
BELVIQ XR TAB	F
BENLYSTA AUTO INJECTOR	F
BENLYSTA INJ	F
BENZNIDAZOLE TAB	F
bexarotene cap	F
bosentan tab	F
BOSULIF TAB	F
BRAFTOVI CAP 50MG	F
BRAFTOVI CAP 75MG	F
CABLIVI KIT	F
CABOMETYX TAB	F
CALQUENCE CAP	F
CAPRELSA TAB	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CARBAGLU TAB	F
CERDELGA CAP	F
CHOLBAM CAP	F
cinacalcet tab	F
CITRULLINE	F
clobazam tab	F
colchicine tab	F
COMETRIQ KIT	F
CONTRAVE TAB	F
COPIKTRA CAP	F
COSENTYX INJ (1-PACK)	F
COSENTYX INJ (2-PACK)	F
COTELLIC TAB	F
CREATINE 5000	F
CRINONE GEL	F
CYSTAGON CAP	F
CYSTARAN OPTH SOLN	F
dalfampridine ER tab	F
DARAPRIM TAB	F
DIACOMIT CAP	F
DIACOMIT POWDER PACK	F
DIFFERIN OTC GEL 0.1%	F
DOPTELET TAB	F
dronabinol cap	F
DUPIXENT INJ	F
ENBREL INJ 25MG	F
ENBREL INJ 50MG	F
ENBREL MINI INJ	F
ENBREL SURECLICK INJ 50MG	F
ENDOMETRIN INSERT	F
ERIVEDGE CAP	F
ERLEADA TAB	F
erlotinib tab	F
ESBRIET CAP	F
ESBRIET TAB 267MG	F
ESBRIET TAB 801MG	F
everolimus tab	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
FARYDAK CAP	F
FASENRA PEN INJ	F
FERRIPROX SOLN	F
FERRIPROX TAB	F
fondaparinux inj	F
FORTEO INJ	F
FREESTYLE LIBRE RECEIVER	F
FREESTYLE LIBRE SENSOR (10-DAY)	F
FREESTYLE LIBRE SENSOR (14-DAY)	F
GILOTRIF TAB	F
halobetasol propionate oint	F
HUMATROPE INJ	F
HUMIRA INJ 10MG	F
HUMIRA INJ 20MG	F
HUMIRA INJ 40MG	F
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	F
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	F
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	F
HUMIRA PEN INJ 40MG	F
HYCAMTIN CAP	F
hydroxyprogesterone inj	F
HYLENEX INJ	F
IBRANCE CAP	F
ICLUSIG TAB 15MG	F
ICLUSIG TAB 45MG	F
IDHIFA TAB	F
imatinib tab	F
IMBRUVICA CAP 140MG	F
IMBRUVICA CAP 70MG	F
IMBRUVICA TAB	F
IMPAVIDO CAP	F
INFANT FORMULA LIQUID	F
INFANT FORMULA POWDER	F
INGREZZA CAP	F
INLYTA TAB	F
IRESSA TAB	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
itraconazole cap	F
JAKAFI TAB	F
JYNARQUE PAK	F
KALYDECO PAK	F
KALYDECO TAB	F
KEVZARA INJ	F
KINERET INJ	F
KORLYM TAB	F
KUVAN POWDER PACK	F
KUVAN TAB	F
LENVIMA CAP	F
LIQUIGEN	F
LOKELMA PAK	F
LONSURF TAB	F
LORBRENA TAB 100MG	F
LORBRENA TAB 25MG	F
LYNPARZA CAP	F
LYNPARZA TAB	F
MAVYRET TAB	F
MCT OIL	F
MEKINIST TAB 0.5MG	F
MEKINIST TAB 2MG	F
MEKTOVI TAB	F
METHYLTESTOSTERONE CAP	F
miglustat cap	F
modafinil tab	F
NATPARA INJ	F
NERLYNX TAB	F
NEXAVAR TAB	F
NINLARO CAP	F
NUCALA INJ	F
NUDEXTA CAP	F
NUTRITIONAL SUPPLEMENT LIQUID	F
NUTRITIONAL SUPPLEMENT POWDER	F
OCALIVA TAB	F
ODOMZO CAP	F
OFEV CAP	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
OPSUMIT TAB	F
ORENCIA CLICK INJ	F
ORENCIA INJ 50MG/0.4ML	F
ORENCIA INJ 87.5MG/0.7ML	F
ORENCIA SC INJ 125MG/ML	F
ORILISSA TAB 150MG	F
ORILISSA TAB 200MG	F
ORKAMBI GRANULES PACKET	F
ORKAMBI TAB	F
OTEZLA STARTER PACK	F
OTEZLA TAB	F
PALYNZIQ INJ 10MG/0.5ML	F
PALYNZIQ INJ 2.5MG/0.5ML	F
PALYNZIQ INJ 20MG/ML	F
phentermine cap	F
phentermine tab	F
phlexy-10 tab	F
PRALUENT INJ	F
pregabalin cap	F
pregabalin soln	F
PREVNAR 13 INJ	F
PROMACTA TAB	F
pro-stat liq	F
QBRELIS SOLN	F
QSYMIA CAP	F
REPATHA INJ	F
REPATHA PUSHTRONEX INJ	F
REVLIMID CAP	F
RHOGAM PLUS INJ	F
RINVOQ ER TAB	F
RUBRACA TAB	F
RUZURGI TAB	F
RYDAPT CAP	F
sevelamer carbonate tab	F
SIGNIFOR INJ	F
sildenafil tab 20mg	F
SKYRIZI INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SOFOSBUVIR/VELPATASVIR TAB	F
SOMAVERT INJ	F
SPRYCEL TAB	F
SPRYCEL TAB 20MG	F
STIVARGA TAB	F
STRENSIQ INJ	F
SUTENT CAP	F
SYMDEKO TAB	F
SYMPROIC TAB	F
tadalafil tab (PAH)	F
TAFINLAR CAP	F
TAGRISSO TAB	F
TALZENNA CAP 0.25MG	F
TALZENNA CAP 1MG	F
TARGRETIN GEL	F
TASIGNA CAP	F
TAVALISSE TAB	F
TEGSEDI INJ	F
TESTOSTERONE GEL 1% 25MG	F
testosterone gel 1% 50mg	F
testosterone gel 1% pump	F
testosterone gel 1.62% 1.25gm	F
testosterone gel 1.62% 2.5gm	F
testosterone pump 1.62%	F
tetrabenazine tab	F
THALOMID CAP	F
TIBSOVO TAB	F
TRACLEER TAB 32MG	F
tretinoin cream	F
tretinoin gel	F
TYKERB TAB	F
TYVASO INH SOLN	F
UPTRAVI TAB	F
VALCHLOR GEL	F
VENCLEXTA STARTER PACK	F
VENCLEXTA TAB	F
VENTAVIS INH SOLN	F

Symbols and abbreviations are defined on page 1.

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VERZENIO TAB	F
vigabatrin powder pack	F
vigabatrin tab	F
VITRAKVI CAP 100MG	F
VITRAKVI CAP 25MG	F
VITRAKVI SOLN	F
VIZIMPRO TAB	F
VOSEVI TAB	F
VOTRIENT TAB	F
WINRHO SDF INJ	F
XADAGO TAB	F
XALKORI CAP	F
XELJANZ TAB	F
XELJANZ XR TAB	F
XIFAXAN TAB 200MG	F
XIFAXAN TAB 550MG	F
XOSPATA TAB	F
XTAMPZA ER CAP	F
XTANDI CAP	F
XYREM SOLN	F
ZEJULA CAP	F
ZELBORAF TAB	F
ZOLINZA CAP	F
ZORTRESS TAB	F
ZYDELIG TAB	F
ZYKADIA CAP	F
ZYKADIA TAB	F

Symbols and abbreviations are defined on page 1.

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Last Updated* 3/1/2020

Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

acetaminophen cap acetaminophen liquid AEROCHAMBER	acetaminophen drops acetaminophen supp ALCOHOL SWABS	acetaminophen elixir acetaminophen tab ALUMINUM HYDROXIDE GEL SUSP	acetaminophen er tab A-D oint ammonium lactate cream
ammonium lactate lotion artificial tears soln ascorbic acid tab aspirin EC tab 81mg bacitracin oint	antacid chew tab ascorbic acid cap aspirin chew tab 81mg aspirin tab bacitracin/polymyxin b oint	anti-nausea soln ascorbic acid chew tab aspirin ec tab aspirin tab 325mg bacitracin/zinc oint	artificial tears oint ascorbic acid er tab aspirin EC tab 325mg aspirin tab 81mg BD AUTOSHIELD DUO PEN NEEDLE benzoyl peroxide liquid
B-D INSULIN SYRINGE U-500 benzoyl peroxide lotion bismuth subsalicylate chew tab BROTAPP DM LIQUID	benzoyl peroxide cream BISACODYL ENEMA bismuth subsalicylate susp CALAMINE LOTION	benzoyl peroxide gel bisacodyl supp bismuth subsalicylate tab calcium and phosphorus w/vitamin D tab calcium carbonate w/vitamin D cap	bisacodyl tab brompheniramine/phenylephr ine/dm soln calcium carbonate chew tab CALCIUM CARBONATE W/VITAMIN D CHEW TAB
calcium carbonate susp calcium carbonate w/vitamin D tab CALCIUM GLUCONATE TAB carbamide peroxide otic drop cetirizine/pseudoephedrin e 12-hour tab chlorpheniramine tab clotrimazole cream	calcium carbonate tab calcium carbonate w/vitamin D tab calcium pycarboxophil tab CENTRUM KIDS CHEW chlorhexidine gluconate liquid cholecalciferol oral soln clotrimazole soln	calcium citrate tab CALIBRATION LIQUID cetirizine syrup chlorpheniramine CR tab cholecalciferol tab clotrimazole vaginal cream CONTRACEPTIVE GEL	calcium carbonate chew tab CALCIUM CARBONATE W/VITAMIN D CHEW TAB calcium citrate w/vitamin D tab capsaicin cream cetirizine tab chlorpheniramine syrup CLARITIN REDITAB CONCEPTROL GEL CONTRACEPTIVE SUPP
CONTRACEPTIVE FILM cromolyn nasal spray cyanocobalamin tab dextromethorphan syrup dimenhydrin tab	CONTRACEPTIVE FOAM cyanocobalamin er tab dextromethorphan cap dextromethorphan/phenyle dialyvit tab phrine liquid diphenhydramine cap	cyanocobalamin lozenge dextromethorphan ER liquid diphenhydramine cream	cyanocobalamin sl tab dextromethorphan hb/doxylamine soln DIFFERIN OTC GEL 0.1% diphenhydramine gel

