



L.A. Care
PASC-SEIU[®]

L.A. Care Health Plan *PASC-SEIU 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 All previous versions of the formulary are no longer in effect.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/pasc-seiu-plan>

INTRODUCTION

Foreword

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

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

If you have questions about your pharmacy coverage, call the Customer Solutions Center at **1-844-854-7272** (TTY 711), available 24 hours a day, 7 days a week.

How to Use the Formulary

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

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

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

Generic and Brand Name Medications

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

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

How Drugs Are Listed

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

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

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

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

Non-Formulary Medications

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

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

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

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

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

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

Benefit Coverage and Limitations

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

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

Any specific questions regarding their coverage should be directed to the Customer Solutions Center at **1-844-854-7272** (TTY 711)

How to Find a Pharmacy

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

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

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

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

Description of Coverage

L.A. Care will provide medically necessary drugs when prescribed by a licensed participating provider acting within the scope of his or her licensure and included on the L.A. Care drug formulary.

L.A. Care will provide non-formulary medications based on medical necessity. In cases where the formulary drug has a medical contraindication, a non-formulary drug will be provided. Non-formulary drugs need to be requested through a medication request process. If denied after the review, the request can be appealed through the L.A. Care Grievance and Appeals process and will be responded to within 30 days or within three days if necessary because of your medical condition.

Brand name drugs will not be provided as a plan benefit if FDA approved generic equivalents are available (unless such generic equivalents are medically contraindicated). All of the following will be provided, as medically necessary:

- Injectable medication (including insulin)
- Needles and syringes
- Diabetic supplies: insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices, pen delivery systems, blood glucose monitors including monitors for the visually impaired, and ketone urine testing strips
- FDA-approved birth control pills/drugs and birth control devices on the L.A. Care formulary
- Emergency contraception
- Glucagon
- EpiPens
- Lancets and lancet puncture devices

How Much I Will Pay for My Drugs

The table below is a summary of your PASC-SEIU Plan covered pharmacy benefits:

COVERED SERVICES	MEMBER PAYS
30-day supply for covered generic drugs	\$5 per prescription
90-day supply of maintenance drugs — generic only	\$5 per prescription
Prescription drugs provided in an inpatient setting	No co-payment
Drugs administered in the doctor's office or in an outpatient facility	No co-payment
FDA-approved contraceptive drugs and devices	No co-payment
Respiratory Devices for the management and treatment of asthma	No co-payment

Note: The annual co-payment maximum amount for the PASC-SEIU program is \$1,000. The annual copayment maximum is the highest total co-payment amount you are required to pay during one benefit year. All copayments count toward the annual maximum, including prescription drug copayments.

Restrictions on Medication Coverage

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

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

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

Medication Request Process

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

Non-Formulary Agents

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

Please see lacare.org/providers/provider-resources/pharmacy-services/prior-authorizations for more information on the medication request process. A decision for approval or denial of the exception request or prior authorization can be made within 24 hours for urgent requests or 72 hours for standard requests. If we fail to respond within the appropriate time frames, the request is deemed granted.

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

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

Pharmacist and Physician Feedback

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 7/1/2020

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss		
AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss		
ADDERALL XR CAP 1.25MG, 2.5MG, 3.75MG, 5MG, 6.25MG, 7.5MG (<i>amphetamine-dextroamphetamine</i>)	F	-
<i>amphetamine/dextroamphetamine tab 1.25MG, 1.875MG, 2.5MG, 3.125MG, 3.75MG, 5MG, 7.5MG</i> (ADDERALL Equiv)	F	-
<i>dextroamphetamine ER cap 10MG, 15MG, 5MG</i> (DEXEDRINE Equiv)	F	-
<i>dextroamphetamine tab 10MG, 5MG</i> (DEXEDRINE Equiv)	F	-
VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG (<i>lisdexamfetamine dimesylate</i>)	F	-
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (<i>lisdexamfetamine dimesylate</i>)	F	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
<i>phentermine cap 15MG, 30MG, 37.5MG</i> (ADIPEX Equiv)	F	PA-QL QL= 1 cap/day
<i>phentermine tab 37.5MG</i> (ADIPEX Equiv)	F	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG (<i>phentermine hcl-topiramate</i>)	F	PA-QL QL= 1 cap/day

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

1

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	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		

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 7/1/2020

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-OBESITY AGENTS - Drugs to help weight loss		
CONTRAVE TAB 8MG-90MG (<i>naltrexone hcl-bupropion hcl</i>)	F	PA-QL QL= 4 tabs/day
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	F	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>)	F	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG (<i>pitolisant hcl</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	F	PA-QL QL= 1 tab/day
<i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv)	F	-
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	F	-

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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		

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 7/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (METADATE CD Equiv)	F	-
methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG (RITALIN LA Equiv)	F	-
methylphenidate ER tab 27MG, 36MG, 54MG (CONCERTA Equiv)	F	-
methylphenidate ER tab 10mg, 20mg 10MG, 20MG (RITALIN Equiv)	F	-
methylphenidate soln 10MG/5ML, 5MG/5ML (METHYLIN Equiv)	F	-
methylphenidate tab 10MG, 20MG, 5MG (RITALIN Equiv)	F	-
modafinil tab 100MG, 200MG (PROVIGIL Equiv)	F	PA-QL QL= 2 tabs/day
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
neomycin tab 500MG	F	-
TOBI PODHALER 28MG (<i>tobramycin</i>)	F	KMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
tobramycin neb soln 300MG/5ML (TOBI Equiv)	F	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		

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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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
RINVOQ ER TAB 15MG (<i>upadacitinib</i>)	F	LMSP-PA-QL QL= 1 tab/day
XELJANZ TAB 10MG, 5MG (<i>tofacitinib citrate</i>)	F	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG (<i>tofacitinib citrate</i>)	F	LMSP-PA-QL QL= 1 tab/day
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML (<i>adalimumab</i>)	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML (<i>adalimumab</i>)	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML (<i>adalimumab</i>)	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML, 80MG/0.8ML (<i>adalimumab</i>)	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML, 80MG/0.8ML (<i>adalimumab</i>)	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML (<i>adalimumab</i>)	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML (<i>adalimumab</i>)	F	LMSP-PA-QL QL= 2 pens/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG (<i>auranofin</i>)	F	-

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OTC RS	Over-the-Counter Restricted to Specialist	PA SF	Prior Authorization Limited to two 15 day fills per month for first 3 months	QL	Quantity Limit
ST	Step Therapy	VAC	Vaccine Program	SMKG	Smoking Cessation

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INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML (<i>anakinra</i>)	F	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML (<i>tocilizumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML (<i>tocilizumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (<i>sarilumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	F	QL QL= 2 caps/day
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	F	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	F	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	F	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	F	-
<i>etodolac tab 400MG, 500MG</i>	F	-
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	F	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	F	-

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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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>ibuprofen tab 400MG, 600MG</i>	F	-
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	F	-
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	F	-
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	F	QL QL= 20 tabs/5 days
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	F	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	F	-
<i>naproxen EC tab 375MG, 500MG</i> (NAPROSYN EC Equiv)	F	-
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	F	-
<i>oxaprozin tab 600MG</i> (DAYPRO Equiv)	F	-
<i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv)	F	-
<i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv)	F	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
OTEZLA STARTER PACK (<i>apremilast</i>)	F	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG (<i>apremilast</i>)	F	LMSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	F	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
ORENCIA CLICK INJ 125MG/ML (<i>abatacept</i>)	F	LMSP-PA-QL QL= 4 inj/28 days

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ORENCIA SC INJ 125MG/ML 125MG/ML <i>(abatacept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML <i>(abatacept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML <i>(abatacept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		
ENBREL INJ 25MG 25MG <i>(etanercept)</i>	F	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML <i>(etanercept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML <i>(etanercept)</i>	F	MSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML <i>(etanercept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
aspirin chew tab 81mg 81MG	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
aspirin ec tab 325mg 325MG <i>(aspirin)</i>	\$0	OTC Covered for males age 45-79 and females age 55-79

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
aspirin ec tab 81mg 81MG	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
aspirin tab 325mg 325MG	\$0	OTC Covered for males age 45-79 and females age 55-79
aspirin tab 81mg	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
choline magnesium trisalicylate tab (TRILISATE Equiv)	F	-
salsalate tab 500MG, 750MG (DISALCID Equiv)	F	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
CODEINE SULFATE TAB 15MG 15MG (<i>codeine sulfate</i>)	F	QL QL= 240 tabs/30 days
<i>codeine sulfate tab 15mg, 30mg 15MG, 30MG</i>	F	QL QL=240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG (<i>codeine sulfate</i>)	F	QL QL=180 tabs/30 days
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (DURAGESIC Equiv)</i>	F	QL QL=10 patches/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydromorphone tab 2mg 2MG (DILAUDID Equiv)	F	QL QL=240 tabs/30 days
hydromorphone tab 4mg 4MG (DILAUDID Equiv)	F	QL QL=180 tabs/30 days
hydromorphone tab 8mg 8MG (DILAUDID Equiv)	F	QL QL=120 tabs/30 days
methadone conc 10MG/ML	F	QL QL=600ml/30 days
methadone soln 10mg/5ml 10MG/5ML	F	QL QL=600ml/30 days
methadone soln 5mg/5ml 5MG/5ML	F	QL QL = 1200ml/30 days
methadone tab 5MG (DOLOPHINE Equiv)	F	QL QL=120/30 days
methadone tablet 10mg 10MG (DOLOPHINE Equiv)	F	QL QL=240/30 days
morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG (MS CONTIN Equiv)	F	QL QL= 90 tabs/ 30 days
morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML	F	QL QL=120ml/30 days
morphine sulfate tab 15MG, 30MG	F	QL QL=180 tabs/30 days
oxycodone cap 5MG (OXYIR Equiv)	F	QL QL=120 caps/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	F	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	F	QL QL= 120 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	F	QL QL=240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG (<i>oxycodone</i>)	F	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	F	QL QL=240ml/30 days
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	F	QL QL=180 tabs/30 days
<i>hydrocodone/acetaminophen soln 10MG/15ML-325MG/15ML, 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv)	F	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab</i> (LORTAB Equiv)	F	QL QL=120 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCET Equiv)</i>	F	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG (PERCODAN Equiv) (<i>oxycodone-aspirin</i>)	F	QL QL=120 tabs/30 days
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
<i>buprenorphine SL tab 2MG, 8MG (SUBUTEX Equiv)</i>	F	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (SUBOXONE SL FILM Equiv)</i>	F	-
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG (SUBOXONE Equiv)</i>	F	-
<i>butorphanol nasal spray 10MG/ML (STADOL Equiv)</i>	F	QL QL= 1 bottle/fill, 2 fills/30 days
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANABOLIC STEROIDS - Drugs used to gain weight		
<i>oxandrolone tab 10MG, 2.5MG (OXANDRIN Equiv)</i>	F	-
ANDROGENS - Drugs to treat low testosterone level		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR (<i>testosterone</i>)	F	PA-QL QL= 1 patch/day
<i>danazol cap 100MG, 200MG, 50MG (DANOCRINE Equiv)</i>	F	-
<i>testosterone cypionate inj 100MG/ML, 200MG/ML (DEPO-TESTOSTERONE Equiv)</i>	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>testosterone gel 1% 25mg 25MG/2.5GM</i>	F	PA-QL QL= 1 packet/day
TESTOSTERONE GEL 1% 50MG 50MG/5GM (ANDROGEL Equiv) (<i>testosterone</i>)	F	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1% (ANDROGEL Equiv)</i>	F	PA-QL QL= 4 bottles/30 days
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP 1% (<i>testosterone</i>)	F	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62% (ANDROGEL Equiv)</i>	F	PA-QL QL= 2 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<i>hydrocortisone enema 100MG/60ML (CORTENEMA Equiv)</i>	F	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>hc pramoxine cream 1-1% 1% (ANALPRAM HC Equiv)</i>	F	-
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>pramoxine/hydrocortisone cream kit</i> (ANALPRAM-HC Equiv)	F	
PROCTOFOAM HC FOAM 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	F	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	F	-
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
BENZNIDAZOLE TAB 100MG, 12.5MG (benznidazole)	F	PA
EMVERM TAB 100MG (<i>mebendazole</i>)	F	PA
<i>ivermectin tab 3MG</i> (STROMECTOL Equiv)	F	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	F	-
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	F	-
NITRATES - Drugs to treat chest pain		
<i>isosorbide dinitrate ER tab</i> (ISOCHRON Equiv)	F	-
<i>isosorbide dinitrate SL tab</i>	F	-
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	F	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	F	-

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<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	F	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	F	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	F	-
ANTIANXIETY AGENTS - Drugs to treat anxiety		
ANTIANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
<i>buspirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	F	-
<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	F	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	F	-
<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	F	-
BENZODIAZEPINES - Drugs to treat anxiety		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	F	QL QL= 5 tabs/day
<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	F	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	F	QL QL= 180ml/30 days
<i>DIAZEPAM SOLN 5MG/5ML (diazepam)</i>	F	QL QL= 180ml/30 days

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<i>diazepam tab 2mg, 10mg 10MG, 2MG (VALIUM Equiv)</i>	F	QL QL= 4 tabs/day
<i>diazepam tab 5mg 5MG (VALIUM Equiv)</i>	F	QL QL= 3 tabs/day
<i>lorazepam conc 1MG/0.5ML, 2MG/ML (ATIVAN Equiv)</i>	F	-
<i>lorazepam tab .5MG, 1MG, 2MG (ATIVAN Equiv)</i>	F	-
OXAZEPAM CAP 10MG, 15MG, 30MG (<i>oxazepam</i>)	F	-
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
<i>disopyramide cap 100MG, 150MG (NORPACE Equiv)</i>	F	-
<i>quinidine gluconate CR tab</i>	F	-
<i>quinidine sulfate tab</i>	F	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
MEXILETINE CAP 150MG, 200MG, 250MG (<i>mexiletine hcl</i>)	F	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
<i>flecainide tab 100MG, 150MG, 50MG (TAMBOCOR Equiv)</i>	F	-
<i>propafenone ER cap 225MG, 325MG, 425MG (RYTHMOL SR Equiv)</i>	F	-
<i>propafenone tab 150MG, 225MG, 300MG (RYTHMOL Equiv)</i>	F	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		

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amiodarone tab 100MG, 200MG, 400MG (CORDARONE Equiv)	F	-
dofetilide cap 125MCG, 250MCG, 500MCG (TIKOSYN Equiv)	F	-
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	F	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>)	F	LMSP-PA-QL QL= 1 inj/56 days
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	F	LMSP-PA-QL QL= 1 inj/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	F	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
ATROVENT HFA INHALER 17MCG/ACT (<i>ipratropium bromide hfa</i>)	F	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH (<i>umeclidinium bromide</i>)	F	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	F	-
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT (<i>tiotropium bromide monohydrate</i>)	F	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
<i>montelukast chew tab 4MG, 5MG (SINGULAIR Equiv)</i>	F	-
<i>montelukast granule pack 4MG (SINGULAIR Equiv)</i>	F	-
<i>montelukast tab 10MG (SINGULAIR Equiv)</i>	F	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	F	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	F	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)</i>	F	-
FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	F	-
FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT (<i>fluticasone propionate hfa</i>)	F	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		

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17

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADVAIR DISKUS INHALER 50MCG/DOSE-100MCG/DOSE, 50MCG/DOSE-250MCG/DOSE, 50MCG/DOSE-500MCG/DOSE <i>(fluticasone-salmeterol)</i>	F	-
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT <i>(fluticasone-salmeterol)</i>	F	-
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	F	-
<i>albuterol sulfate ER tab 4MG, 8MG (VOSPIRE ER Equiv)</i>	F	-
<i>albuterol sulfate syrup 2MG/5ML</i>	F	-
<i>albuterol sulfate tab 2MG, 4MG</i>	F	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)</i>	F	-
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH <i>(umeclidinium-vilanterol)</i>	F	-
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH <i>(fluticasone furoate-vilanterol)</i>	F	-
COMBIVENT INHALER <i>(ipratropium-albuterol)</i>	F	-

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18

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT (<i>ipratropium-albuterol</i>)	F	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	F	-
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT (<i>fluticasone-salmeterol</i>)	F	-
METAPROTERENOL SYRUP 10MG/5ML (<i>metaproterenol sulfate</i>)	F	-
SEREVENT DISKUS INHALER 50MCG/DOSE (<i>salmeterol xinafoate</i>)	F	-
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	F	-
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH (<i>fluticasone-umeclidinium-vilanterol</i>)	F	-
VENTOLIN HFA INHALER 108MCG/ACT (<i>albuterol sulfate</i>)	F	QL QL= 2 inhalers/30 days
XANTHINES - Drugs to treat asthma and COPD		
<i>aminophylline tab</i>	F	-
ELIXOPHYLLIN ELIXIR 80MG/15ML (<i>theophylline</i>)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
THEOCHRON TAB 100MG, 200MG, 300MG, 450MG <i>(theophylline)</i>	F	-
<i>theophylline CR tab (QUIBRON-T Equiv)</i>	F	-
<i>theophylline ER tab 400MG, 600MG (UNIPHYL Equiv)</i>	F	-
<i>theophylline soln 80MG/15ML</i>	F	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG (COUMADIN Equiv)</i>	F	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG (<i>apixaban</i>)	F	-
XARELTO STARTER PACK (<i>rivaroxaban</i>)	F	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG (<i>rivaroxaban</i>)	F	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML (LOVENOX Equiv)</i>	F	QL QL= 17 days supply
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (ARIXTRA Equiv)</i>	F	PA
THROMBIN INHIBITORS - Drugs to thin the blood		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRADAXA CAP 110MG, 150MG, 75MG (<i>dabigatran etexilate mesylate</i>)	F	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	F	PA
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIK Equiv)	F	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG (<i>diazepam (anticonvulsant)</i>)	F	QL QL= 5 inj/30 days
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
BANZEL SUSP 40MG/ML (<i>rufinamide</i>)	F	PA
BANZEL TAB 200MG, 400MG (<i>rufinamide</i>)	F	PA
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	F	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	F	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	F	-
<i>carbamazepine susp 100MG/5ML</i> (TEGRETOL Equiv)	F	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	F	-
DIACOMIT CAP 250MG, 500MG (<i>stiripentol</i>)	F	LD-PA Only available through US Bioservices 888-518-7246

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DIACOMIT POWDER PACK 250MG, 500MG <i>(stiripentol)</i>	F	LD-PA Only available through US Bioservices 888-518-7246
<i> gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	F	-
<i> gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	F	-
<i> gabapentin tab 600MG, 800MG</i> (NEURONTIN Equiv)	F	-
LAMICTAL CHEW TAB 2MG (<i>lamotrigine</i>)	F	-
<i> lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	F	-
<i> lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	F	-
<i> levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	F	-
<i> levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	F	-
<i> levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	F	-
<i> oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	F	-
<i> oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	F	-
<i> pregabalin cap 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG</i> (LYRICA Equiv)	F	-

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22

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>pregabalin soln 20MG/ML (LYRICA Equiv)</i>	F	-
<i>primidone tab 250MG, 50MG (MYSOLINE Equiv)</i>	F	-
<i>topiramate sprinkle cap 15MG, 25MG (TOPAMAX Equiv)</i>	F	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG (TOPAMAX Equiv)</i>	F	-
VIMPAT SOLN 10MG/ML (<i>lacosamide</i>)	F	-
VIMPAT TAB 100MG, 150MG, 200MG, 50MG (<i>lacosamide</i>)	F	QL QL= 2 tabs/day
<i>zonisamide cap 100MG, 25MG, 50MG (ZONEGRAN Equiv)</i>	F	-
CARBAMATES - Drugs to treat seizures		
<i>felbamate susp 600MG/5ML (FELBATOL Equiv)</i>	F	-
<i>felbamate tab 400MG, 600MG (FELBATOL Equiv)</i>	F	-
GABA MODULATORS - Drugs to treat seizures		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG (GABITRIL Equiv)</i>	F	-
<i>vigabatrin powder pack 500MG (SABRIL POWDER Equiv)</i>	F	LD-PA Only available through Walgreens 888-347-3416
<i>vigabatrin tab 500MG (SABRIL Equiv)</i>	F	LD-PA Only available through Walgreens 888-347-3416
HYDANTOINS - Drugs to treat seizures		

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23

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DILANTIN CAP 30MG 30MG (<i>phenytoin sodium extended</i>)	F	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	F	-
SUCCINIMIDES - Drugs to treat seizures		
CELONTIN CAP 300MG (<i>methsuximide</i>)	F	-
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	F	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	F	-
VALPROIC ACID - Drugs to treat seizures		
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	F	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	F	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	F	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	F	-
<i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv)	F	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
mirtazapine tab 15MG, 30MG, 45MG, 7.5MG (REMERON Equiv)	F	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		
bupropion ER tab 100MG, 150MG, 200MG (WELLBUTRIN Equiv)	F	-
bupropion tab 100MG, 75MG (WELLBUTRIN Equiv)	F	-
bupropion XL tab 150MG, 300MG (WELLBUTRIN XL Equiv)	F	-
MAPROТИLINE TAB 25MG, 50MG, 75MG (maprotiline hcl)	F	-
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	F	-
phenelzine tab 15MG (NARDIL Equiv)	F	-
tranylcypromine tab 10MG (PARNATE Equiv)	F	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
citalopram soln 10MG/5ML (CELEXA Equiv)	F	-
citalopram tab 10MG, 20MG, 40MG (CELEXA Equiv)	F	-
escitalopram soln 5MG/5ML (LEXAPRO Equiv)	F	-
escitalopram tab 10MG, 20MG, 5MG (LEXAPRO Equiv)	F	-
fluoxetine cap 10MG, 20MG, 40MG (PROZAC Equiv)	F	-
fluoxetine soln 20MG/5ML (PROZAC Equiv)	F	-
fluoxetine tab 10MG, 20MG (PROZAC Equiv)	F	-

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25

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<i>fluvoxamine ER cap 100MG, 150MG (LUVOX CR Equiv)</i>	F	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine tab 100MG, 25MG, 50MG (LUVOX Equiv)</i>	F	-
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG (PAXIL CR Equiv)</i>	F	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG (PAXIL Equiv)</i>	F	-
<i>sertraline conc 20MG/ML (ZOLOFT Equiv)</i>	F	-
<i>sertraline tab 100MG, 25MG, 50MG (ZOLOFT Equiv)</i>	F	-
SEROTONIN MODULATORS - Drugs to treat depression		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG (<i>nefazodone hcl</i>)	F	-
<i>nefazodone tab 50mg, 250mg 250MG, 50MG</i>	F	-
<i>trazodone tab 100MG, 150MG, 50MG (DESYREL Equiv)</i>	F	-
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG (PRISTIQ Equiv)</i>	F	-
<i>duloxetine EC cap 20MG, 30MG, 60MG (CYMBALTA Equiv)</i>	F	-

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<i>venlafaxine ER cap 150MG, 37.5MG, 75MG (EFFEXOR XR Equiv)</i>	F	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG (EFFEXOR Equiv)</i>	F	-
TRICYCLIC AGENTS - Drugs to treat depression		
<i>amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG (ELAVIL Equiv)</i>	F	-
<i>AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG (amoxapine)</i>	F	-
<i>desipramine tab (NORPRAMIN Equiv)</i>	F	-
<i>DOXEPIN CAP 150MG (SINEQUAN Equiv) (doxepin hcl)</i>	F	-
<i>doxepin conc 10MG/ML (SINEQUAN Equiv)</i>	F	-
<i>imipramine tab 10MG, 25MG, 50MG (TOFRANIL Equiv)</i>	F	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG (PAMELOR Equiv)</i>	F	-
<i>nortriptyline oral soln 10MG/5ML (NORTRIPTYLINE Equiv)</i>	F	-
<i>NORTRIPTYLINE SOLN 10MG/5ML (nortriptyline hcl)</i>	F	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)</i>	F	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG (<i>alogliptin-metformin hcl</i>)	F	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG (<i>alogliptin-pioglitazone</i>)	F	QL QL= 1 tab/day
AVANDAMET TAB (<i>rosiglitazone maleate-metformin hcl</i>)	F	-
AVANDARYL TAB (<i>rosiglitazone maleate-glimepiride</i>)	F	-
<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG (METAGLIP Equiv)</i>	F	-
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG (GLUCOVANCE Equiv)</i>	F	-
JANUMET TAB 50MG-1000MG, 50MG-500MG (<i>sitagliptin-metformin hcl</i>)	F	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG (<i>sitagliptin-metformin hcl</i>)	F	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG (<i>empagliflozin-metformin hcl</i>)	F	QL QL= 2 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG <i>(empagliflozin-metformin hcl)</i>	F	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG <i>(empagliflozin-metformin hcl)</i>	F	QL QL= 2 tabs/day
BIGUANIDES - Drugs to regulate blood sugar		
<i>metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)</i>	F	-
<i>metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)</i>	F	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE (<i>glucagon</i>)	F	QL QL= 2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG (<i>glucagon hcl (rdna)</i>)	F	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG (<i>glucagon (rdna)</i>)	F	QL QL= 2 inj/fill
GVOKE INJ .5MG/0.1ML, 1MG/0.2ML (<i>glucagon</i>)	F	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML <i>(glucagon)</i>	F	QL QL= 2 inj/fill

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	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		