Symbols and abbreviations are defined on page 1.

diphenhydramine liquid	diphenhydramine tab	diphenhydramine/acetaminophen tab	diphenhydramine/phenylephrine/acetaminophen liquid
d-methorphan hb/p-epd hcl/bpm elixir	d-methorphan hb/p-ephed hcl/cp liquid	d-methorphan/acetaminophen liquid	d-methorphan/pe/acetaminophen cap
docusate calcium cap	docusate sodium cap	docusate sodium enema	docusate sodium liquid
docusate sodium syrup	docusate sodium tab	doxylamine succinate tab	ergocalciferol soln
famotidine tab	FEMALE CONDOMS	ferrous gluconate tab	ferrous sulfate dr tab
ferrous sulfate er tab	FERROUS SULFATE LIQUID	ferrous sulfate slow release tab	ferrous sulfate soln
FERROUS SULFATE SYRUP	ferrous sulfate tab	FLEET ENEMA	folic acid tab 400mcg
folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER	FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP
FREESTYLE LITE METER	FREESTYLE LITE TEST STRIP	FREESTYLE TEST STRIP	FUNGOID SOLN
GLUCOSE CHEW TAB	glucose gel	GLUCOSE TAB	glycerin lotion
glycerin suppository	guaifenesin ER tab	guaifenesin liquid	guaifenesin syrup
guaifenesin tab	guaifenesin/codeine liquid	guaifenesin/codeine soln	GUAIFENESIN/CODEINE SYRUP
guaifenesin/dextromethorphan cap	guaifenesin/dextromethorphan ER tab	guaifenesin/dextromethorphan liquid	guaifenesin/dextromethorphan tab
guaifenesin/d-methorphan hb/pe syrup	guaifenesin/pseudoephedrine tab	HUMULIN MIX INJ, NOVOLIN MIX INJ	HUMULIN MIX PEN INJ, NOVOLIN FLEXPEN INJ
HUMULIN N INJ, NOVOLIN N INJ	HUMULIN N PEN INJ, NOVOLIN N PEN INJ	HUMULIN R INJ, NOVOLIN R INJ	hydrocortisone ac cream
hydrocortisone aloe cream	hydrocortisone cream	hydrocortisone gel	hydrocortisone lotion
hydrocortisone oint	hydrocortisone topical soln	hydrogen peroxide soln	ibuprofen cap
ibuprofen chew tab	ibuprofen susp (Rx ONLY)	ibuprofen tab	INFANT FORMULA LIQUID
INFANT FORMULA POWDER	KETOSTIX	ketotifen ophth soln	KONSYL POWDER
KONSYL POWDER PACKET	LANCETS	lansoprazole DR cap	levocarnitine tab
levonorgestrel tab	LICE B GONE SHAMPOO	LOHIST-D LIQUID	loperamide cap
loperamide liquid	loperamide tab	loratadine ODT	loratadine syrup
loratadine tab	loratadine/pseudoephedrine 12-hour tab	loratadine/pseudoephedrine 24-hour tab	lubricating jelly
magnesium citrate soln	magnesium hydroxide susp	magnesium oxide tab	magnesium/aluminum hydroxide/simethicone chew tab
magnesium/aluminum hydroxide/simethicone susp	MALE CONDOMS	MCT OIL	meclizine chew tab

Symbols and abbreviations are defined on page 1.

meclizine tab	MICONAZOLE 3 SUPP 200MG	miconazole cream	miconazole nitrate powder
miconazole oint	miconazole vaginal cream	MICONAZOLE VAGINAL KIT	mineral oil
mineral oil enema	mineral oil/petrolatum cream	multiple vitamin tab	multivitamin w/iron chew tab
multivitamin w/iron tab	multivitamin/minerals tab	naphazoline/pheniramine ophth drops	NASACORT OTC NASAL SPRAY
neomycin/bacitracin/poly myxin b oint	neomycin/bacitracin/poly myxin b/pramoxine oint	neomycin/polymyxin b/pramoxine cream	niacin cap
niacin CR tab	niacin tab	NIACIN TR TAB	niacinamide tab
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
NINJACOF-XG LIQUID	NOVOLIN R INJ	NUTRITIONAL SUPPLEMENT LIQUID	NUTRITIONAL SUPPLEMENT POWDER
omega-3 fatty acid cap	omeprazole cap	oxymetazolin spray	PEAK FLOW METER
PEDIATRIC COUGH/COLD LIQUID	pediatric electrolyte soln	PEDIATRIC MASK	pediatric multivitamin adc drops
pediatric multivitamin w/iron chew tab	pediatric multivitamin w/iron drops	pediatric multivitamin w/minerals gummy	pediatric multivitamin w/vitamin c soln
pediatric multivitamin w/vitamin C/iron chew tab	permethrin liquid	permethrin lotion	petrolatum oint
phenyldphrine/bromphenir amine elixir	PHENYLDPHRINE/BRO MPHENIRAMINE TAB	phenylephrine tab	phenylephrine/chlorphenir amine liquid
phenylephrine/chlorphenir amine tab	phenylephrine/diphenhydr amine liquid	phenylephrine/dm/acetami nop/gg liquid	phenylephrine/dm/acetami nop/gg tab
PHENYLEPRINE/ACETA MIN/DOXYLAMINE CAP	phlexy-10 tab	piperonyl butoxide/pyrethrins liquid	piperonyl butoxide/pyrethrins shampoo
PLAN B TAB	polyethylene glycol 3350 powder	polyethylene glycol packet	povidone-iodine soln
PRECISION XTRA METER	PRECISION XTRA TEST STRIP	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	PRENATAL VITAMINS (PRENATAL PLUS/PREPLUS/PRENA PLUS)
PREVACID DR CAP OTC	pro-stat liq	pseudoephedrine ER tab	pseudoephedrine syrup
pseudoephedrine tab 60mg	pseudoephedrine/bromph eniramine liquid	pseudoephedrine/chlorph eniramine tab	pseudoephedrine/triprolidi ne tab
psyllium cap	psyllium powder	pyrantel pamoate susp	pyridoxine tab
ranitidine tab 75mg	RISCAL-D TAB	salicylic acid pad	saline nasal spray
sennosides tab	sennosides/docusate sodium tab	simethicone cap	simethicone chew tab
simethicone drops	simethicone liquid	SIMETHICONE STRIPS	sodium bicarbonate tab
sodium chloride ophth oint	sodium chloride ophth soln	SODIUM CHLORIDE SPRAY	sodium chloride tab
sodium phosphate enema			

Symbols and abbreviations are defined on page 1.

TECHLITE INSULIN SYRINGE	TECHLITE PEN NEEDLE	terbinafine cream	tetrahydrozoline ophth soln
thiamine tab	throat lozenge	tioconazole vaginal oint	TODAY SPONGE
tolnaftate aerosol	tolnaftate cream	tolnaftate powder	triamcinolone otc nasal spray
TRUEPLUS INSULIN SYRINGE	TUSSIN CF LIQUID	vcf vaginal gel	vitamin a - d oint
vitamin B complex cap	VITAMIN B-12 TAB	VITAMIN C TAB	vitamin D cap
VITAMIN D TAB 400UNIT	zinc oxide oint	zinc oxide paste	zinc sulfate cap

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary

Last Updated* 3/1/2020

Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ACTEMRA ACTPEN INJ ambrisentan tab BALVERSA TAB	ACTEMRA SC INJ APOKYN INJ BALVERSA TAB 3MG	ACTIMMUNE INJ AUBAGIO TAB BALVERSA TAB 4MG	ALECENSA CAP AVONEX INJ BENLYSTA AUTO INJECTOR BRAFTOVI CAP 75MG CAPRELSA TAB cinacalcet tab COSENTYX INJ (2-PACK) dalfampridine ER tab
BENLYSTA INJ CABLIVI KIT CARBAGLU TAB COMETRIQ KIT COTELLIC TAB	bosentan tab CABOMETYX TAB CERDELGA CAP COPIKTRA CAP CYSTAGON CAP	BRAFTOVI CAP 50MG CALQUENCE CAP CHOLBAM CAP COSENTYX INJ (1-PACK) CYSTARAN OPHTH SOLN	DIACOMIT CAP DIACOMIT POWDER PACK ENBREL MINI INJ ESBRIET TAB 801MG
DARAPRIM TAB	deferasirox tab	DIACOMIT CAP	ENBREL INJ 50MG ESBRIET TAB 267MG
DUPIXENT INJ ENBREL SURECLICK INJ 50MG EXTAVIA INJ GILENYA CAP HUMIRA INJ 20MG	ENBREL INJ 25MG ESBRIET CAP FARYDAK CAP GILOTRIF TAB HUMIRA INJ 40MG	ENBREL INJ 50MG ESBRIET TAB 267MG FERRIPROX SOLN glatopa inj, glatiramer inj HUMIRA INJ CROHNS/UC/HIDRADENI TIS STARTER PACK hydroxyprogesterone inj	FERRIPROX TAB HUMIRA INJ 10MG HUMIRA INJ PEDIATRIC CROHNS STARTER PACK ICLUSIG TAB 15MG
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK ICLUSIG TAB 45MG IMBRUVICA TAB JAKAFI TAB KORLYM TAB LONSURF TAB MAYZENT TAB	HUMIRA PEN INJ 40MG IDHIFA TAB INCRELEX INJ JYNARQUE PAK KUVAN POWDER PACK LYNPARZA CAP MAYZENT TAB STARTER PACK	HUMIRA PEN INJ 40MG IMBRUVICA CAP 140MG INGREZZA CAP KEVZARA INJ KUVAN TAB LYNPARZA TAB LYNPARZA TAB MEKTOVI TAB	IMBRUVICA CAP 70MG IRESSA TAB KINERET INJ LENVIMA CAP LYSODREN TAB miglustat cap
NATPARA INJ OCALIVA TAB ORENCIA INJ 50MG/0.4ML OTEZLA TAB	NERLYNX TAB OFEV CAP ORENCIA INJ 87.5MG/0.7ML PALYNZIQ INJ 10MG/0.5ML	NEXAVAR TAB OPSUMIT TAB ORENCIA SC INJ 125MG/ML PALYNZIQ INJ 2.5MG/0.5ML	NUCALA INJ ORENCIA CLICK INJ OTEZLA STARTER PACK PALYNZIQ INJ 20MG/ML

Symbols and abbreviations are defined on page 1.

PLEGRIDY INJ
RUZURGI TAB
STIVARGA TAB
TAVALISSE TAB

PLEGRIDY PEN INJ
SIGNIFOR INJ
STRENSIQ INJ
TECFIDERA CAP

RINVOQ ER TAB
SKYRIZI INJ
tadalafil tab (PAH)
TECFIDERA STARTER
PACK

RUBRACA TAB
SOMAVERT INJ
TAGRISSO TAB
TEGSEDI INJ

tetrabenazine tab
UPTRAVI TAB

TIBSOVO TAB
VENCLEXTA STARTER
PACK

TRACLEER TAB 32MG
VENCLEXTA TAB

TYVASO INH SOLN
VENTAVIS INH SOLN

VERZENIO TAB
VITRAKVI CAP 25MG
XOSPATA TAB
ZYDELIG TAB

vigabatrin powder pack
VITRAKVI SOLN
XYREM SOLN

vigabatrin tab
XELJANZ TAB
ZEJULA CAP

VITRAKVI CAP 100MG
XELJANZ XR TAB
ZELBORAF TAB

L.A. Care Health Plan Medi-Cal Formulary

Last Updated* 3/1/2020

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln or FIRVANQ SOLN
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
febuxostat tab	Step Therapy requires trial of allopurinol
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, or sertraline
memantine er cap	Step Therapy requires trial of memantine tab
PREVACID DR CAP OTC	Step Therapy requires trial of lansoprazole and pantoprazole
rivastigmine patch	Step Therapy requires trial of rivastigmine cap
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary

Smoking Cessation Agents

Last Updated* 3/1/2020

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	F
CHANTIX PAK(Limited to 168 days/plan year)	F
CHANTIX TAB(Limited to 168 days/plan year)	F
nicotine gum(Limited to 180 days/plan year)	F
NICOTINE KIT(Limited to 182 days/plan year)	F
nicotine lozenge(Limited to 180 days/plan year)	F
nicotine patch(Limited to 182 days/plan year)	F
NICOTROL INHALER(Limited to 180 days/plan year)	F
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	F

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary
Infertility Drug List
Last Updated* 3/1/2020

Drug Name	Tier # for Drug Copay
GANIRELIX AC INJ	EXC

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary

Last Updated* 3/1/2020

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day
acetaminophen/codeine soln	QL= 240ml/30 days
acetaminophen/codeine tab	QL= 180 tabs/30 days
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL=2 inj/28 days
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB 10MG	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALBUTEROL HFA INHALER	QL= 2 inhalers/30 days
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL=60ml/3 days
ALINIA TAB	QL=6 tabs/3 days
ALOGLIPTIN TAB	QL= 1 tab/day
ALOGLIPTIN-METFORMIN TAB	QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB	QL= 1 tab/day
alprazolam tab	QL=5 tabs/day
ALUNBRIG TAB 180MG	QL= 1 tab/day
ALUNBRIG TAB 30MG	QL= 4 tabs/day
ALUNBRIG TAB 90MG	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day
ANDROGEL PUMP 1%	QL= 4 bottles/30 days
aprepitant cap	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
armodafinil tab	QL= 1 tab/day
BALVERSA TAB	QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 3MG	QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BAQSIMI NASAL POWDER	QL=2 inhalations/fill
BELVIQ TAB	QL= 2 tabs/day
BELVIQ XR TAB	QL= 1 tab/day
BENLYSTA AUTO INJECTOR	QL=4 inj/28 days
BENLYSTA INJ	QL=4 inj/28 days
benzoyl peroxide cream	QL= 1 tube/30 days
benzoyl peroxide gel	QL= 1 tube/30 days
benzoyl peroxide liquid	QL= 1 bottle/30 days
benzoyl peroxide lotion	QL= 1 bottle/30 days
bosentan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
BRAFTOVI CAP 50MG	QL=4 caps/day; Only available through Diplomat Pharmacy 877-977-9118

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary Cont.

Last Updated* 3/1/2020

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BRAFTOVI CAP 75MG	QL=6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
bupropion SR tab	Limited to 180 days/plan year
CABLIVI KIT	QL=1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day
CALCIUM ACETATE TAB	QL= 9 tabs/day
CALQUENCE CAP	QL=2 cap/day; Only available through Diplomat Pharmacy 877-977-9118
carisoprodol tab 350mg	QL=120 tabs/30 days
celecoxib cap	QL= 2 caps/day
cetirizine tab	QL= 1 tab/day
cetirizine/pseudoephedrine 12-hour tab	QL= 1 tab/day
CHANTIX PAK	Limited to 168 days/plan year
CHANTIX TAB	Limited to 168 days/plan year
CLARITIN REDITAB	QL= 1 tab/day
codeine sulfate tab	QL= 240 tabs/30 days
codeine sulfate tab 60mg	QL= 180 tabs/30 days
CONTRAVE TAB	QL= 4 tabs/day
COPIKTRA CAP	QL=2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COSENTYX INJ (1-PACK)	QL=1 inj/28 days
COSENTYX INJ (2-PACK)	QL=2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL=5 inj/30 days
diazepam conc	QL=180 ml/30 days
DIAZEPAM SOLN	QL=180 ml/30 days
diazepam tab 10mg	QL=4 tabs/day
diazepam tab 2mg	QL=4 tabs/day
diazepam tab 5mg	QL=3 tabs/day
DIFICID TAB	QL= 20 tabs/30 days; Step Therapy requires trial of vancomycin cap, vancomycin soln or FIRVANQ SOLN
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
DOPTELET TAB	QL=2 tabs/day

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary Cont.

Last Updated* 3/1/2020

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DUPIXENT INJ	QL=2 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL=4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL=4 inj/28 days
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
epinephrine inj	QL= 2 inj/fill
EPINEPHRINE INJ 0.15MG	QL=2 inj/fill
epinephrine inj 0.15mg (2 pack)	QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG	QL=2 inj/fill
ERLEADA TAB	QL= 4 tabs/day
ESBRIET CAP	QL= 9 tabs/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
FASENRA PEN INJ	QL=1 inj/56 days
fentanyl patch	QL= 10 patches/30 days
fluticasone nasal spray	QL= 2 bottles/fill
fluticasone/salmeterol diskus 100/50	QL= 1 inhaler/30 days
fluticasone/salmeterol diskus 250/50	QL= 1 inhaler/30 days
fluticasone/salmeterol diskus 500/50	QL= 1 inhaler/30 days
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY)	QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY)	QL=2 sensor/28 days
GEL DRESSING	QL= 2 boxes/30 days
GILENYA CAP	QL=30 cap/30 days
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
GLUCAGEN HYPOKIT INJ	QL=2 inj/fill
GLUCAGON INJ KIT	QL=2 inj/fill
granisetron tab	QL= 9 tabs/fill
GVOKE PFS INJ	QL= 2 inj/fill
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary Cont.