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KORLYM TAB 300MG (<i>mifepristone</i> <i>(hyperglycemia)</i>)	F	LD-PA Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG (<i>alogliptin benzoate</i>)	F	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG (<i>sitagliptin</i> <i>phosphate</i>)	F	QL QL= 1 tab/day
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML (<i>exenatide</i>)	F	QL QL= 4 inj/28 days
BYDUREON INJ 2MG (<i>exenatide</i>)	F	QL QL= 4 inj/28 days
BYDUREON PEN INJ 2MG (<i>exenatide</i>)	F	QL QL= 4 inj/28 days
OZEMPIC INJ 2MG/1.5ML (<i>semaglutide</i>)	F	QL QL= 1 pack/28 days
RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>)	F	QL QL=1 tab/day
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML (<i>dulaglutide</i>)	F	QL QL= 4 pens/28 days
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	F	QL QL= 9ml/30 days

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INSULIN - Drugs to regulate blood sugar		
BASAGLAR INJ 100UNIT/ML, 300UNIT/ML (<i>insulin glargine</i>)	F	-
FIASP FLEXTOUCH INJ 100UNIT/ML (<i>insulin aspart (with niacinamide)</i>)	F	-
FIASP INJ 100UNIT/ML (<i>insulin aspart (with niacinamide)</i>)	F	-
FIASP PENFILL INJ 20.8MG/ML-100UNIT/ML (<i>insulin aspart (with niacinamide)</i>)	F	-
HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>)	F	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>)	F	-
INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	F	-
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	F	-
INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>)	F	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>)	F	-

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INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	F	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	F	OTC
NOVOLIN INJ 100UNIT/ML (<i>insulin regular (human)</i>)	F	OTC
NOVOLIN N FLEXPEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	F	OTC
NOVOLIN R FLEXPEN INJ 100UNIT/ML (<i>insulin regular (human)</i>)	F	OTC
NOVOLOG FLEXPEN INJ 100UNIT/ML (<i>insulin aspart</i>)	F	-
NOVOLOG INJ 100UNIT/ML (<i>insulin aspart</i>)	F	-
NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin aspart protamine & aspart (human)</i>)	F	-
NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML (<i>insulin aspart protamine & aspart (human)</i>)	F	-
NOVOLOG PENFILL INJ 100UNIT/ML (<i>insulin aspart</i>)	F	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
AVANDIA TAB 2MG, 4MG (<i>rosiglitazone maleate</i>)	F	-

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<i>pioglitazone tab 15MG, 30MG, 45MG (ACTOS TAB Equiv)</i>	F	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>repaglinide tab .5MG, 1MG, 2MG (PRANDIN Equiv)</i>	F	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		
JARDIANCE TAB 10MG, 25MG (<i>empagliflozin</i>)	F	QL QL= 1 tab/day
STEGLATRO TAB 15MG, 5MG (<i>ertugliflozin l-pyroglyutamic acid</i>)	F	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
<i>chlorpropamide tab (DIABINESE Equiv)</i>	F	-
<i>glimepiride tab 1MG, 2MG, 4MG (AMARYL Equiv)</i>	F	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG (GLUCOTROL XL Equiv)</i>	F	-
<i>glipizide tab 10MG, 5MG (GLUCOTROL Equiv)</i>	F	-
<i>glyburide micronized tab 1.5MG, 3MG, 6MG (GLYNASE Equiv)</i>	F	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG (MICRONASE Equiv)</i>	F	-
TOLAZAMIDE TAB 250MG (<i>tolazamide</i>)	F	-
TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>)	F	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		

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DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>)	F	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	F	-
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG (<i>succimer</i>)	F	-
FERRIPROX SOLN 100MG/ML (<i>deferiprone</i>)	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
FERRIPROX TAB 1000MG, 500MG (<i>deferiprone</i>)	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>naltrexone tab 50MG</i> (REVIA Equiv)	F	-
NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>)	F	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>deferasirox tab 125MG, 250MG, 500MG</i> (EXJADE Equiv)	F	LMSP

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<i>deferasirox tab 90mg, 360mg 360MG, 90MG (JADENU Equiv)</i>	F	LMSP
JADENU SPRINKLE 180MG, 360MG, 90MG (<i>deferasirox</i>)	F	LMSP
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	F	-
NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>)	\$0	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>granisetron tab 1MG (KYTRIL Equiv)</i>	F	QL QL= 9 tabs/fill
<i>ondansetron ODT 4MG, 8MG (ZOFTRAN Equiv)</i>	F	-
<i>ondansetron soln 4MG/5ML (ZOFTRAN Equiv)</i>	F	-
ONDANSETRON TAB 24MG (ZOFTRAN Equiv) (<i>ondansetron hcl</i>)	F	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<i>maldemar tab (SCOPACE Equiv)</i>	F	-
<i>meclizine chew tab 25MG (BONINE Equiv)</i>	F	OTC
<i>meclizine tab 12.5MG, 25MG (ANTIVERT Equiv)</i>	F	OTC
<i>trimethobenzamide cap 300MG (TIGAN Equiv)</i>	F	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		

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AKYNZEO CAP .5MG-300MG <i>(netupitant-palonosetron)</i>	F	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
dronabinol cap 10MG, 2.5MG, 5MG (MARINOL Equiv)	F	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
aprepitant cap 125MG, 40MG, 80MG (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG (<i>rolapitant hcl</i>)	F	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		
ANTIFUNGALS - Drugs to treat fungal infection		
flucytosine cap 250MG, 500MG (ANCOBON Equiv)	F	-
griseofulvin micro tab 500MG (GRIFULVIN V Equiv)	F	-
griseofulvin susp 125MG/5ML (GRIFULVIN Equiv)	F	-
griseofulvin tab 125MG, 250MG (GRIS-PEG Equiv)	F	-
nystatin powder	F	-
nystatin tab 500000UNIT	F	-

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<i>terbinafine tab 250MG (LAMISIL Equiv)</i>	F	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
<i>fluconazole susp 10MG/ML, 40MG/ML (DIFLUCAN Equiv)</i>	F	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG (DIFLUCAN Equiv)</i>	F	-
<i>itraconazole cap 100MG (SPORANOX Equiv)</i>	F	PA
<i>ketoconazole tab 200MG (NIZORAL Equiv)</i>	F	-
<i>NOXAFL SUSP 40MG/ML (posaconazole)</i>	F	-
<i>posaconazole DR tab 100MG (NOXAFL Equiv)</i>	F	-
<i>voriconazole susp 40MG/ML (VFEND Equiv)</i>	F	RS Restricted to Infectious Disease Specialist
<i>voriconazole tab 200MG, 50MG (VFEND Equiv)</i>	F	RS Restricted to Infectious Disease Specialist
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ALKYLAMINES - Drugs to treat cough, cold, and allergy symptoms		
<i>chlorpheniramine ER cap</i>	F	-
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
<i>diphenhydramine cap 50mg 50MG (BENADRYL Equiv)</i>	F	Only 50mg covered
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
<i>cetirizine syrup 1MG/ML, 5MG/5ML (ZYRTEC Equiv)</i>	F	OTC

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<i>cetirizine tab 10MG, 5MG (ZYRTEC Equiv)</i>	F	OTC
<i>loratadine chew tab 5MG (CLARITIN Equiv)</i>	F	OTC
<i>loratadine ODT 10MG (CLARITIN Equiv)</i>	F	OTC
<i>loratadine syrup 5MG/5ML (CLARITIN Equiv)</i>	F	OTC
<i>loratadine tab 10MG (CLARITIN Equiv)</i>	F	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
<i>promethazine supp 12.5MG, 25MG, 50MG (PHENERGAN Equiv)</i>	F	-
<i>promethazine syrup 6.25MG/5ML</i>	F	-
<i>promethazine tab 12.5MG, 25MG, 50MG (PHENERGAN Equiv)</i>	F	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	F	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
<i>cyproheptadine syrup 2MG/5ML</i>	F	-
<i>cyproheptadine tab 4MG</i>	F	-
ANTIHYPOLIPIDEMICS - Drugs to treat high cholesterol		
ANTIHYPOLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics		
<i>omega-3-acid ethyl esters cap 1GM-375MG-465MG (LOVAZA Equiv)</i>	F	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
<i>cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE Equiv)</i>	F	-
<i>cholestyramine lite powder pack 4GM (QUESTRAN LITE Equiv)</i>	F	-

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<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	F	-
<i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	F	-
<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	F	-
<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	F	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	F	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	F	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	F	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	F	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	F	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
<i>atorvastatin tab 10mg 10MG</i> (LIPITOR Equiv)	F	-
<i>atorvastatin tab 20mg 20MG</i> (LIPITOR Equiv)	F	-
<i>atorvastatin tab 40mg 40MG</i> (LIPITOR Equiv)	F	-
<i>atorvastatin tab 80mg 80MG</i> (LIPITOR Equiv)	F	-
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	\$0	-

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<i>rosuvastatin tab 10mg 10MG (CRESTOR Equiv)</i>	F	QL QL= 1 tab/day
<i>rosuvastatin tab 20mg 20MG (CRESTOR Equiv)</i>	F	QL QL= 1.5 tabs/day
<i>rosuvastatin tab 40mg 40MG (CRESTOR Equiv)</i>	F	QL QL= 1 tab/day
<i>rosuvastatin tab 5mg 5MG (CRESTOR Equiv)</i>	F	QL QL= 1 tab/day
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG (ZOCOR Equiv)</i>	\$0	80mg is Not Covered
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
<i>ezetimibe tab 10MG (ZETIA Equiv)</i>	F	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>niacin ER tab 1000MG, 500MG, 750MG (NIASPAN Equiv)</i>	F	-
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
<i>PRALUENT INJ 150MG/ML, 75MG/ML (<i>alirocumab</i>)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
<i>REPATHA INJ 140MG/ML (<i>evolocumab</i>)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
<i>REPATHA PUSHTRONEX INJ 420MG/3.5ML (<i>evolocumab</i>)</i>	F	LMSP-PA-QL QL= 1 inj/28 days
ANTIHYPERTENSIVES - Drugs to treat high blood pressure		

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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		

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ACE INHIBITORS - Drugs to treat high blood pressure		
<i>benazepril tab</i> (LOTENSIN Equiv)	F	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	F	-
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	F	-
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	F	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	F	-
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	F	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	F	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	F	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	F	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	F	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	F	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
valsartan tab 160MG, 320MG, 40MG, 80MG (DIOVAN Equiv)	F	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR (CATAPRES-TTS Equiv)	F	-
clonidine tab (CATAPRES Equiv)	F	-
doxazosin tab 1MG, 2MG, 4MG, 8MG (CARDURA Equiv)	F	-
guanfacine IR tab 1MG, 2MG (TENEX Equiv)	F	-
methyldopa tab 250MG, 500MG (ALDOMET Equiv)	F	-
prazosin cap 1MG, 2MG, 5MG (MINIPRESS Equiv)	F	-
terazosin cap 10MG, 1MG, 2MG, 5MG (HYTRIN Equiv)	F	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG (LOTREL Equiv)	F	-
amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (AZOR TAB Equiv)	F	-
amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (EXFORGE Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>amlodipine/valsartan/hydrochlorothiazide tab 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG (EXFORGE HCT Equiv)</i>	F	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)</i>	F	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG (LOTENSIN HCT Equiv)</i>	F	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (ZIAC Equiv)</i>	F	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG (VASERETIC Equiv)</i>	F	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG (MONOPRIL HCT Equiv)</i>	F	-
<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)</i>	F	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)</i>	F	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)</i>	F	-
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG (<i>methyldopa & hydrochlorothiazide</i>)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i>	F	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)</i>	F	-
<i>PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG (<i>propranolol &</i> <i>hydrochlorothiazide</i>)</i>	F	-
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ACCURETIC Equiv)</i>	F	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (DIOVAN HCT Equiv)</i>	F	-
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG (APRESOLINE Equiv)</i>	F	-
<i>minoxidil tab 10MG, 2.5MG (LONITEN Equiv)</i>	F	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
<i>IMPAVIDO CAP 50MG (<i>miltefosine</i>)</i>	F	PA
<i>metronidazole tab 250MG, 500MG (FLAGYL Equiv)</i>	F	-
<i>pentamidine neb soln 300MG (NEBUPENT Equiv)</i>	F	LMSP
<i>trimethoprim tab (PROLOPRIM Equiv)</i>	F	-
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
<i>erythromycin/sulfisoxazole susp (PEDIAZOLE Equiv)</i>	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	F	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	F	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML (<i>nitazoxanide</i>)	F	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG (<i>nitazoxanide</i>)	F	PA-QL QL= 6 tabs/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	F	-
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRST-VANCOMYCIN SOLN 25MG/ML, 50MG/ML (<i>vancomycin hcl</i>)	F	-
FIRVANQ SOLN 25MG/ML, 50MG/ML (<i>vancomycin hcl</i>)	F	-
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	F	QL QL= 56 caps/fill
LEPROSTATIC - Drugs to treat Leprosy (bacterial infections)		
<i>dapsone tab 100MG, 25MG</i>	F	-
LINCOSAMIDES - Drugs to treat bacterial infections		
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	F	-
MONOBACTAMS - Drugs to treat bacterial infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>)	F	KMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
OXAZOLIDINONES - Drugs to treat bacterial infections		
<i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>)	F	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
PLEUROMUTILINS - drugs to treat infections		
XENLETA TAB 600MG (<i>lefamulin acetate</i>)	F	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	F	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
<i>chloroquine tab</i> (ARALEN Equiv)	F	-
<i>hydroxychloroquine tab 200MG</i> (PLAQUENIL Equiv)	F	-