Last Updated* 3/1/2020

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
hydrocodone/acetaminophen soln 7.5mg-325mg/15ml	QL= 1800ml/30 days
hydrocodone/acetaminophen tab	QL= 120 tabs/30 days
hydromorphone tab 2mg	QL= 240 tabs/30 days
hydromorphone tab 4mg	QL= 180 tabs/30 days
hydromorphone tab 8mg	QL= 120 tabs/30 days
IBRANCE CAP	QL= 21 caps/28 days
ICLUSIG TAB 15MG	QL= 3 tabs/day; Available only at AcariaHealth 1-800-511-5144
ICLUSIG TAB 45MG	QL= 1 tab/day; Available only at AcariaHealth 1-800-511-5144
IDHIFA TAB	QL=1 tab/day
imatinib tab	QL= 3 tabs/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
INGREZZA CAP	QL=1 cap/day; Only available through Garfield Pharmacy (323-295-5585)
INLYTA TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL=2 inj/28 days
KINERET INJ	QL= 28 inj/28 days; Only available through Biologics 800-850-4306
latanoprost ophth soln	QL= 2.5ml/30 days
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
loratadine ODT	QL= 1 tab/day
loratadine syrup	QL= 240ml/30 days; Only covered for members age 2 years or older
loratadine tab	QL= 1 tab/day; Covered for members age 2 years or older

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary Cont.

Last Updated* 3/1/2020

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
loratadine/pseudoephedrine 12-hour tab	QL= 2 tabs/day
loratadine/pseudoephedrine 24-hour tab	QL= 1 tab/day
LORBRENA TAB 100MG	QL=1 tab/day
LORBRENA TAB 25MG	QL=3 tabs/day
LYNPARZA CAP	QL=16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB	QL=4 tab/day; Only available through Biologics 800-850-4306
MAVYRET TAB	QL=3 tabs/day
MEKINIST TAB 0.5MG	QL=3 tabs/day
MEKINIST TAB 2MG	QL=1 tab/day
MEKTOVI TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
meperidine tab	QL= 120 tabs/30 days
methadone conc	QL= 600ml/30 days
methadone soln 10mg/5ml	QL= 600ml/30 days
methadone soln 5mg/5ml	QL= 1200ml/30 days
methadone tab	QL= 120 tabs/30 days
methadone tab 10mg	QL= 240 tabs/30 days
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
modafinil tab	QL= 2 tabs/day
morphine sulfate ER tab	QL= 90 tabs/30 days
morphine sulfate soln 10mg/5ml	QL= 120ml/30 days
morphine sulfate soln 20mg/5ml	QL= 120ml/30 days
morphine sulfate soln 20mg/ml	QL= 120ml/30 days
morphine sulfate tab	QL= 180 tabs/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NERLYNX TAB	QL=6 tab/day
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 182 days/plan year
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 182 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NUCALA INJ	QL=1 inj/28 days
NUEDEXTA CAP	QL= 2 caps/day
OCALIVA TAB	Only available through Walgreens 888-347-3416; QL=1 tab/day
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 tabs/day; Only available through Walgreens 888-347-3416

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary Cont.

Last Updated* 3/1/2020

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
olopatadine ophth soln 0.2%	QL=2.5ml/30 days
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORILISSA TAB 150MG	QL=1 tab/day
ORILISSA TAB 200MG	QL=2 tabs/day
ORKAMBI GRANULES PACKET	QL=2 packets/day
ORKAMBI TAB	QL= 4 tabs/day
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL=2 tabs/day
oxycodone cap	QL= 120 caps/30 days
oxycodone soln 5mg/5ml	QL= 240ml/30 days
oxycodone tab	QL= 120 tabs/30 days
oxycodone/acetaminophen tab 10mg-325mg	QL= 120 tabs/30 days
oxycodone/acetaminophen tab 5mg-325mg	QL= 120 tabs/30 days
oxycodone/acetaminophen tab 7.5mg-325mg	QL= 120 tabs/30 days
oxycodone/aspirin tab	QL= 120 tabs/30 days
OZEMPIC INJ	QL=1 pack/28 days
PALYNZIQ INJ 10MG/0.5ML	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
PALYNZIQ INJ 2.5MG/0.5ML	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
PALYNZIQ INJ 20MG/ML	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
phentermine cap	QL= 1 cap/day
phentermine tab	QL= 1 tab/day
PRALUENT INJ	QL= 2 inj/28 days
PREVNAR 13 INJ	Covered for members age 19 years or older, Prior authorization required if member less than 19 years. 1 fill for lifetime for age 19 years or older.
pseudoephedrine ER tab	QL= 2 tabs/day; Covered for members age 2 years or older
pseudoephedrine syrup	QL= 1200ml/30 days; Covered for members age 2 years or older
pseudoephedrine tab 30mg	QL= 8 tabs/day; Covered for members age 2 years or older
pseudoephedrine tab 60mg	QL= 4 tabs/day; Covered for members age 2 years or older
QSYMIA CAP	QL= 1 cap/day
REGRANEX GEL	QL= two 15gm tubes/fill

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary Cont.

Last Updated* 3/1/2020

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RELENZA DISKHALER	QL= 20 units/fill
REPATHA INJ	QL=2 inj/28 days
REPATHA PUSHTRONEX INJ	QL=1 inj/28 days
REVLIMID CAP	QL= 1 cap/day
RINVOQ ER TAB	QL=1 tab/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779.
SANTYL OINT	QL= 90gm/30 days
SAVELLA TAB	QL= 2 tabs/day
SEGLUROMET TAB	QL=2 tab/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKYRIZI INJ	QL= 2 inj/84 days
SOFOSBUVIR/VELPATASVIR TAB	QL=1 tab/day
SPINOSAD SUSP	QL= 1 bottle/fill
SPRYCEL TAB	QL= 1 tab/day
SPRYCEL TAB 20MG	QL= 3 tabs/day
STEGLATRO TAB	QL=1 tab/day.
STIVARGA TAB	QL= 4 tabs/day
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
SYMDEKO TAB	QL= 2 tabs/day
SYMJEPI INJ	QL= 2 inj/fill
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TALZENNA CAP 0.25MG	QL=3 caps/day
TALZENNA CAP 1MG	QL= 1 cap/day
TAVALISSE TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
TEGSEDI INJ	QL=4 inj/28 days; Only available through Accredo 888-773-7376
terbinafine cream	QL= 1 tube/30 days; Covered for members age 12 years or older
testosterone gel 1% 25mg	QL= 1 packet/day
TESTOSTERONE GEL 1% 50MG	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary Cont.

Last Updated* 3/1/2020

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
testosterone pump 1.62%	QL= 2 bottles/30 days
TIBSOVO TAB	QL=2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TRACLEER TAB 32MG	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
tramadol tab	QL= 240 tabs/30 days
triamcinolone nasal spray	QL= 2 bottles/fill
triamcinolone otc nasal spray	QL= 2 bottles/fill
TRULICITY INJ	QL=4 pens/28 days
UPTRAVI TAB	Only available through Accredo 888-773-7376; QL=2 tab/day
VALCHLOR GEL	QL= 4 tubes/30 days
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VERZENIO TAB	QL=2 tab/day
V-GO INJ KIT	QL= 1 kit/day
VIMPAT TAB	QL= 2 tabs/day
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG	QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN	QL=10ml/day; Only available through US Bioservices 888-518-7246
VIVOTIF CAP	QL= 4 caps/fill
VIZIMPRO TAB	QL=1 tab/day
VOSEVI TAB	
XADAGO TAB	QL=1 tab/day
XALKORI CAP	QL=2 cap/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XIFAXAN TAB 200MG	QL= 9 tabs/fill
XIFAXAN TAB 550MG	QL= 2 tabs/day
XOSPATA TAB	QL=3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
XTAMPZA ER CAP	QL=120 cap/30 days
XTANDI CAP	QL= 4 caps/day
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZEJULA CAP	QL=3 cap/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL=8 tabs/day
zolpidem tab	QL= 1 tab/day

Symbols and abbreviations are defined on page 1.

L.A. Care Health Plan Medi-Cal Formulary Cont.

Last Updated* 3/1/2020

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
ZYKADIA CAP	QL=3 caps/day
ZYKADIA TAB	QL=3 tabs/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

Symbols and abbreviations are defined on page 1.

L.A. CARE HOME INFUSION LIST
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3/1/2020

Search Tip:

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

NC =Not Covered

generic =small letters

BRANDS =CAPITAL LETTERS

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.

** Products listed may not be all inclusive and are subject to change.

***Products are limited to the L.A. Care Home Infusion Network Pharmacies.

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Drug Name	Special Code	Tier	Category
ABELCET INJ	-	F	ANTIFUNGALS
ABRAXANE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA INJ	-	F	ANALGESICS - ANTI-INFLAMMATORY
ACTHIB INJ	-	F	VACCINES
ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
acyclovir inj	-	F	ANTIVIRALS
acyclovir sodium IV soln.	-	F	ANTIVIRALS
ADACEL INJ	-	F	TOXOIDS
ADAGEN INJ	-	F	BIOLOGICALS MISC
ADDAMEL N INJ	-	F	MINERALS & ELECTROLYTES
adriamycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
A-HYDROCORT INJ	-	F	CORTICOSTEROIDS
albuminar inj	-	F	HEMATOLOGICAL AGENTS - MISC.
ALCOHOL/ D5W INJ	-	F	NUTRIENTS
ALDURAZYME INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALIMTA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALIQOPA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol inj	-	F	GOUT AGENTS
ALOXI IV SOLN	-	F	ANTIEMETICS
AMBISOME INJ	-	F	ANTIFUNGALS
amifostine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AMIKACIN INJ	-	F	AMINOGLYCOSIDES
aminophylline inj	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AMINOSYN II INJ	-	F	NUTRIENTS
aminosyn-hf inj	-	F	NUTRIENTS
AMINOSYN-RF INJ	-	F	NUTRIENTS
AMIODARONE INJ	-	F	ANTIARRHYTHMICS
AMIODARONE/DEXTROSE INJ	-	F	ANTIARRHYTHMICS
amiosyn ii inj	-	F	NUTRIENTS
AMMONIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
AMPHOTEC INJ	-	F	ANTIFUNGALS
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
ampicillin inj	-	F	PENICILLINS

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

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Drug Name	Special Code	Tier	Category
AMPICILLIN/SULBACTAM INJ	-	F	PENICILLINS
ampicillin-sulbactam inj	-	F	PENICILLINS
AMP-SULBACTA INJ	-	F	PENICILLINS
ARALAST NP INJ	-	F	RESPIRATORY AGENTS - MISC.
ARANESP INJ	-	F	HEMATOPOIETIC AGENTS
argatroban inj	-	F	ANTICOAGULANTS
ARRANON INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj 10mg/10ml	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ATGAM INJ	-	F	ASSORTED CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZACTAM/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
AZATHIOPRINE INJ	-	F	ASSORTED CLASSES
AZEDRA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
baciim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
BALEODAQ INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
BCG VACCINE	-	F	VACCINES
BENLYSTA IV SOLN	-	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BESPONSА INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	-	F	VACCINES
BICILLIN C-R INJ	-	F	PENICILLINS
BICILLIN L-A INJ	-	F	PENICILLINS

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
BLEO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOOSTRIX INJ	-	F	TOXOIDS
BORTEZOMIB INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ	-	F	NEUROMUSCULAR AGENTS
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUSULFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
butorphanol inj	-	F	ANALGESICS - OPIOID
CALCIUM GLUCONATE INJ	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	-	F	PASSIVE IMMUNIZING AGENTS
carmustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
casprofungin acetate iv soln	-	F	ANTIFUNGALS
casprofungin inj	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
CEFAZOLIN INJ	-	F	CEPHALOSPORINS
CEFAZOLIN/D5W INJ	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
CEFEPIME INJ	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
CEFOTAXIME INJ	-	F	CEPHALOSPORINS
CEFOTETAN INJ	-	F	CEPHALOSPORINS
cefoxitin inj	-	F	CEPHALOSPORINS
CEFTAZIDIME INJ	-	F	CEPHALOSPORINS
ceftazidime IV soln	-	F	CEPHALOSPORINS
ceftriaxone inj	-	F	CEPHALOSPORINS
CEFTRIAZONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
CEFUROXIME/DEXTROSE INJ	-	F	CEPHALOSPORINS
CEREDASE INJ	-	F	HEMATOPOIETIC AGENTS
CEREZYME INJ	-	F	HEMATOPOIETIC AGENTS
CERVARIX INJ	-	F	VACCINES
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
CILASTATIN/IMIPENEM INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
cimetidine inj	-	F	ULCER DRUGS
CINQAIR INJ	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
CIPROFLOXACN INJ	-	F	FLUOROQUINOLONES
CISPLATIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj (CLOLAR equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMVAX INJ	-	F	VACCINES
COUMADIN INJ	-	F	ANTICOAGULANTS
CUPRIC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYTARABINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
d10w/ nacl inj	-	F	MINERALS & ELECTROLYTES
D10W/NACL INJ	-	F	MINERALS & ELECTROLYTES
d2.5w/ nacl inj	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
D2.5W/NACL INJ	-	F	MINERALS & ELECTROLYTES
d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
D5W/NACL INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj 0.5mg	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
daunorubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAUNOXOME INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DECAVAC INJ	-	F	TOXOIDS
decitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS
dexamethasone phosphate inj	-	F	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	F	CORTICOSTEROIDS
dexferrum inj	-	F	HEMATOPOIETIC AGENTS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
dextrose inj	-	F	NUTRIENTS
diazepam inj	-	F	ANTI-ANXIETY AGENTS
dicyclomine inj	-	F	ULCER DRUGS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
DILTIAZEM INJ	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
dobutamine/d5w inj	-	F	VASOPRESSORS
DOCEFREZ INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	VASOPRESSORS
DORIBAX INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
DORIPENEM INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline hyclate inj	-	F	TETRACYCLINES
ELAPRASE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIGARD INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELLENCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOXATIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELSPAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENGERIX-B INJ	-	F	VACCINES
ENTYVIO INJ	-	F	GASTROINTESTINAL AGENTS - MISC.
epinephrine inj	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	-	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	F	MACROLIDES
ESOMEPRAZOLE INJ	-	F	ULCER DRUGS
esomeprazole inj (NEXIUM I.V. equiv)	-	F	ULCER DRUGS

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
estradiol valerate inj	-	F	ESTROGENS
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXONDYS 51 SOLN	-	F	NEUROMUSCULAR AGENTS
FABRAZYME INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASLODEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FERAHEME INJ	-	F	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	F	HEMATOPOIETIC AGENTS
FIRMAGON INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLEBOGAMMA INJ	-	F	PASSIVE IMMUNIZING AGENTS
fluconazole/ dextrose inj	-	F	ANTIFUNGALS
FLUCONAZOLE/DEXTROSE INJ	-	F	ANTIFUNGALS
FLUCONAZOLE/NACL INJ	-	F	ANTIFUNGALS
fludarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FOLIC ACID INJ	-	F	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS
FOSCARNET INJ	-	F	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
FREAMINE HBC INJ	-	F	NUTRIENTS
freamine iii inj	-	F	NUTRIENTS
fulvestrant inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
furosemide inj	-	F	DIURETICS
GAMASTAN S/D	-	F	PASSIVE IMMUNIZING AGENTS
GAMMAGARD INJ	-	F	PASSIVE IMMUNIZING AGENTS

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
GAMMAGARD SD INJ	-	F	PASSIVE IMMUNIZING AGENTS
GAMMAPLEX INJ	-	F	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR INJ	-	F	ANTIVIRALS
GARDASIL 9 INJ	-	F	VACCINES
GARDASIL INJ	-	F	VACCINES
GAZYVA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gemcitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GLASSIA INJ	-	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS
GRANISETRON HCL INJ	-	F	ANTIEMETICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
granisetron inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
GRANISOL SOLN	-	F	ANTIEMETICS
HALAVEN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HAVRIX INJ	-	F	VACCINES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEPAGAM B INJ	-	F	PASSIVE IMMUNIZING AGENTS
heparin inj	-	F	ANTICOAGULANTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
HEPARIN SODIUM INJ	-	F	ANTICOAGULANTS
heparin sodium/ d5w inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
HEPARIN SODIUM/NACL INJ	-	F	ANTICOAGULANTS
heparin/d5w inj	-	F	ANTICOAGULANTS
HEPATAMINE SOLN	-	F	NUTRIENTS
HERCEPTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYALGAN INJ	-	F	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
HYDROMORPHONE PF INJ	-	F	ANALGESICS - OPIOID

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
HYPERHEP B INJ	-	F	PASSIVE IMMUNIZING AGENTS
ibandronate sodium inj (BONIVA equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFEX INJ 3GM	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMOVAX RABIES INJ	-	F	VACCINES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	F	GASTROINTESTINAL AGENTS - MISC.
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
intralipid (LIPODYN equiv)	-	F	NUTRIENTS
INTRALIPID INJ	-	F	NUTRIENTS
IONOSOL-B/ D5W INJ	-	F	MINERALS & ELECTROLYTES
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
IONOSOL-MB/ D5W INJ	-	F	MINERALS & ELECTROLYTES
IONOSOL-T/ D5W INJ	-	F	MINERALS & ELECTROLYTES
IPOL INJ	-	F	VACCINES
irinotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-H/ D5W INJ	-	F	MINERALS & ELECTROLYTES
isolyte-m/ d5w inj	-	F	MINERALS & ELECTROLYTES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXIARO INJ	-	F	VACCINES
JEVTANA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KADCYLA IV SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANAMYCIN INJ	-	F	AMINOGLYCOSIDES
KCL/ D10/ NAACL INJ	-	F	MINERALS & ELECTROLYTES
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W INJ	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/D5W/NACL INJ	-	F	MINERALS & ELECTROLYTES
KEPIVANCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ketorolac inj	-	F	ANALGESICS - ANTI-INFLAMMATORY
KEYTRUDA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
lactated ringers inj	-	F	MINERALS & ELECTROLYTES
lactated ringers irrigation	-	F	ASSORTED CLASSES
leucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leuprolide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONVULSANTS
levofloxacin inj	-	F	FLUOROQUINOLONES
levofloxacin/d5w inj	-	F	FLUOROQUINOLONES
LEVOLEUCOVORIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levothyroxine inj	-	F	THYROID AGENTS
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL
linezolid IV soln	-	F	ANTI-INFECTIVE AGENTS - MISC.
liothyronine inj (TRIOSTAT equiv)	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
lorazepam inj	-	F	ANTI-ANXIETY AGENTS
LUMOXITI INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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LUPRON DEPOT INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PEDIATRIC INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARQIBO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAXIPIME INJ	-	F	CEPHALOSPORINS
MEASLES, MUMPS, RUBELLA VIRUS VACCINES INJ	-	F	VACCINES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MENACTRA INJ	-	F	VACCINES
MENHIBRIX INJ	-	F	VACCINES
MENOMUNE A/ C/ Y/ W INJ	-	F	VACCINES
MENVEO INJ	-	F	VACCINES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
MERUVAX II LIVE INJ	-	F	VACCINES
mesna inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ. equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ. equiv)-	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC.
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
milrinone inj	-	F	CARDIOTONICS
MINOCIN INJ	-	F	TETRACYCLINES
mitomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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MORPHINE SULFATE INJ	-	F	ANALGESICS - OPIOID
MORPHINE SULFATE PREFILLED INJ	-	F	ANALGESICS - OPIOID
moxifloxacin inj	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MUSTARGEN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYCAMINE INJ	-	F	ANTIFUNGALS
mycophenolate inj (CELLCEPT equiv)	-	F	ASSORTED CLASSES
MYOZYME/LUMIZYME INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NAFCILLIN INJ	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NALLPEN/DEX INJ	-	F	PENICILLINS
NEPHRAMINE INJ	-	F	NUTRIENTS
NEXTERONE INJ	-	F	ANTIARRHYTHMICS
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NICARDIPINE/NACL INJ	-	F	CALCIUM CHANNEL BLOCKERS
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
normosol -r/ d5w inj	-	F	MINERALS & ELECTROLYTES
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
novamine inj	-	F	NUTRIENTS
NPLATE INJ	-	F	HEMATOPOIETIC AGENTS
NULOJIX INJ	-	F	ASSORTED CLASSES
OCREVUS INJ	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	-	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ONCASPAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron inj	-	F	ANTIEMETICS
ONPATTRO SOLN	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTAK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ORENCIA INJ	-	F	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC INJ	-	F	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PALONOSETRON INJ	-	F	ANTIEMETICS
PAMIDRONATE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ. equiv)	-	F	ULCER DRUGS
PANZYGA INJ	-	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PEDIARIX INJ	-	F	TOXOIDS
PEDVAX HIB INJ	-	F	VACCINES
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
pentostatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERJETA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PFIZERPEN-G INJ	-	F	PENICILLINS
phenytoin inj	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
physiosol irrigation soln.	-	F	ASSORTED CLASSES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ	-	F	MINERALS & ELECTROLYTES
PLASMA-LYTE/ D5W INJ	-	F	MINERALS & ELECTROLYTES
PLASMA-LYTE-A INJ	-	F	MINERALS & ELECTROLYTES
plasma-lyte-r inj	-	F	MINERALS & ELECTROLYTES