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KRINTAFEL TAB 150MG (<i>tafenoquine succinate</i>)	F	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	F	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	F	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	F	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
PROSTIGMIN TAB (<i>neostigmine bromide</i>)	F	-
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	F	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	F	-
RUZURGI TAB 10MG (<i>amifampridine</i>)	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
RIFAMATE CAP 150MG-300MG (<i>isoniazid & rifampin</i>)	F	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	F	-
ISONIAZID SYRUP 50MG/5ML (<i>isoniazid</i>)	F	-
ISONIAZID TAB 100MG (<i>isoniazid</i>)	F	-
PRIFTIN TAB 150MG (<i>rifapentine</i>)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>pyrazinamide tab 500MG</i>	F	-
<i>rifabutin cap 150MG (MYCOBUTIN Equiv)</i>	F	-
<i>rifampin cap 150MG, 300MG (RIFADIN Equiv)</i>	F	-
ANTINEOPLASTICS - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
<i>cyclophosphamide tab (CYTOXAN Equiv)</i>	F	-
<i>HEXALEN CAP 50MG (altretamine)</i>	F	LMSP
<i>LEUKERAN TAB 2MG (chlorambucil)</i>	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
<i>mercaptopurine tab 50MG (PURINETHOL Equiv)</i>	F	-
<i>methotrexate tab 2.5MG (TREXALL Equiv)</i>	F	-
<i>TABLOID TAB 40MG (thioguanine)</i>	F	-
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
<i>IRESSA TAB 250MG (gefitinib)</i>	F	LD-PA Only available through Lumicera Pharmacy 855-847-3553
<i>NEXAVAR TAB 200MG (sorafenib tosylate)</i>	F	MSP-PA-SF
<i>SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG (dasatinib)</i>	F	LMSP-PA-SF
<i>SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG (sunitinib malate)</i>	F	KMSP-PA-SF
<i>TYKERB TAB 250MG (lapatinib ditosylate)</i>	F	LMSP-PA
<i>VOTRIENT TAB 200MG (pazopanib hcl)</i>	F	LMSP-PA-SF
<i>ZOLINZA CAP 100MG (vorinostat)</i>	F	LMSP-PA-SF

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 2000000UNIT/0.5ML (<i>interferon gamma-1b</i>)	F	LD-PA Only available through Walgreens 888-347-3416
ALFERON-N INJ 5MU/ML (<i>interferon alfa-n3</i>)	F	KMSP
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	F	-
INTRON-A INJ 10MU, 18MU, 50MU (<i>interferon alfa-2b</i>)	F	KMSP
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	F	-
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	F	LMSP
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<i>leucovorin tab 25MG, 5MG</i>	F	-
MESNEX TAB 400MG (<i>mesna</i>)	F	LMSP
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCAMTIN CAP .25MG, 1MG (<i>topotecan hcl</i>)	F	LMSP-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
AFINITOR TAB 10MG 10MG (<i>everolimus</i>)	F	LMSP-PA-QL-SF QL= 1 tab/day
<i>cyclophosphamide cap 25MG, 50MG</i>	F	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG (<i>lomustine</i>)	F	-
<i>melphalan tab 2MG</i> (ALKERAN Equiv)	F	LMSP
MYLERAN TAB 2MG (<i>busulfan</i>)	F	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	F	LMSP
<i>methotrexate inj 1GM</i>	F	-
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		
VENCLEXTA STARTER PACK (<i>venetoclax</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	F	KMSP-PA-SF
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	F	LMSP-PA-SF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	F	LMSP-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	F	-
<i>EMCYT CAP 140MG (estramustine phosphate sodium)</i>	F	-

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ERLEADA TAB 60MG (<i>apalutamide</i>)	F	KMSP-PA-QL QL= 4 tabs/day
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	F	-
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	F	-
LYSODREN TAB 500MG (<i>mitotane</i>)	F	LD Only available through Direct Success 732-919-1234
<i>megestrol susp 400MG/10ML, 40MG/ML</i> (MEGACE Equiv)	F	-
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	F	-
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	F	LMSP
NUBEQA TAB 300MG (<i>darolutamide</i>)	F	MSP-PA-QL-SF QL= 4 tabs/day
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	F	-
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>)	F	MSP-PA-QL QL= 21 caps/28 days
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XPOVIO PAK 20MG (<i>selinexor</i>)	F	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG (<i>trifluridine-tipiracil</i>)	F	LD-PA Only available through Walgreens 888-347-3416
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
AFINITOR DISPERZ 2MG, 3MG, 5MG (<i>everolimus</i>)	F	LMSP-PA-QL-SF QL= 1 tab/day
ALECensa CAP 150MG (<i>alectinib hcl</i>)	F	LMSP-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>)	F	KMSP-PA-QL-SF QL= 4 tabs/day
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG (<i>brigatinib</i>)	F	KMSP-PA-QL-SF QL= 1 tab/day
BALVERSA TAB 3MG 3MG (<i>erdafitinib</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG 4MG (<i>erdafitinib</i>)	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 5MG 5MG (<i>erdafitinib</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through US Bioservices 888-518-7246

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BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>)	F	KMSP-PA-SF
BRAFTOVI CAP 50MG 50MG (<i>encorafenib</i>)	F	LD-PA-QL QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRAFTOVI CAP 75MG 75MG (<i>encorafenib</i>)	F	LD-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
CABOMETYX TAB 20MG, 40MG, 60MG (<i>cabozantinib s-malate</i>)	F	MSP-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG (<i>acalabrutinib</i>)	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Lumicera Pharmacy 855-847-3553
CAPRELSA TAB 100MG, 300MG (<i>vandetanib</i>)	F	LD-PA Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG (<i>cabozantinib s-malate</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG (<i>duvelisib</i>)	F	LD-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118

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COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>)	F	MSP-PA-QL QL= 3 tabs/day
<i>erlotinib tab 100MG, 150MG, 25MG</i> (TARCEVA Equiv)	F	LMSP-PA-SF
<i>everolimus tab 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	F	LMSP-PA-QL-SF QL= 1 tab/day
FARYDAK CAP 10MG, 15MG, 20MG (<i>panobinostat lactate</i>)	F	MSP-PA-QL QL= 6 caps/21 days
GILOTRIF TAB 20MG, 30MG, 40MG (<i>afatinib dimaleate</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 888-773-7376
IBRANCE CAP 100MG, 125MG, 75MG (<i>palbociclib</i>)	F	KMSP-PA-QL QL= 21 caps/28 days
IBRANCE TAB 100MG, 125MG, 75MG (<i>palbociclib</i>)	F	KMSP-PA-QL QL= 1 tabs/day
ICLUSIG TAB 15MG, 45MG (<i>ponatinib hcl</i>)	F	LD-PA-SF Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG (<i>enasidenib mesylate</i>)	F	MSP-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG (<i>ibrutinib</i>)	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118

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IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>)	F	LD-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118	
IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG (<i>ibrutinib</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118	
INLYTA TAB 1MG, 5MG (<i>axitinib</i>)	F	KMSP-PA-QL-SF QL= 8 tabs/day	
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>)	F	MSP-PA-QL QL= 2 tabs/day	
LENVIMA CAP 10MG, 4MG (<i>lenvatinib mesylate</i>)	F	LD-PA-QL QL= 3 caps/day; Only available through Accredo 888-773-7376	
LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>)	F	KMSP-PA-QL-SF QL= 1 tab/day	
LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>)	F	KMSP-PA-QL-SF QL= 3 tab/day	
LYNPARZA CAP 50MG (<i>olaparib</i>)	F	LD-PA-QL-SF Only available through Biologics 800-850-4306, QL= 16 caps/day	
LYNPARZA TAB 100MG, 150MG (<i>olaparib</i>)	F	LD-PA-QL-SF Only available through Biologics 800-850-4306, QL= 4 tabs/day	
MEKINIST TAB 0.5MG .5MG (<i>trametinib dimethyl sulfoxide</i>)	F	LMSP-PA-QL QL= 3 tabs/day	

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		F	LMSP-PA-QL QL= 1 tab/day
MEKINIST TAB 2MG 2MG (<i>trametinib dimethyl sulfoxide</i>)	F	LMSP-PA-QL QL= 1 tab/day	
MEKTOVI TAB 15MG (<i>binimetinib</i>)	F	LD-PA-QL QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118	
NERLYNX TAB 40MG (<i>neratinib maleate</i>)	F	LD-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118	
NINLARO CAP 2.3MG, 3MG, 4MG (<i>ixazomib citrate</i>)	F	KMSP-PA	
PIQRAY TAB 150MG, 200MG (<i>alpelisib</i>)	F	LMSP-PA-SF	
ROZLYTREK CAP 100MG, 200MG (<i>entrectinib</i>)	F	MSP-PA-QL QL= 3 caps/day	
RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>)	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779	
RYDAPT CAP 25MG (<i>midostaurin</i>)	F	LMSP-PA	
STIVARGA TAB 40MG (<i>regorafenib</i>)	F	MSP-PA-QL-SF QL= 4 tabs/day	
TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>)	F	LMSP-PA-QL QL= 4 caps/day	
TAGRISSO TAB 40MG, 80MG (<i>osimertinib mesylate</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Luminera Pharmacy 855-847-3553	

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TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>)	F	KMSP-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 1MG 1MG (<i>talazoparib tosylate</i>)	F	KMSP-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>)	F	LMSP-PA-SF
TIBSOVO TAB 250MG (<i>ivosidenib</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TURALIO CAP 200MG (<i>pexidartinib hcl</i>)	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>)	F	LMSP-PA-QL-SF QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>)	F	LD-PA-QL-SF QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>)	F	LD-PA-QL-SF QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>)	F	LD-PA-QL-SF QL= 10ml/day; Only available through US Bioservices 888-518-7246
VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>)	F	KMSP-PA-QL-SF QL= 1 tab/day

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XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	F	KMSP-PA-QL-SF QL= 2 caps/day
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	F	LD-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	F	MSP-PA-QL QL= 8 tabs/day
ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>)	F	LD-PA-SF Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP 150MG (<i>ceritinib</i>)	F	LMSP-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG (<i>ceritinib</i>)	F	LMSP-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	F	LMSP-PA-SF
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG (<i>etoposide</i>)	F	LMSP
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>benztropine tab .5MG, 1MG, 2MG</i>	F	-
<i>trihexyphenidyl tab 2MG, 5MG (ARTANE Equiv)</i>	F	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
<i>entacapone tab 200MG (COMTAN Equiv)</i>	F	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<i>amantadine cap 100MG (SYMMETREL Equiv)</i>	F	-
<i>amantadine syrup 50MG/5ML (SYMMETREL Equiv)</i>	F	-
<i>amantadine tab 100MG</i>	F	-
APOKYN INJ 30MG/3ML (<i>apomorphine hydrochloride</i>)	F	LD Only available through CVS Specialty 800-237-2767
<i>bromocriptine cap 5MG (PARLODEL Equiv)</i>	F	-
<i>bromocriptine tab 2.5MG (PARLODEL Equiv)</i>	F	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG (SINEMET CR Equiv)</i>	F	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (PARCOPA Equiv)</i>	F	-
<i>carbidopa/levodopa tab 10MG-100MG, 25MG-100MG, 25MG-250MG (SINEMET Equiv)</i>	F	-

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CARBIDOPA/LEVODOPA/ENTACAPONE TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv) (<i>carbidopa-levodopa-entacapone</i>)	F	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	F	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	F	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	F	-
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	F	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	F	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	F	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
<i>lithium carbonate cap</i> (ESKALITH ER Equiv)	F	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	F	-
<i>lithium carbonate tab 300MG</i>	F	-
LITHIUM CITRATE SOLN 8MEQ/5ML (<i>lithium</i>)	F	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		

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EQUETRO CAP 100MG, 200MG, 300MG <i>(carbamazepine (antipsychotic))</i>	F	-
ziprasidone cap 20MG, 40MG, 60MG, 80MG (GEODON Equiv)	F	-
BENZISOXAZOLES - Drugs to treat mood disorders		
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	F	PA
RISPERIDONE ODT .25MG (RISPERDAL M Equiv) <i>(risperidone)</i>	F	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	F	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	F	-
BUTYROPHENONES - Drugs to treat mood disorders		
<i>haloperidol lactate conc 2MG/ML</i> (HALDOL Equiv)	F	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG,</i> <i>5MG</i> (HALDOL Equiv)	F	-
DIBENZAPINES - Drugs to treat mood disorders		
CLOZAPINE ODT 150MG, 200MG <i>(clozapine)</i>	F	-
CLOZAPINE ODT 12.5MG 12.5MG <i>(clozapine)</i>	F	-
<i>clozapine ODT 25mg, 100mg 100MG, 25MG</i> (CLOZAPINE, FAZACLO Equiv)	F	-
CLOZAPINE ODT, FAZACLO ODT 12.5MG, 150MG, 200MG <i>(clozapine)</i>	F	-