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polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
POTASSIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	-	F	PASSIVE IMMUNIZING AGENTS
procainamide inj	-	F	ANTIARRHYTHMICS
PROCALAMINE INJ	-	F	NUTRIENTS
prochlorperazine inj	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	ASSORTED CLASSES
PROLASTIN INJ	-	F	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ	-	F	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROQUAD INJ	-	F	VACCINES
PROSOL INJ	-	F	NUTRIENTS
QUINIDINE GLUCONATE INJ	-	F	ANTIARRHYTHMICS
RABAVERT INJ	-	F	VACCINES
RADICAVA INJ	-	F	NEUROMUSCULAR AGENTS
ranitidine inj	-	F	ULCER DRUGS
RECOMBIVAX HB INJ	-	F	VACCINES
REMICADE INJ	-	F	GASTROINTESTINAL AGENTS - MISC.
RENAMIN INJ	-	F	NUTRIENTS
RENFLEXIS INJ	-	F	GASTROINTESTINAL AGENTS - MISC.
ribavirin inh soln	-	F	ANTIVIRALS
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES
ringers irrigation soln.	-	F	ASSORTED CLASSES
RITUXAN HYCELA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ROTARIX SUSP	-	F	VACCINES
ROTATEQ SOLN	-	F	VACCINES
SANDIMMUNE ORAL SOLN	-	F	ASSORTED CLASSES
SELENIOS AC INJ	-	F	MINERALS & ELECTROLYTES
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SIGNIFOR LAR INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIMPONI ARIA INJ	-	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SMOFLIPID EMULSION	-	F	NUTRIENTS
SODIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
SODIUM BICARBONATE INJ	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
sodium chloride irrigation soln.	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
SODIUM LACTATE INJ	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
SODIUM THIOSULFATE INJ	-	F	ANTIDOTES AND SPECIFIC ANTAGONISTS
SOLIRIS IV SOLN	-	F	HEMATOLOGICAL AGENTS - MISC.
SOLTAMOX ORAL SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SOLU-CORTEF INJ	-	F	CORTICOSTEROIDS
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
sterile water for IV inj	-	F	PHARMACEUTICAL ADJUVANTS
sterile water irrigation	-	F	ASSORTED CLASSES
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUPARTZ INJ	-	F	MUSCULOSKELETAL THERAPY AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	-	F	ASSORTED CLASSES
SYNAGIS INJ	-	F	PASSIVE IMMUNIZING AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.

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SYNRIBO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVISC INJ	-	F	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAZICEF IV SOLN	-	F	CEPHALOSPORINS
TAZICEP IV SOLN	-	F	CEPHALOSPORINS
TEFLARO INJ	-	F	CEPHALOSPORINS
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPADINA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ	-	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIMENTIN INJ	-	F	PENICILLINS
TOBRAMYCIN INJ	-	F	AMINOGLYCOSIDES
TOBRAMYCIN/ NACL INJ	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TORSEMIDE INJ	-	F	DIURETICS
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tpn electrolyte inj	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TREANDA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR DEPOT INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR LA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR MIX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
treprostinil inj	-	F	CARDIOVASCULAR AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRISENOX SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TWINRIX INJ	-	F	VACCINES
TYPHIM VI INJ	-	F	VACCINES
TYSABRI INJ	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
UVADEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
valproate inj	-	F	ANTICONSULSANTS
VANCOMYCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ 1.5 GM/300ML	-	F	ANTI-INFECTIVE AGENTS - MISC.
VAQTA INJ	-	F	VACCINES
VARIVAX INJ	-	F	VACCINES
VECTIBIX IV SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELETRI INJ	-	F	CARDIOVASCULAR AGENTS - MISC.
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VIMIZIM INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VIMPAT INJ	-	F	ANTICONSULSANTS
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vitamin K1 inj	-	F	VITAMINS
voriconazole inj	-	F	ANTIFUNGALS
VYXEOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XERAIVA INJ	-	F	TETRACYCLINES
XGEVA INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
XOLAIR INJ	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YELLOW FEVER VACCINE INJ	-	F	VACCINES
YERVOY INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZALTRAP INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANTAC INJ	-	F	ULCER DRUGS
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZERBAXA INJ	-	F	CEPHALOSPORINS
ZINACEF INJ	-	F	CEPHALOSPORINS
ZINACEF/ D5W INJ	-	F	CEPHALOSPORINS
ZINACEF/ H2O INJ	-	F	CEPHALOSPORINS
ZINC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
ZOLEDRONIC ACID INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid inj (ZOMETA INJ. equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid IV soln. (RECLAST INJ. equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMETA INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSTAVAX INJ	-	F	VACCINES
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYVOX IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.

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DrugName	Special Code	Tier
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
AMIKACIN INJ	-	F
gentamicin inj	-	F
gentamicin/ nacl inj	-	F
GENTAMICIN/NACL INJ	-	F
KANAMYCIN INJ	-	F
STREPTOMYCIN INJ	-	F
tobramycin inj	-	F
TOBRAMYCIN/ NACL INJ	-	F
ZEMDRI INJ	-	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
SIMPONI ARIA INJ	-	F
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ	-	F
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ketorolac inj	-	F
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ	-	F
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
HYDROMORPHONE PF INJ	-	F
MORPHINE SULFATE INJ	-	F
MORPHINE SULFATE PREFILLED INJ	-	F
OPIOID PARTIAL AGONISTS		
butorphanol inj	-	F
ANDROGENS-ANABOLIC		
ANDROGENS		
TESTOSTERONE ENANTHATE INJ	-	F
ANTIANGINAL AGENTS		
NITRATES		
NITROGLYCERIN IV SOLN	-	F
ANTIANSIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
procainamide inj	-	F

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

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DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
QUINIDINE GLUCONATE INJ	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone inj	-	F
AMIODARONE/DEXTROSE INJ	-	F
NEXTERONE INJ	-	F
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR INJ	-	F
XOLAIR INJ	-	F
SYMPATHOMIMETICS		
epinephrine inj	-	F
terbutaline inj (BRETHINE INJ equiv)	-	F
XANTHINES		
aminophylline inj	-	F
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN INJ	-	F
HEPARINS AND HEPARINOID-LIKE AGENTS		
heparin inj	-	F
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin lock flush soln	-	F
HEPARIN SODIUM INJ	-	F
heparin sodium/ d5w inj	-	F
HEPARIN SODIUM/D5W INJ	-	F
HEPARIN SODIUM/NAACL INJ	-	F
HEPARIN/D5W INJ	-	F
THROMBIN INHIBITORS		
ARGATROBAN INJ	-	F
ANTICONVULSANTS		
ANTICONVULSANTS - MISC.		
levetiracetam inj	-	F
VIMPAT INJ	-	F
HYDANTOINS		
fosphenytoin inj	-	F
phenytoin inj	-	F
VALPROIC ACID		
valproate inj	-	F
ANTIDOTES		
ANTIDOTES		
deferoxamine mesylate inj	-	F
fomepizole inj	-	F