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<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	F	-
<i>loxpipamine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	F	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	F	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	F	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	F	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	F	-
PHENOTHIAZINES - Drugs to treat mood disorders		
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	F	-
FLUPHENAZINE TAB 10MG, 1MG, 2.5MG, 5MG (PROLIXIN Equiv) (<i>fluphenazine hcl</i>)	F	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	F	-
<i>procchlorperazine supp 25MG</i> (COMPazine Equiv)	F	-
<i>procchlorperazine tab 10MG, 5MG</i> (COMPazine Equiv)	F	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	F	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	F	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG,</i> <i>5MG</i> (ABILIFY Equiv)	F	-
THIOXANTHENES - Drugs to treat mood disorders		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	F	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	F	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	F	-
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	F	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	F	-
APTIVUS CAP 250MG (<i>tipranavir</i>)	F	-
APTIVUS SOLN 100MG/ML (<i>tipranavir</i>)	F	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	F	-
ATRIPLA TAB 200MG-300MG-600MG (<i>efavirenz-emtricitabine-tenofovir disoproxil</i> <i>fumarate</i>)	F	QL QL= 1 tab/day

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BIKTARVY TAB 25MG-50MG-200MG <i>(bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	F	QL QL= 1 tab/ day
CIMDUO TAB 300MG <i>(lamivudine-tenofovir disoproxil fumarate)</i>	F	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG <i>(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)</i>	F	QL QL= 1 tab/day
CRIVAN CAP 200MG, 400MG <i>(indinavir sulfate)</i>	F	MSP
DELSTRIGO TAB 100MG-300MG <i>(doravirine-lamivudine-tenofovir disoproxil fumarate)</i>	F	QL QL= 1 tab/day
DESCOVY TAB 25MG-200MG <i>(emtricitabine-tenofovir alafenamide fumarate)</i>	F	PA
didanosine DR cap 200MG, 250MG, 400MG (VIDEX EC Equiv)	F	-
DOVATO TAB 50MG-300MG <i>(dolutegravir sodium-lamivudine)</i>	F	QL QL= 1 tab/day
EDURANT TAB 25MG <i>(rilpivirine hcl)</i>	F	-
efavirenz cap 200MG, 50MG (SUSTIVA Equiv)	F	-
efavirenz tab 600MG (SUSTIVA Equiv)	F	-
EMTRIVA CAP 200MG <i>(emtricitabine)</i>	F	-
EMTRIVA SOLN 10MG/ML <i>(emtricitabine)</i>	F	-
EVOTAZ TAB 150MG-300MG <i>(atazanavir sulfate-cobicistat)</i>	F	-

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

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<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML (KALETRA Equiv)</i>	F	-
<i>nevirapine ER tab 100MG, 400MG (VIRAMUNE XR Equiv)</i>	F	ST Step Therapy requires trial of nevirapine
<i>nevirapine susp 50MG/5ML (VIRAMUNE Equiv)</i>	F	-
<i>nevirapine tab 200MG (VIRAMUNE Equiv)</i>	F	-
<i>NORVIR CAP 100MG (ritonavir)</i>	F	-
<i>NORVIR POWDER PACK 100MG (ritonavir)</i>	F	-
<i>NORVIR SOLN 80MG/ML (ritonavir)</i>	F	-
<i>ODEFSEY TAB 25MG-200MG (emtricitabine-rilpivirine-tenofovir alafenamide fumarate)</i>	F	QL QL= 1 tab/day
<i>PIFELTRO TAB 100MG (doravirine)</i>	F	QL QL= 1 tab/day
<i>PREZCOBIX TAB 150MG-800MG (darunavir-cobicistat)</i>	F	-
<i>PREZISTA SUSP 100MG/ML (darunavir ethanolate)</i>	F	-
<i>PREZISTA TAB 150MG, 600MG, 75MG, 800MG (darunavir ethanolate)</i>	F	-
<i>RESCRIPTOR TAB 100MG, 200MG (delavirdine mesylate)</i>	F	-
<i>REYATAZ POWDER PACK 50MG (atazanavir sulfate)</i>	F	-

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<i>ritonavir tab 100MG (NORVIR Equiv)</i>	F	-
SELZENTRY SOLN 20MG/ML (<i>maraviroc</i>)	F	-
SELZENTRY TAB 150MG, 25MG, 300MG, 75MG (<i>maraviroc</i>)	F	-
<i>stavudine cap 15MG, 20MG, 30MG, 40MG (ZERIT</i> Equiv)	F	-
<i>stavudine soln (ZERIT Equiv)</i>	F	-
STRIBILD TAB 150MG-200MG-300MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	F	QL QL= 1 tab/day
SYMFI (LO) TAB 300MG-400MG, 300MG-600MG (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	F	QL QL= 1 tab/day
SYMTUZA TAB 10MG-150MG-200MG-800MG (<i>darunavir-cobicistat-emtricitabine-tenofovir</i> <i>alafenamide</i>)	F	-
<i>tenofovir disoproxil fumarate tab 300mg 300MG</i> (VIREAD Equiv)	F	-
TIVICAY TAB 10MG, 25MG, 50MG (<i>dolutegravir</i> <i>sodium</i>)	F	QL QL= 2 tabs/day
TRIUMEQ TAB 50MG-300MG-600MG (<i>abacavir-dolutegravir-lamivudine</i>)	F	QL QL= 1 tab/day
TRUVADA TAB 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	\$0	-
VIDEX SOLN 2GM, 4GM (<i>didanosine</i>)	F	-

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VIRACEPT POWDER (<i>nelfinavir mesylate</i>)	F	
VIRACEPT TAB 250MG, 625MG (<i>nelfinavir mesylate</i>)	F	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG (<i>tenofovir disoproxil fumarate</i>)	F	-
VITEKTA TAB 150MG, 85MG (<i>elvitegravir</i>)	F	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	F	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	F	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	F	-
CMV AGENTS - Drugs to treat viral infections		
GANCICLOVIR CAP (<i>ganciclovir</i>)	F	-
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	F	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	F	-
HEPATITIS AGENTS - Drugs to treat viral infections		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	F	LMSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	F	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML (<i>lamivudine (hbv)</i>)	F	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	F	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG (<i>ledipasvir-sofosbuvir</i>)	F	LMSP-PA-QL QL= 1 tab/ day
MAVYRET TAB 40MG-100MG (<i>glecaprevir-pibrentasvir</i>)	F	LMSP-PA-QL QL= 3 tabs/day

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PEGASYS INJ 135MCG/0.5ML, 180MCG/0.5ML, 180MCG/ML (<i>peginterferon alfa-2a</i>)	F	LMSP
PEG-INTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 50MCG/0.5ML, 80MCG/0.5ML (<i>peginterferon alfa-2b</i>)	F	LMSP
REBETOL SOLN 40MG/ML (<i>ribavirin (hepatitis c)</i>)	F	LMSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	F	LMSP
<i>ribavirin tab 200MG</i> (COPEGUS Equiv)	F	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (<i>sofosbuvir-velpatasvir</i>)	F	LMSP-PA-QL QL= 1 tab/ day
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	F	LMSP
VOSEVI TAB 100MG-400MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	F	LMSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	F	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	F	-
INFLUENZA AGENTS - Drugs to treat viral infections		
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	F	QL QL= 10 caps/fill

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

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<i>mycophenolate DR tab 180MG, 360MG (MYFORTIC Equiv)</i>	F	-
<i>mycophenolate mofetil cap 250MG (CELLCEPT Equiv)</i>	F	-
<i>mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)</i>	F	-
<i>mycophenolate mofetil tab 500MG (CELLCEPT Equiv)</i>	F	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML <i>(cyclosporine)</i>	F	-
<i>sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)</i>	F	-
<i>tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)</i>	F	-
ZORTRESS TAB 1MG 1MG (<i>everolimus</i> <i>(immunosuppressant)</i>)	F	LMSP-PA
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
<i>sodium polystyrene powder (KAYEXALATE Equiv)</i>	F	-
<i>sodium polystyrene susp 15GM/60ML, 30GM/120ML, 50GM/200ML (SPS Equiv)</i>	F	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG (COREG Equiv)</i>	F	-
<i>labetalol tab 100MG, 200MG, 300MG (NORMODYNE Equiv)</i>	F	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		

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<i>acebutolol cap 200MG, 400MG (SECTRAL Equiv)</i>	F	-
<i>atenolol tab 100MG, 25MG, 50MG (TENORMIN Equiv)</i>	F	-
<i>bisoprolol tab 10MG, 5MG (ZEBETA Equiv)</i>	F	-
BYSTOLIC TAB 10MG, 2.5MG, 20MG, 5MG <i>(nebivolol hcl)</i>	F	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)</i>	F	-
<i>metoprolol tab 100MG, 25MG, 50MG (LOPRESSOR Equiv)</i>	F	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
<i>nadolol tab (CORGARD Equiv)</i>	F	-
<i>pindolol tab 10MG, 5MG (VISKEN Equiv)</i>	F	-
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG (INDERAL LA Equiv)</i>	F	-
PROPRANOLOL SOLN 20MG/5ML, 40MG/5ML <i>(propranolol hcl)</i>	F	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG (INDERAL Equiv)</i>	F	-
<i>sotalol AF tab 120MG, 160MG, 80MG (BETAPACE AF Equiv)</i>	F	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG (BETAPACE Equiv)</i>	F	-

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<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	F	-
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	F	-
<i>DILTIAZEM CAP 120MG, 180MG, 240MG (diltiazem hcl)</i>	F	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG</i> (CARDIZEM CD Equiv)	F	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	F	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	F	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	F	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	F	-
<i>verapamil SR cap 120MG, 180MG, 200MG, 240MG</i> (VERELAN Equiv)	F	-
<i>VERAPAMIL SR CAP 360mg 360MG (verapamil hcl)</i>	F	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	F	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		

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DIGOXIN SOLN .05MG/ML (LANOXIN Equiv) <i>(digoxin)</i>	F	-
<i>digoxin tab .125MG, .25MG, 125MCG, 250MCG</i> (LANOXIN Equiv)	F	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		
<i>amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG</i> (CADUET Equiv)	F	-
IMPOTENCE AGENTS - drugs to treat erectile dysfunction		
<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	F	QL QL=6 tabs/30 days
<i>tadalafil tab 10MG, 2.5MG, 20MG, 5MG</i> (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
TYVASO INH SOLN .6MG/ML (<i>treprostinal</i>)	F	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 888-773-7376
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML (<i>iloprost</i>)	F	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 888-773-7376

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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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	F	LD-PA-QL QL= 1 tab/day; Only available through Luminera 855-847-3553 or Walgreens 888-347-3416
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
<i>OPSUMIT TAB 10MG (macitentan)</i>	F	LD-PA-QL QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
<i>TRACLEER TAB 32MG 32MG (bosentan)</i>	F	LD-PA-QL QL=4 tabs/day; Only available through Walgreens 888-347-3416
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	F	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	F	LMSP-PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
<i>UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (selexipag)</i>	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 888-773-7376

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PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG <i>(riociguat)</i>	F	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 888-773-7376
TRANSTHYRETIN STABILIZERS - drugs to treat heart problems due to transthyretin amyloidosis		
VYNDAMAX CAP 61MG (<i>tafamidis</i>)	F	MSP-PA-QL QL= 1 cap/day
VYNDAQEL CAP 20MG (<i>tafamidis meglumine (cardiac)</i>)	F	MSP-PA-QL QL= 4 caps/day
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	F	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	F	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
<i>cefuroxime susp</i> (CEFTIN Equiv)	F	-
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	F	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	F	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	F	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		

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<i>amethyst tab 20MCG-90MCG (LYBREL Equiv)</i>	\$0	-
<i>ashlyna tab, daysee tab .03MG-.15MG (SEASONALE, SEASONIQUE Equiv)</i>	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
<i>enpresse tab (TRI-LEVELEN Equiv)</i>	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG (YASMIN, YAZ Equiv)</i>	\$0	-
<i>isibloom tab, enskyce tab, apri tab (DESOGEN Equiv)</i>	\$0	-
<i>junel FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG (LOESTRIN FE Equiv)</i>	\$0	-
<i>junel tab 1.5MG-30MCG, 1MG-20MCG (LOESTRIN Equiv)</i>	\$0	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG (DEMULEN Equiv)</i>	\$0	-
<i>layolis FE tab, wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG (FEMCON FE Equiv)</i>	\$0	-
<i>NECON TAB 35MCG (<i>norethindrone-eth estradiol (biphasic)</i>)</i>	\$0	-
<i>nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL Equiv)</i>	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG (OVCON 35 Equiv)</i>	\$0	-
<i>sprintec 28 tab .25MG-35MCG (ORTHO-CYCLEN Equiv)</i>	\$0	-