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

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ANTIDOTES Cont.		
sodium thiosulfate inj	-	F
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES AND SPECIFIC ANTAGONISTS		
SODIUM THIOSULFATE INJ	-	F
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ALOXI IV SOLN	-	F
GRANISETRON HCL INJ	-	F
granisetron HCl inj (KYTRIL INJ equiv)	-	F
granisetron inj (KYTRIL INJ equiv)	-	F
GRANISOL SOLN	-	F
ondansetron inj	-	F
PALONOSETRON INJ	-	F
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS INJ	-	F
casprofungin acetate iv soln	-	F
casprofungin inj	-	F
ERAXIS INJ	-	F
MYCAMINE INJ	-	F
ANTIFUNGALS		
ABELCET INJ	-	F
AMBISOME INJ	-	F
AMPHOTEC INJ	-	F
AMPHOTERICIN INJ	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole/ dextrose inj	-	F
fluconazole/dextrose inj	-	F
fluconazole/nacl inj	-	F
voriconazole inj	-	F
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj	-	F
ANTIHYPERTENSIVES		
VASODILATORS		
hydralazine inj	-	F
ANTI-INFECTIVE AGENTS - MISC.		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ANTI-INFECTIVE AGENTS - MISC.		
baciim inj	-	F
metronidazole/ nacl inj	-	F
pentamidine inj	-	F
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole/trimethoprim inj	-	F
CARBAPENEMS		
cilastatin/imipenem inj	-	F
DORIBAX INJ	-	F
DORIPENEM INJ	-	F
ertapenem inj	-	F
meropenem inj	-	F
PRIMAXIN INJ	-	F
CHLORAMPHENICOLS		
CHLORAMPHENICOL INJ	-	F
CYCLIC LIPOPEPTIDES		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
GLYCOPEPTIDES		
DALVANCE INJ	-	F
vancomycin inj	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NAACL INJ 1.5 GM/300ML	-	F
LINCOSAMIDES		
CLEOCIN INJ	-	F
clindamycin inj	-	F
MONOBACTAMS		
AZACTAM/DEXTROSE INJ	-	F
aztreonam inj	-	F
OXAZOLIDINONES		
LINEZOLID IV SOLN	-	F
ZYVOX IV SOLN	-	F
POLYMYXINS		
polymyxin b inj	-	F
STREPTOGRAMINS		
SYNERCID INJ	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT INJ	-	F
rifampin inj	-	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALKYLATING AGENTS		
busulfan inj	-	F
BUSULFEX INJ	-	F
carboplatin inj	-	F
carmustine inj	-	F
CISPLATIN INJ	-	F
cyclophosphamide inj	-	F
ELOXATIN INJ	-	F
IFEX INJ 3GM	-	F
ifosfamide inj	-	F
melphalan inj	-	F
MUSTARGEN INJ	-	F
oxaliplatin inj	-	F
TEPADINA INJ	-	F
thiotepa inj	-	F
TREANDA INJ	-	F
ZANOSAR INJ	-	F
ANTIMETABOLITES		
ALIMTA INJ	-	F
ARRANON INJ	-	F
azacitidine inj	-	F
cladribine inj	-	F
clofarabine inj (CLOLAR equiv)	-	F
CYTARABINE INJ	-	F
decitabine inj	-	F
fludarabine inj	-	F
fluorouracil inj	-	F
FOLOTYN INJ	-	F
gemcitabine inj	-	F
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
ZALTRAP INJ	-	F
ANTINEOPLASTIC - ANTIBODIES		
ARZERRA INJ	-	F
BESPONSA INJ	-	F
CAMPATH INJ	-	F
ERBITUX INJ	-	F
GAZYVA INJ	-	F
HERCEPTIN INJ	-	F

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
KADCYLA IV SOLN	-	F
KEYTRUDA INJ	-	F
KEYTRUDA IV SOLN	-	F
LUMOXITI INJ	-	F
OPDIVO INJ	-	F
PERJETA INJ	-	F
POTELIGEO INJ	-	F
RITUXAN INJ	-	F
VECTIBIX IV SOLN	-	F
YERVOY INJ	-	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
ELIGARD INJ	-	F
FASLODEX INJ	-	F
FIRMAGON INJ	-	F
fulvestrant inj	-	F
leuprolide inj	-	F
LUPRON DEPOT INJ	-	F
SOLTAMOX ORAL SOLN	-	F
TRELSTAR DEPOT INJ	-	F
TRELSTAR LA INJ	-	F
TRELSTAR MIX INJ	-	F
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj	-	F
BLEO INJ	-	F
bleomycin inj	-	F
dactinomycin inj 0.5mg	-	F
DAUNORUBICIN INJ	-	F
DAUNOXOME INJ	-	F
doxorubicin inj	-	F
ELLENCE INJ	-	F
epirubicin inj	-	F
idarubicin inj	-	F
lipodox inj	-	F
mitomycin inj	-	F
mitoxantron inj	-	F
ANTINEOPLASTIC COMBINATIONS		
RITUXAN HYCELA INJ	-	F
VYXEOS INJ	-	F
ANTINEOPLASTIC ENZYME INHIBITORS		
ALIQOPA INJ	-	F

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BALEODAQ INJ	-	F
BORTEZOMIB INJ	-	F
ISTODAX INJ	-	F
KYPROLIS SOLN	-	F
temsirolimus soln	-	F
VELCADE INJ	-	F
ANTINEOPLASTIC ENZYMES		
ELSPAR INJ	-	F
ERWINAZE INJ	-	F
ONCASPASPAR INJ	-	F
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA INJ	-	F
ANTINEOPLASTICS MISC.		
arsenic trioxide inj	-	F
arsenic trioxide inj 10mg/10ml	-	F
dacarbazine inj	-	F
ONTAK INJ	-	F
pentostatin inj	-	F
PHOTOFRIN INJ	-	F
PROLEUKIN INJ	-	F
SYLATRON KIT	-	F
SYNRIBO INJ	-	F
TRISENOX SOLN	-	F
UVADEX INJ	-	F
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ	-	F
KEPIVANCE INJ	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
amifostine inj	-	F
dexrazoxane inj	-	F
KHAPZORY SOLN	-	F
leucovorin inj	-	F
LEVOLEUCOVORIN INJ	-	F
mesna inj	-	F
MITOTIC INHIBITORS		
ABRAXANE INJ	-	F
DOCEFREZ INJ	-	F
DOCETAXEL INJ	-	F
docetaxel IV soln	-	F
ETOPOPHOS INJ	-	F
etoposide inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
HALAVEN INJ	-	F
IXEMPRA KIT INJ	-	F
JEVTANA INJ	-	F
MARQIBO INJ	-	F
paclitaxel inj	-	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
vincristine inj	-	F
vinorelbine inj	-	F
TOPOISOMERASE I INHIBITORS		
IRINOTECAN INJ	-	F
topotecan inj	-	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine inj	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
PHENOTHIAZINES		
PROCHLORPERAZINE INJ	-	F
ANTIVIRALS		
CMV AGENTS		
cidofovir inj	-	F
FOSCARNET INJ	-	F
ganciclovir inj	-	F
HERPES AGENTS		
ACYCLOVIR INJ	-	F
acyclovir sodium IV soln.	-	F
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln	-	F
ASSORTED CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
cyclosporine inj	-	F
mycophenolate inj (CELLCEPT equiv)	-	F
NULOJIX INJ	-	F
PROGRAF INJ	-	F
SANDIMMUNE ORAL SOLN	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
IRRIGATION SOLUTIONS		

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DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
lactated ringers irrigation	-	F
physiosol irrigation soln.	-	F
ringers irrigation soln.	-	F
sterile water irrigation	-	F
LYMPHATIC AGENTS		
SYLVANT INJ	-	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA IV SOLN	-	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol inj	-	F
BETA BLOCKERS CARDIO-SELECTIVE		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
BETA BLOCKERS NON-SELECTIVE		
propranolol inj	-	F
SOTALOL INJ	-	F
BIOLOGICALS MISC		
BIOLOGICALS MISC		
ADAGEN INJ	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
CARDENE INJ	-	F
diltiazem inj	-	F
nicardipine inj	-	F
NICARDIPINE/NACL INJ	-	F
verapamil inj	-	F
CARDIOTONICS		
PHOSPHODIESTERASE INHIBITORS		
milrinone inj	-	F
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj	-	F
treprostinil inj	-	F
VELETRI INJ	-	F
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOLIN INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEFAZOLIN/D5W INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
CEPHALOSPORINS - 2ND GENERATION		
CEFOTETAN INJ	-	F
cefoxitin inj	-	F
cefuroxime inj	-	F
CEFUROXIME/DEXTROSE INJ	-	F
ZINACEF INJ	-	F
ZINACEF/ D5W INJ	-	F
ZINACEF/ H2O INJ	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
ceftazidime inj	-	F
ceftazidime IV soln	-	F
ceftriaxone inj	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
TAZICEF IV SOLN	-	F
TAZICEP IV SOLN	-	F
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
MAXIPIME INJ	-	F
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ	-	F
CONTRACEPTIVES		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
A-HYDROCORT INJ	-	F
DEPO-MEDROL INJ	-	F
dexamethasone inj	-	F
dexamethasone phosphate inj	-	F
dexamethasone sodium phosphate inj	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ. equiv)	-	F
methylprednisolone inj	-	F
methylprednisolone inj (SOLU-MEDROL INJ. equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
SOLU-CORTEF INJ	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ	-	F
DIURETICS		
LOOP DIURETICS		
furosemide inj	-	F
TORSEMIDE INJ	-	F
OSMOTIC DIURETICS		
mannitol inj	-	F
OSMITROL INJ	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ibandronate sodium inj (BONIVA equiv)	-	F
pamidronate inj	-	F
PROLIA SOLN	-	F
XGEVA INJ	-	F
ZOLEDRONIC ACID INJ	-	F
zoledronic acid inj (ZOMETA INJ. equiv)	-	F
zoledronic acid IV soln. (RECLAST INJ. equiv)	-	F
ZOMETA INJ	-	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPO-PED INJ	-	F
LUPRON DEPOT INJ	-	F
LUPRON DEPOT PEDIATRIC INJ	-	F
METABOLIC MODIFIERS		
ALDURAZYME INJ	-	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	-	F
FABRAZYME INJ	-	F
HECTOROL INJ	-	F
MYOZYME/LUMIZYME INJ	-	F
NAGLAZYME INJ	-	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
VIMIZIM INJ	-	F
SOMATOSTATIC AGENTS		