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<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
<i>velvet tab</i> (CYCLESSA Equiv)	\$0	-
<i>vienna tab, lessina tab, kurvelo tab .03MG-.15MG,.15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
XULANE PATCH 35MCG/24HR-150MCG/24HR <i>(norelgestromin-ethinyl estradiol)</i>	\$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
NUVARING .015MG/24HR-.12MG/24HR <i>(etonogestrel-ethinyl estradiol)</i>	\$0	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
LEVONORGESTREL TAB 0.75MG (<i>levonorgestrel</i> <i>(emergency oc)</i>)	\$0	-
PLAN B TAB 1.5MG (<i>levonorgestrel (emergency oc)</i>)	\$0	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
DEPO-PROVERA INJ 150MG/ML <i>(medroxyprogesterone acetate (contraceptive))</i>	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
<i>norethindrone tab</i> (NORA-QD Equiv)	\$0	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		

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GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
<i>budesonide SR cap 3MG (ENTOCORT EC Equiv)</i>	F	-
DEXAMETHASONE CONC 1MG/ML <i>(dexamethasone)</i>	F	-
<i>dexamethasone elixir .5MG/5ML</i>	F	-
DEXAMETHASONE SOLN .5MG/5ML <i>(dexamethasone)</i>	F	-
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 4MG, 6MG</i> (DECADRON Equiv)	F	-
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	F	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	F	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	F	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	F	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML,</i> <i>20MG/5ML, 5MG/5ML, 6.7MG/5ML</i> (PEDIAPRED Equiv)	F	-
PREDNISOLONE SYRUP 15MG/5ML (<i>prednisolone</i>)	F	-
PREDNISONE SOLN 5MG/5ML (<i>prednisone</i>)	F	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG,</i> <i>5MG</i> (DELTASONE Equiv)	F	-
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		

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<i>fludrocortisone tab .1MG (FLORINEF Equiv)</i>	F	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG (TESSALON Equiv)</i>	F	-
<i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)</i>	F	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
<i>cetirizine/pseudoephedrine 12-hour tab 5MG-120MG (ZYRTEC Equiv)</i>	F	OTC
<i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML, 8MG/5ML-200MG/5ML (BRONTEX Equiv)</i>	F	OTC
<i>GUAIFENESIN/CODEINE SYRUP 6.3MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv) (<i>guaifenesin-codeine</i>)</i>	F	OTC-QL QL= 240ml/fill
<i>loratadine/pseudoephedrine 12-hour tab 5MG-120MG (CLARITIN-D Equiv)</i>	F	OTC
<i>loratadine/pseudoephedrine 24-hour tab 10MG-240MG (CLARITIN-D Equiv)</i>	F	OTC
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i>	F	-
<i>PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv) (<i>promethazine-phenylephrine-codeine</i>)</i>	F	-

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<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)</i>	F	-
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
NEBUSAL NEB SOLN 3.5%, 6% (<i>sodium chloride (inhalant)</i>)	F	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7% (HYPER-SAL Equiv)</i>	F	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20% (MUCOMYST Equiv)</i>	F	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
<i>adapalene cream .1% (DIFFERIN Equiv)</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%, .3% (DIFFERIN Equiv)</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5% (EPIDUO Equiv)</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG (ACCATANE Equiv)</i>	F	-

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<i>clindamycin gel 1% (CLEOCIN GEL Equiv)</i>	F	-
<i>clindamycin lotion 1% (CLEOCIN-T Equiv)</i>	F	-
<i>clindamycin pad 1% (CLEOCIN-T Equiv)</i>	F	-
<i>clindamycin topical soln 1% (CLEOCIN-T Equiv)</i>	F	-
EPIDUO FORTE GEL .3%-2.5% (<i>adapalene-benzoyl peroxide</i>)	F	PA Acne Only – members age 35 or older require Prior Authorization
ERY PAD 2% (<i>erythromycin (acne aid)</i>)	F	-
<i>erythromycin gel 2%</i>	F	-
<i>erythromycin pad 2%</i>	F	-
<i>erythromycin soln 2%</i>	F	-
<i>sodium sulfacetamide/sulfur emulsion 10-5% 5% -10%</i>	F	-
<i>sodium sulfacetamide/sulfur wash 9-4.5% 4.5%-9%</i>	F	-
<i>tretinoin cream .025%, .05%, .1%</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .01%, .025%, .05%</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - drugs for cosmetic uses		
RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>)	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		

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<i>gentamicin sulfate cream</i>	F	
<i>gentamicin sulfate oint .1%</i>	F	-
<i>mupirocin oint 2% (BACTROBAN OINT Equiv)</i>	F	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
<i>ciclopirox cream .77% (LOPROX CREAM Equiv)</i>	F	-
<i>ciclopirox gel .77% (LOPROX GEL Equiv)</i>	F	-
<i>ciclopirox nail soln 8% (PENLAC Equiv)</i>	F	-
<i>ciclopirox shampoo 1% (LOPROX SHAMPOO Equiv)</i>	F	-
<i>ciclopirox topical susp .77% (LOPROX SUSP Equiv)</i>	F	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	F	-
<i>clotrimazole/betamethasone lotion .05%-1%</i> (LORTRISONE LOTION Equiv)	F	-
<i>econazole cream 1% (SPECTAZOLE Equiv)</i>	F	-
<i>ketoconazole cream 2% (NIZORAL CREAM Equiv)</i>	F	-
<i>ketoconazole shampoo 2% (NIZORAL SHAMPOO Equiv)</i>	F	-
<i>nystatin cream 100000UNIT/GM (MYCOSTATIN CREAM Equiv)</i>	F	-
<i>nystatin oint 100000UNIT/GM</i>	F	-
<i>nystatin topical powder 100000UNIT/GM</i>	F	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1% (VOLTAREN Equiv)</i>	F	QL QL= 5 tubes/fill

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ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
FLUOROPLEX CREAM 1%, 4% (<i>fluorouracil (topical)</i>)	F	-
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	F	-
FLUOROURACIL CREAM 0.5% .5% (<i>fluorouracil (topical)</i>)	F	-
FLUOROURACIL SOLN 2%, 5% (<i>fluorouracil (topical)</i>)	F	-
TARGRETIN GEL 1% (<i>bexarotene (topical)</i>)	F	LMSP-PA
VALCHLOR GEL .016% (<i>mechlorethamine hcl (topical)</i>)	F	LD-PA-QL QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
ANTIPSORIATICS - Drugs to treat psoriasis		
8-MOP CAP 10MG (<i>methoxsalen</i>)	F	LMSP
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	F	LMSP
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	F	-
<i>calcipotriene oint .005%</i>	F	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	F	-
COSENTYX INJ (1-PACK) 150MG/ML (<i>secukinumab</i>)	F	LMSP-PA-QL QL= 1 inj/28 days
COSENTYX INJ (2-PACK) 150MG/ML (<i>secukinumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days

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<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	F	LMSP
SKYRIZI INJ 75MG/0.83ML (<i>risankizumab-rzaa</i>)	F	LMSP-PA-QL QL= 2 inj/84 days
SORIATANE CK KIT (<i>acitretin w/ moisturizer</i>)	F	LMSP
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
<i>selenium sulfide lotion 1%, 2.5%</i>	F	-
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	F	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
<i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv)	F	-
DENAVIR CREAM 1% (<i>penciclovir</i>)	F	-
BURN PRODUCTS - Drugs to treat burns		
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	F	-
SULFAMYLYON CREAM 85MG/GM (<i>mafénide acetate</i>)	F	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	F	-
<i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv)	F	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	F	-
<i>betamethasone augmented gel .05%</i>	F	-
<i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv)	F	-

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<i>betamethasone augmented oint .05% (DIPROLENE OINT Equiv)</i>	F	-
<i>betamethasone dipropionate cream .05% (DIPROSONE CREAM Equiv)</i>	F	-
<i>betamethasone dipropionate lotion .05%</i>	F	-
<i>betamethasone dipropionate oint .05% (DIPROSONE OINT Equiv)</i>	F	-
<i>betamethasone valerate cream .1%</i>	F	-
<i>betamethasone valerate lotion .1%</i>	F	-
<i>betamethasone valerate oint .1%</i>	F	-
<i>clobetasol propionate cream .05% (TEMOVATE Equiv)</i>	F	-
<i>clobetasol propionate emollient cream .05% (TEMOVATE E Equiv)</i>	F	-
<i>clobetasol propionate gel .05% (TEMOVATE GEL Equiv)</i>	F	-
<i>clobetasol propionate oint .05% (TEMOVATE Equiv)</i>	F	-
<i>desoximetasone cream .05%, .25% (TOPICORT CREAM Equiv)</i>	F	-
<i>desoximetasone gel .05% (TOPICORT Equiv)</i>	F	-
<i>desoximetasone oint .05%, .25% (TOPICORT Equiv)</i>	F	-
<i>EPIFOAM AEROSOL 1% (pramoxine-hc)</i>	F	-
<i>fluocinolone acetonide cream .01%, .025%</i>	F	-
<i>fluocinolone acetonide oint .025%</i>	F	-

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<i>fluocinolone acetonide soln .01%</i>	F	-
<i>fluocinonide cream 0.05% .05% (LIDEX Equiv)</i>	F	-
<i>fluocinonide emollient cream .05%</i>	F	-
<i>fluocinonide gel .05%</i>	F	-
<i>fluocinonide oint .05%</i>	F	-
<i>fluocinonide soln .05%</i>	F	-
<i>fluticasone propionate cream .05% (CUTIVATE Equiv)</i>	F	-
<i>fluticasone propionate oint .005% (CUTIVATE Equiv)</i>	F	-
<i>halobetasol propionate cream .05% (ULTRAVATE Equiv)</i>	F	-
<i>halobetasol propionate oint .05% (ULTRAVATE Equiv)</i>	F	PA
<i>hydrocortisone cream .5%, 1%, 2.5% (PROCTOCORT Equiv)</i>	F	-
<i>hydrocortisone lotion 1%, 2%, 2.5% (HYTONE Equiv)</i>	F	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	F	-
<i>mometasone cream .1% (ELOCON Equiv)</i>	F	-
<i>mometasone oint .1% (ELOCON Equiv)</i>	F	-
<i>mometasone soln .1% (ELOCON Equiv)</i>	F	-
PREDNICARBATE CREAM .1% (<i>prednicarbate</i>)	F	-
PREDNICARBATE OIN .1% (<i>prednicarbate</i>)	F	-
<i>triamcinolone cream .025%, .1%, .5%</i>	F	-
<i>triamcinolone lotion .025%, .1%</i>	F	-
<i>triamcinolone oint .025%, .1%, .5%</i>	F	-
U-CORT CREAM (<i>hydrocortisone acetate-urea</i>)	F	-

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ECZEMA AGENTS - Drugs to treat eczema		
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML <i>(dupilumab)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
ammonium lactate cream 12% (LAC-HYDRIN Equiv)	F	-
ammonium lactate lotion 10%, 12%, 5% (LAC-HYDRIN Equiv)	F	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM (<i>collagenase</i>)	F	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - drugs to grow hair		
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
HAIR REDUCTION AGENTS - drugs to remove hair		
VANIQA CREAM 13.9% (<i>eflornithine hcl</i>)	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	F	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	F	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOCON SOLN 25% (<i>podophyllum resin</i>)	F	-
<i>podofilox soln</i> (CONDYLOX Equiv)	F	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	F	-
<i>lidocaine gel 2%</i> (XYLOCAINE Equiv)	F	-

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<i>lidocaine oint</i>	F	
<i>lidocaine soln 4% (XYLOCAINE Equiv)</i>	F	-
<i>lidocaine/prilocaine cream 2.5% (EMLA Equiv)</i>	F	-
MISC. TOPICAL - Miscellaneous topical products		
<i>aluminum chloride soln (DRYSOL Equiv)</i>	F	-
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	F	-
PIGMENTING-DEPIGMENTING AGENTS - drugs to treat skin discoloration		
<i>hydroquinone cream 4% (LUSTRA Equiv)</i>	EXC	-
TRI-LUMA CREAM .01%-.05%-4% (<i>fluocinolone-hydroquinone-tretinoin</i>)	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
<i>azelaic acid gel 15% (FINACEA Equiv)</i>	F	-
FINACEA PLUS KIT (<i>azelaic acid w/ cleanser & moisturizing lotion</i>)	F	-
<i>metronidazole cream .75% (METROCREAM Equiv)</i>	F	-
<i>metronidazole gel .75%, 1% (METROGEL Equiv)</i>	F	-
<i>metronidazole lotion .75% (METROLOTION Equiv)</i>	F	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
<i>malathion lotion .5% (OVIDE Equiv)</i>	F	QL
<i>permethrin cream 5% (ELIMITE CREAM Equiv)</i>	F	-
SPINOSAD SUSP .9% (<i>spinosad</i>)	F	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		

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REGRANEX GEL .01% (<i>becaplermin</i>)	F	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM (<i>balsam peru-castor oil</i>)	F	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC PRODUCTS, MISC. - drugs to diagnose or monitor conditions		
FREESTYLE LITE TEST STRIP (<i>glucose blood</i>)	F	OTC Limited to 50 strips per month for members not on diabetes medication
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
FREESTYLE INSULINX TEST STRIP (<i>glucose blood</i>)	F	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE PRECISION NEO TEST STRIP (<i>glucose blood</i>)	F	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE TEST STRIP (<i>glucose blood</i>)	F	OTC Limited to 50 strips per month for members not on diabetes medication
KETO-DIASTIX TEST STRIP (<i>urine glucose-ketones test</i>)	F	OTC
KETOSTIX (<i>acetone (urine) test</i>)	F	OTC

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PRECISION XTRA TEST STRIP (<i>glucose blood</i>)	F	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
INFANT FOODS		
INFANT FORMULA LIQUID (<i>infant foods</i>)	F	OTC-PA
INFANT FORMULA POWDER (<i>infant foods</i>)	F	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID (<i>nutritional supplements</i>)	F	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER (<i>nutritional supplements</i>)	F	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	F	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
acetazolamide ER cap 500MG (DIAMOX SEQUEL Equiv)	F	-
acetazolamide tab 125MG, 250MG	F	-

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<i>methazolamide tab 25MG, 50MG (NEPTAZANE Equiv)</i>	F	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>amiloride/hydrochlorothiazide tab 5MG-50MG (MODURETIC Equiv)</i>	F	-
<i>spironolactone/hydrochlorothiazide tab 25MG (ALDACTAZIDE Equiv)</i>	F	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG (DYAZIDE Equiv)</i>	F	-
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg 25MG-50MG (<i>triamterene & hydrochlorothiazide</i>)	F	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG (MAXZIDE Equiv)</i>	F	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>bumetanide tab .5MG, 1MG, 2MG (BUMEX Equiv)</i>	F	-
<i>ethacrynic tab 25MG (EDECRIN Equiv)</i>	F	-
FUROSEMIDE SOLN 8MG/ML (<i>furosemide</i>)	F	-
<i>furosemide tab 20MG, 40MG, 80MG (LASIX Equiv)</i>	F	-
<i>torsemide tab 100MG, 10MG, 20MG, 5MG (DEMADEX Equiv)</i>	F	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>amiloride tab 5MG (MIDAMOR Equiv)</i>	F	-

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<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	F	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>chlorothiazide tab 500MG</i> (DIURIL Equiv)	F	-
CHLORTHALIDONE TAB (<i>chlorthalidone</i>)	F	-
DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>)	F	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	F	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	F	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	F	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	F	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
<i>alendronate tab 10MG, 35MG, 5MG, 70MG</i> (FOSAMAX Equiv)	F	-
ALENDRONATE TAB 40MG 40MG, 5MG (<i>alendronate sodium</i>)	F	-
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	F	-
<i>FORTEO INJ 600MCG/2.4ML</i> (<i>teriparatide recombinant</i>)	F	LMSP

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<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	F	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
MIACALCIN INJ 200UNIT/ML (<i>calcitonin (salmon)</i>)	F	LMSP
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG (<i>parathyroid hormone (recombinant)</i>)	F	LD-PA Only available through Walgreens 888-347-3416
<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	F	ST Step Therapy requires trial of alendronate
TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>)	F	LMSP
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
ORILISSA TAB 150MG 150MG (<i>elagolix sodium</i>)	F	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG (<i>elagolix sodium</i>)	F	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG (<i>pegvisomant</i>)	F	LD-PA Only available through Walgreens 888-347-3416
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 1MG, 2MG (<i>tesamorelin acetate</i>)	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		

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GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 12MG, 1MG, 2MG, 5MG <i>(somatropin)</i>	F	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
<i>raloxifene tab 60MG (EVISTA Equiv)</i>	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	F	MSP
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
SYNAREL NASAL SOLN 2MG/ML (<i>nafarelin acetate</i>)	F	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
<i>calcitriol cap .25MCG, .5MCG (ROCALTROL Equiv)</i>	F	-
<i>calcitriol soln 1MCG/ML (ROCALTROL Equiv)</i>	F	-
<i>cinacalcet tab 30MG, 60MG, 90MG (SENSIPAR Equiv)</i>	F	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG (HECTOROL Equiv)</i>	F	-
KUVAN POWDER PACK 100MG, 500MG <i>(sapropterin dihydrochloride)</i>	F	LD-PA Only available through Walgreens 888-347-3416

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KUVAN TAB 100MG (<i>sapropterin dihydrochloride</i>)	F	LD-PA Only available through Walgreens 888-347-3416
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	F	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	F	-
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML (<i>pegvaliase-pqpz</i>)	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	F	-
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>)	F	LD-PA Only available through PantherRx Pharmacy 855-726-8479
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
<i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv)	F	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	F	-
<i>desmopressin nasal soln</i> (DDAVP Equiv)	F	-
STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>)	F	LMSP
PROLACTIN INHIBITORS - Drugs to regulate hormones		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	F	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		

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96

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)</i>	F	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML <i>(pasireotide diaspartate)</i>	F	LD-PA-QL QL= 2 vials/day; Only available through Accredo 888-773-7376
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG (<i>tolvaptan</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG (<i>tolvaptan</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	F	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	F	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG <i>(conjugated estrogens-medroxyprogesterone acetate)</i>	F	-
ESTROGENS - Drugs used for contraception		

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97

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR (CLIMARA Equiv)</i>	F	-
<i>estradiol tab .5MG, 1MG, 2MG (ESTRACE Equiv)</i>	F	-
<i>estradiol valerate inj 20MG/ML, 40MG/ML</i>	F	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG (<i>estrogens, conjugated</i>)	F	-
FLUOROQUINOLOONES - Drugs to treat bacterial infections		
FLUOROQUINOLOONES - Drugs to treat bacterial infections		
<i>ciprofloxacin susp 250MG/5ML, 500MG/5ML (CIPRO Equiv)</i>	F	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG (CIPRO Equiv)</i>	F	-
<i>levofloxacin soln 25MG/ML (LEVAQUIN Equiv)</i>	F	-
<i>levofloxacin tab 250MG, 500MG, 750MG (LEVAQUIN Equiv)</i>	F	-
<i>moxifloxacin tab 400MG (AVELOX Equiv)</i>	F	-
<i>ofloxacin tab 400MG (FLOXIN Equiv)</i>	F	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - drugs to treat constipation		
TRULANCE TAB 3MG (<i>plecanatide</i>)	F	PA
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>)	F	LD-PA Only available through Dohmen LSS 844-246-5226
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	F	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	F	-
GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	F	-
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	F	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	F	-
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	F	-
CIMZIA INJ 200MG, 200MG/ML (<i>certolizumab</i> <i>pegol</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML (<i>certolizumab</i> <i>pegol</i>)	F	LMSP-PA-QL QL= 1 kit/plan year
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	F	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	F	-
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	F	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	F	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lactulose sohn 10GM/15ML</i>	F	-
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
<i>SYMPROIC TAB .2MG (naldemedine tosylate)</i>	F	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	F	-
<i>FOSRENOL POWDER PACK 1000MG, 750MG (lanthanum carbonate)</i>	F	-
<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv)	F	-
<i>PHOSLYRA SOLN 667MG/5ML (calcium acetate (phosphate binder))</i>	F	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENELA Equiv)	F	-
<i>sevelamer tab 800MG</i> (RENELA TAB Equiv)	F	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
<i>CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (pot & sod citrates w/citic ac)</i>	F	-

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100

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ORACIT SOLN 490MG/5ML-640MG/5ML (<i>sodium citrate & citric acid</i>)	F	-
<i>potassium citrate CR tab 1080MG, 15MEQ, 540MG</i> (UROCIT-K TAB Equiv)	F	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv)	F	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv)	F	-
<i>sodium citrate/citric acid soln 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	F	-
<i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML</i> (POLYCITRA-LC Equiv)	F	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>)	F	LD-PA Only available through CVS Specialty 800-238-7828
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	F	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	F	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	F	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	F	-

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101

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tamsulosin cap .4MG (FLOMAX Equiv)</i>	F	-
URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG, 95MG, 97.5MG, 99.5MG (PYRIDIUM Equiv)</i>	F	-
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
<i>colchicine/probenecid tab .5MG-500MG (COL-BENEMID Equiv)</i>	F	-
GOUT AGENTS - Drugs to treat gout		
<i>allopurinol tab (ZYLOPRIM Equiv)</i>	F	-
<i>colchicine tab .6MG (COLCRYS Equiv)</i>	F	PA
<i>febuxostat tab 40MG, 80MG (ULORIC Equiv)</i>	F	ST Step Therapy requires trial of allopurinol
<i>MITIGARE CAP .6MG (colchicine)</i>	F	-
URICOSURICS - Drugs to treat gout		
<i>probenecid tab 500MG (BENEMID Equiv)</i>	F	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
<i>HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML (emicizumab-kxwh)</i>	F	LMSP-PA
HEMATOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders		

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102

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TAVALISSE TAB 100MG, 150MG (<i>fostamatinib disodium</i>)	F	LD-PA-QL-SF QL= 2 tab/day; Only available through Biologics 800-850-4306
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	F	-
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	F	-
CABLIVI INJ KIT 11MG (<i>caplacizumab-yhdp</i>)	F	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	F	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	F	-
<i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv)	F	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	F	-
<i>ticlopidine tab</i> (TICLID Equiv)	F	-
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	F	MSP-PA
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	F	LD-PA Only available through Accredo 888-773-7376
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		

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103

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea</i> <i>(sickle cell anemia)</i>)	F	-
ENDARI POWDER PACK 5GM (<i>glutamine (sickle cell)</i>)	F	LMSP-PA-QL QL= 6 packets/day
COBALAMINS - Drugs to treat vitamin deficiency		
<i>cyanocobalamin inj 1000MCG/ML</i>	F	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	F	KMSP-PA-QL QL= 2 tabs/day
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa</i>)	F	LMSP
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	F	LMSP
NEUMEGA INJ (<i>oprelvekin</i>)	F	LMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-aafi</i>)	F	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROCRIT INJ 40000UNIT/ML (<i>epoetin alfa</i>)	F	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG (<i>eltrombopag olamine</i>)	F	LMSP-PA
RETACRIT INJ 40000UNIT/ML (<i>epoetin alfa-epbx</i>)	F	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>)	F	LMSP
ZIEXTENZO INJ 6MG/0.6ML (<i>pegfilgrastim-bmez</i>)	F	LMSP
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
<i>ferrex 150 forte cap</i>	F	-
<i>folbee tab 1MG-2.5MG-25MG</i>	F	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acd-vit c-threonic acd-vit b12-fa</i>)	F	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa</i>)	F	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>)	F	-

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105

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG (<i>ferrous fumarate w/fa-dss-b complex-vit c</i>)	F	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	F	-
IRON - Drugs to treat iron deficiency		
<i>ferrous sulfate elixir 220MG/5ML</i>	\$0	OTC Covered for members 1 year or younger
FERROUS SULFATE LIQUID 220MG/5ML, 5MG/20ML (<i>ferrous sulfate</i>)	\$0	OTC Covered for members 1 year or younger
<i>ferrous sulfate soln 15MG/ML</i>	\$0	OTC Covered for members 1 year or younger
FERROUS SULFATE SYRUP 300MG/5ML (<i>ferrous sulfate</i>)	\$0	OTC Covered for members 1 year or younger
IRON SUSP (<i>iron</i>)	\$0	OTC Covered for members 1 year or younger
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		

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106

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<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	F	-
<i>aminocaproic acid syrup</i> (AMICAR Equiv)	F	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	F	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	F	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	F	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	F	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>phenobarbital elixir 20MG/5ML</i>	F	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	F	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	F	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	F	QL QL= 1 tab/day
<i>FLURAZEPAM CAP 15MG, 30MG (<i>flurazepam hcl</i>)</i>	F	-
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	F	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	F	-

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107

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	F	-
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	F	-
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
CLENPIQ SOLN 3.5GM/160ML-10MG/160ML-12GM/160ML <i>(sodium picosulfate-magnesium oxide-anhydrous citric acid)</i>	F	-
<i>peg 3350/electrolytes soln</i> 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (COLYTE Equiv)	\$0	QL Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
<i>trilyte soln 1.48GM-5.72GM-11.2GM-420GM</i> (NULYTELY Equiv)	\$0	QL Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
<i>lactulose soln</i>	F	-
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	F	-