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
SIGNIFOR LAR INJ	-	F
SOMATULINE INJ	-	F
ESTROGENS		
ESTROGENS		
estradiol valerate inj	-	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
CIPROFLOXACN INJ	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
moxifloxacin inj	-	F
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
INFLAMMATORY BOWEL AGENTS		
ENTYVIO INJ	-	F
INFLECTRA INJ 100MG	-	F
REMICADE INJ	-	F
RENFLEXIS INJ	-	F
GENITOURINARY AGENTS - MISCELLANEOUS		
GENITOURINARY IRRIGANTS		
sodium chloride irrigation soln.	-	F
GOUT AGENTS		
GOUT AGENTS		
allopurinol inj	-	F
HEMATOLOGICAL AGENTS - MISC.		
COMPLEMENT INHIBITORS		
CINRYZE INJ	-	F
SOLIRIS IV SOLN	-	F
PLASMA PROTEINS		
albuminar inj	-	F
THROMBOLYTIC ENZYMES		
ACTIVASE INJ	-	F
CATHFLO ACTIVASE INJ	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREDASE INJ	-	F
CEREZYME INJ	-	F
FOLIC ACID/FOLATES		

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
FOLIC ACID INJ	-	F
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ	-	F
NPLATE INJ	-	F
IRON		
dexferrum inj	-	F
FERAHEME INJ	-	F
ferric gluconate IV soln	-	F
FERRLECIT INJ	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F
VENOFER INJ	-	F
STEM CELL MOBILIZERS		
MOZOBIL INJ	-	F
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj	-	F
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
lidocaine inj	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin inj	-	F
ERYTHROMYCINS		
ERYTHROCIN INJ	-	F
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE INJ	-	F
sodium lactate inj	-	F
CALCIUM		
CALCIUM GLUCONATE INJ	-	F
CHLORIDE		
AMMONIUM CHLORIDE INJ	-	F
ELECTROLYTE MIXTURES		
d10w/ nacl inj	-	F
D10W/NACL INJ	-	F
d2.5w/ nacl inj	-	F
D2.5W/NACL INJ	-	F
d5w/ nacl inj	-	F
D5W/LYTES INJ	-	F
D5W/NACL INJ	-	F

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
dextrose 5% in lactated ringers	-	F
IONOSOL-B/ D5W INJ	-	F
IONOSOL-MB INJ D5W	-	F
IONOSOL-MB/ D5W INJ	-	F
IONOSOL-T/ D5W INJ	-	F
ISOLYTE-H/ D5W INJ	-	F
isolyte-m/ d5w inj	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
ISOLYTE-S/ D5W INJ	-	F
KCL/ D10/ NAACL INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W INJ	-	F
KCL/D5W/LR INJ	-	F
KCL/D5W/NAACL INJ	-	F
LACTATED RINGERS INJ	-	F
normosol -r/ d5w inj	-	F
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
PLASMA-LYTE INJ	-	F
PLASMA-LYTE/ D5W INJ	-	F
PLASMA-LYTE-A INJ	-	F
plasma-lyte-r inj	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NAACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
tpn electrolyte inj	-	F
MAGNESIUM		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
magnesium sulfate/inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
POTASSIUM PHOSPHATE INJ	-	F
SODIUM PHOSPHATE INJ	-	F

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
sodium phosphate inj	-	F
POTASSIUM		
potassium chloride inj	-	F
SODIUM		
sodium chloride inj	-	F
TRACE MINERALS		
ADDAMEL N INJ	-	F
CHROMIUM CHLORIDE INJ	-	F
CUPRIC CHLORIDE INJ	-	F
SELENIOUS AC INJ	-	F
SELENIUM INJ	-	F
ZINC		
ZINC CHLORIDE INJ	-	F
MULTIVITAMINS		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
VISCOSUPPLEMENTS		
HYALGAN INJ	-	F
ORTHOVISC INJ	-	F
SUPARTZ INJ	-	F
SYNVISC INJ	-	F
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA INJ	-	F
MUSCULAR DYSTROPHY AGENTS		
EXONDYS 51 SOLN	-	F
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	-	F
NUTRIENTS		
CARBOHYDRATES		
ALCOHOL/ D5W INJ	-	F
DEXTROSE INJ	-	F
LIPIDS		
intralipid (LIPODYN equiv)	-	F
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
PROTEINS		

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DrugName	Special Code	Tier
NUTRIENTS Cont.		
AMINOSYN II INJ	-	F
aminosyn-hf inj	-	F
AMINOSYN-RF INJ	-	F
amiosyn ii inj	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
FREAMINE HBC INJ	-	F
freamine iii inj	-	F
HEPATAMINE SOLN	-	F
NEPHRAMINE INJ	-	F
novamine inj	-	F
premasol inj	-	F
PROCALAMINE INJ	-	F
PROSOL INJ	-	F
RENAMIN INJ	-	F
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	-	F
FLEBOGAMMA INJ	-	F
GAMASTAN S/D	-	F
GAMMAGARD INJ	-	F
GAMMAGARD SD INJ	-	F
GAMMAPLEX INJ	-	F
HEPAGAM B INJ	-	F
HYPERHEP B INJ	-	F
PRIVIGEN INJ	-	F
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	-	F
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
OCTAGAM INJ	-	F
PANZYGA INJ	-	F
PENICILLINS		
AMINOPENICILLINS		
AMPICILLIN INJ	-	F
NATURAL PENICILLINS		
BICILLIN L-A INJ	-	F
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F

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DrugName	Special Code	Tier
PENICILLINS Cont.		
PFIZERPEN-G INJ	-	F
PENICILLIN COMBINATIONS		
AMPICILLIN/SULBACTAM INJ	-	F
ampicillin-sulbactam inj	-	F
AMP-SULBACTA INJ	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
TIMENTIN INJ	-	F
ZOSYN/ DEXTROSE INJ	-	F
PENICILLINASE-RESISTANT PENICILLINS		
ampicillin inj	-	F
BACTOCILL/DEXTROSE INJ	-	F
NAFCILLIN INJ	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
NALLPEN/DEX INJ	-	F
oxacillin inj	-	F
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
sterile water for inj	-	F
sterile water for IV inj	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
MULTIPLE SCLEROSIS AGENTS		
OCREVUS INJ	-	F
TYSABRI INJ	-	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
ONPATTRO SOLN	-	F
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	-	F
GLASSIA INJ	-	F
PROLASTIN INJ	-	F
PROLASTIN-C INJ	-	F
TETRACYCLINES		
FLUOROCYCLINES		
XERAVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F
TETRACYCLINES		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
levothyroxine inj	-	F
liothyronine inj (TRIOSTAT equiv)	-	F
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL INJ	-	F
BOOSTRIX INJ	-	F
DECAVAC INJ	-	F
PEDIARIX INJ	-	F
ULCER DRUGS		
ANTISPASMODICS		
ATROPINE SULFATE INJ	-	F
dicyclomine inj	-	F
GLYRX-PF SOLN	-	F
H-2 ANTAGONISTS		
cimetidine inj	-	F
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ranitidine inj	-	F
ZANTAC INJ	-	F
PROTON PUMP INHIBITORS		
ESOMEPRAZOLE INJ	-	F
esomeprazole inj (NEXIUM I.V. equiv)	-	F
pantoprazole inj (PROTONIX INJ. equiv)	-	F
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	-	F
BCG VACCINE	-	F
BEXSERO INJ	-	F
MENACTRA INJ	-	F
MENHIBRIX INJ	-	F
MENOMUNE A/ C/ Y/ W INJ	-	F
MENVEO INJ	-	F
PEDVAX HIB INJ	-	F
TYPHIM VI INJ	-	F
MIXED VACCINE COMBINATIONS		
COMVAX INJ	-	F
VIRAL VACCINES		

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Category/Class

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DrugName	Special Code	Tier
VACCINES Cont.		
CERVARIX INJ	-	F
ENGERIX-B INJ	-	F
GARDASIL 9 INJ	-	F
GARDASIL INJ	-	F
HAVRIX INJ	-	F
IMOVAX RABIES INJ	-	F
IPOL INJ	-	F
IXIARO INJ	-	F
MEASLES, MUMPS, RUBELLA VIRUS VACCINES INJ	-	F
MERUVAX II LIVE INJ	-	F
PROQUAD INJ	-	F
RABAVERT INJ	-	F
RECOMBIVAX HB INJ	-	F
ROTARIX SUSP	-	F
ROTATEQ SOLN	-	F
TWINRIX INJ	-	F
VAQTA INJ	-	F
VARIVAX INJ	-	F
YELLOW FEVER VACCINE INJ	-	F
ZOSTAVAX INJ	-	F
VASOPRESSORS		
VASOPRESSORS		
dobutamine/d5w inj	-	F
dopamine inj	-	F
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin K1 inj	-	F

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