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<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	F	-
CLARITHROMYCIN - Drugs to treat bacterial infections		
CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML (clarithromycin)	F	-
<i>clarithromycin susp 125MG/5ML, 250MG/5ML</i> (BIAXIN Equiv)	F	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	F	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN EC CAP 250MG (<i>erythromycin</i> <i>base</i>)	F	-
<i>erythromycin ethylsuccinate susp 200MG/5ML,</i> <i>400MG/5ML</i> (ERYPED Equiv)	F	-
<i>erythromycin stearate tab 250MG</i>	F	-
FIDAXOMICIN - drugs to treat infections		
DIFICID TAB 200MG (<i>fidaxomicin</i>)	F	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
CERVICAL CAP (<i>cervical caps</i>)	\$0	-
DIAPHRAGM (<i>diaphragm coil spring</i>)	\$0	-
FEMALE CONDOMS (<i>condoms - female</i>)	\$0	OTC

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

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PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
B-D INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	F	-
B-D PEN AUTOSHIELD DUO PEN NEEDLE (<i>insulin pen needle</i>)	F	OTC
TECHLITE INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	F	OTC
TECHLITE PEN NEEDLE (<i>insulin pen needle</i>)	F	OTC
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	F	OTC
TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>)	F	OTC
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>spacer/aerosol-holding chambers</i>)	F	OTC
PEAK FLOW METER (<i>peak flow meter</i>)	F	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
MIGERGOT SUPP 2MG-100MG (<i>ergotamine w/ caffeine</i>)	F	-
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
<i>naratriptan tab 1MG, 2.5MG</i> (AMERGE Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days

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<i>rizatriptan tab 10MG, 5MG (MAXALT Equiv)</i>	F	QL QL= 12 tabs/fill, 3 fills/60 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML (IMITREX Equiv)</i>	F	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML (<i>sumatriptan succinate</i>)	F	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG (IMITREX Equiv)</i>	F	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		
FLUOR-A-DAY CHEW TAB .25MG-236.79MG,.5MG-236.79MG, 1MG-236.79MG (<i>sodium fluoride-xylitol</i>)	F	-
<i>sodium fluoride chew tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG (LURIDE Equiv)</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE LOZENGE 1MG (<i>sodium fluoride</i>)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML (LURIDE Equiv)</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay

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SODIUM FLUORIDE TAB .5MG, 1MG (<i>sodium fluoride</i>)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
PHOSPHATE - Drugs to treat electrolyte deficiency		
K-PHOS TAB 500MG (<i>potassium phosphate monobasic</i>)	F	-
<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	F	-
POTASSIUM - Drugs to treat electrolyte disorders		
KLOR-CON M15 TAB 15MEQ (<i>potassium chloride microencapsulated crystals er</i>)	F	-
<i>potassium bicarbonate effer tab 25MEQ, 2GM-2.5GM</i> (K-LYTE Equiv)	F	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	F	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	F	-
<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	F	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	F	-
<i>potassium chloride soln 10%, 20%</i>	F	-
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	F	-

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zinc sulfate cap 220MG</i>	F	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>penicillamine tab 250MG (DEPEN TITRATAB Equiv)</i>	F	-
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
<i>everolimus tab 0.25mg, 0.5mg, 0.75mg .25MG, .5MG, .75MG (ZORTRESS Equiv)</i>	F	LMSP-PA
<i>sirolimus soln 1MG/ML (RAPAMUNE Equiv)</i>	F	-
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
<i>LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>)</i>	F	LMSP-PA
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
<i>BENLYSTA AUTO-INJECTOR 200MG/ML (<i>belimumab</i>)</i>	F	LMSP-PA-QL QL= 4 inj/28 day
<i>BENLYSTA INJ 200MG/ML (<i>belimumab</i>)</i>	F	LMSP-PA-QL QL= 4 inj/28 day
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
<i>LIDOCAINE ORAL SOLN 4% 4% (<i>lidocaine hcl (mouth-throat)</i>)</i>	F	-
<i>lidocaine viscous soln 2%</i>	F	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
<i>clotrimazole troches 10MG (MYCELEX TROCHES Equiv)</i>	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>nystatin susp 100000UNIT/ML</i>	F	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
<i>chlorhexidine gluconate soln .12% (PERIDEX Equiv)</i>	F	-
DENTAL PRODUCTS - Drugs to prevent cavities		
<i>sodium fluoride cream 1.1% (PREVIDENT Equiv)</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1% (PREVIDENT Equiv)</i>	F	-
<i>sodium fluoride paste 1.1% (PREVIDENT Equiv)</i>	F	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	F	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	F	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
<i>cevimeline cap 30MG (EVOXAC Equiv)</i>	F	-
<i>pilocarpine tab 5MG, 7.5MG (SALAGEN Equiv)</i>	F	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
<i>DIALYVITE TAB (b-complex w/ c-biotin-e-minerals & folic acid)</i>	F	-

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DIALYVITE/ZINC TAB (<i>b-complex w/ c-zn & folic acid</i>)	F	
FOLBEE PLUS CZ TAB (<i>b-complex w/ c-biotin-minerals & folic acid</i>)	F	-
<i>renaphro cap</i> (NEPHROCAP Equiv)	F	-
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	F	-
<i>pediatric multiple vitamins/fluoride/iron soln</i>	F	-
FLORIVA PLUS DROPS (<i>pediatric multivitamins w/fl</i>)	F	-
<i>pediatric multiple vitamins/fluoride chew tab</i>	F	-
<i>pediatric multiple vitamins/fluoride soln</i>	F	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>baclofen tab 10mg, 20mg 10MG, 20MG</i>	F	-
<i>carisoprodol tab 250MG, 350MG</i> (SOMA Equiv)	F	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	F	-

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<i>cyclobenzaprine tab 10mg 10MG (FLEXERIL Equiv)</i>	F	-
<i>cyclobenzaprine tab 5mg 5MG (FLEXERIL Equiv)</i>	F	-
<i>methocarbamol tab 500MG, 750MG (ROBAXIN Equiv)</i>	F	-
<i>tizanidine tab (ZANAFLEX Equiv)</i>	F	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>dantrolene cap 100MG, 25MG, 50MG (DANTRIUM Equiv)</i>	F	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY (ASTELIN Equiv)</i>	F	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
<i>ipratropium nasal spray .03%, .06% (ATROVENT Equiv)</i>	F	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
<i>fluticasone nasal spray 50MCG/ACT (FLONASE Equiv)</i>	F	QL QL= 2 bottles/fill
<i>triamcinolone nasal spray 55MCG/ACT (NASACORT Equiv)</i>	F	QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT (NASACORT Equiv)</i>	F	OTC-QL QL= 2 bottles/fill
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		

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<i>riluzole tab 50MG (RILUTEK Equiv)</i>	F	-
NUTRIENTS - Drugs to treat nutrient disorders		
LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN (<i>medium chain triglycerides</i>)	F	OTC-PA
MCT OIL (<i>medium chain triglycerides</i>)	F	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG (<i>creatine</i>)	F	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET (<i>citrulline</i>)	F	OTC-PA
<i>phlexy-10 tab</i>	F	OTC-PA
<i>pro-stat liquid</i>	F	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
COMBIGAN OPHTH SOLN .2%-.5% (<i>brimonidine tartrate-timolol maleate</i>)	F	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i>	F	-
<i>levobunolol ophth soln .5% (BETAGAN Equiv)</i>	F	-
<i>timolol maleate ophth gel .25%, .5% (TIMOPTIC-XE Equiv)</i>	F	-
<i>timolol maleate ophth soln .25%, .5% (TIMOPTIC Equiv)</i>	F	-
<i>timolol maleate ophth soln 0.5% .5% (ISTALOL Equiv)</i>	F	-

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TIMOLOL OPHTH GEL SOLN .25%, .5% (<i>timolol maleate (ophth)</i>)	F	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
<i>atropine ophth oint 1%</i>	F	-
<i>atropine ophth soln (ISOPTO ATROPINE Equiv)</i>	F	-
CYCLOMYDRIL OPHTH SOLN .2%-1% (<i>cyclopentolate w/ phenylephrine</i>)	F	-
<i>cyclopentolate ophth soln .5%, 1%, 2% (CYCLOGYL Equiv)</i>	F	-
HOMATROPINE OPHTH SOLN 5% (ISOPTO HOMATROPINE Equiv) (<i>homatropine hbr</i>)	F	-
ISOPTO HYOSCINE OPHTH SOLN (<i>scopolamine hbr (ophth)</i>)	F	-
<i>phenylephrine ophth soln 10%, 2.5% (MYDFRIN Equiv)</i>	F	-
<i>tropicamide ophth soln .5%, 1% (MYDRIACYL Equiv)</i>	F	-
MIOTICS - Drugs to treat eye conditions		
ISOPTO CARBACHOL OPHTH SOLN (<i>carbachol (ophth)</i>)	F	-
PHOSPHOLINE OPHTH SOLN .125% (<i>echothiopate iodide</i>)	F	-
<i>pilocarpine ophth soln 1%, 2%, 4% (ISOPTO CARPINE Equiv)</i>	F	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
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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		

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

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<i>gentamicin ophth soln .3% (GARAMYCIN Equiv)</i>	F	-
<i>levofloxacin ophth soln .5% (QUIXIN Equiv)</i>	F	-
<i>moxifloxacin ophth soln .5% (VIGAMOX OPHTH SOLN Equiv)</i>	F	-
NEOMYCIN/POLYMICIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-gramicidin)</i>	F	-
<i>ofloxacin ophth soln .3% (OCUFLOX Equiv)</i>	F	-
<i>polymyxin b(trimethoprim ophth soln .1% -10000UNIT/ML (POLYTRIM Equiv)</i>	F	-
<i>sulfacetamide sodium ophth soln 10% (BLEPH-10 Equiv)</i>	F	-
<i>tobramycin ophth soln (TOBREX Equiv)</i>	F	-
TRIFLURIDINE OPHTH SOLN 1% (VIROPTIC Equiv) <i>(trifluridine)</i>	F	-
ZIRGAN OPHTH GEL .15% <i>(ganciclovir ophthalmic)</i>	F	-
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
RESTASIS OPHTH EMULSION .05% <i>(cyclosporine (ophth))</i>	F	RS Restricted to Ophthalmology or Optometry Specialist
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
<i>proparacaine ophth soln .5% (ALCAINE Equiv)</i>	F	-
OPHTHALMIC STEROIDS - Drugs to treat inflammation		

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ALREX OPHTH SUSP .2%, .5% (<i>loteprednol etabonate</i>)	F	-
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	F	-
<i>dexamethasone ophth soln</i>	F	-
DUREZOL OPHTH EMULSION .05% (<i>disfluprednate</i>)	F	-
<i>fluorometholone ophth soln .1%</i> (FML LIQUIFILM Equiv)	F	-
LOTEMAX OPHTH GEL .5% (<i>loteprednol etabonate</i>)	F	-
LOTEMAX OPHTH OINT .5% (<i>loteprednol etabonate</i>)	F	-
<i>loteprednol ophth susp .5%</i> (LOTEMAX Equiv)	F	-
MAXIDEX OPHTH SOLN .1%, 9% (<i>dexamethasone (ophth)</i>)	F	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	F	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv)	F	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-hc (ophth)</i>)	F	-
PRED MILD OPHTH SOLN .12% (<i>prednisolone acetate (ophth)</i>)	F	-

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PRED-G OPHTH SOLN .3%-1% <i>(gentamicin-prednisolone acetate)</i>	F	-
PREDNISOLONE OPHTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	F	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% <i>(prednisolone sodium phosphate (ophth))</i>	F	-
<i>sulfacetamide sodium/prednisolone ophth soln .23% -10% (VASOCIDIN Equiv)</i>	F	-
TOBRADEX OPHTH OINT .1%-.3% <i>(tobramycin-dexamethasone)</i>	F	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	F	-
VEXOL OPHTH SUSP 1% <i>(rimexolone)</i>	F	-
ZYLET OPHTH SUSP .3%-.5% <i>(loteprednol etabonate-tobramycin)</i>	F	QL QL= 5ml/fill (10ml bottle is Not Covered)
OPHTHALMICS - MISC. - Miscellaneous eye agents		
ALAMAST OPHTH SOLN <i>(pemirolast potassium)</i>	F	-
ALOCRIL OPHTH SOLN 2% <i>(nedocromil sodium (ophth))</i>	F	-
ALOMIDE OPHTH SOLN .1% <i>(lodoxamide tromethamine)</i>	F	-
<i>azelastine ophth soln .05% (OPTIVAR Equiv)</i>	F	-
AZOPT OPHTH SUSP 1% <i>(brinzolamide)</i>	F	-

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<i>bromfenac ophth soln .09% (BROMDAY Equiv)</i>	F	-
<i>cromolyn ophth soln 4% (CROLOM Equiv)</i>	F	-
CYSTARAN OPHTH SOLN .44% (<i>cysteamine hcl</i>)	F	LD-PA-QL QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
<i>diclofenac sodium ophth soln .1% (VOLTAREN Equiv)</i>	F	-
<i>dorzolamide ophth soln 2% (TRUSOPT Equiv)</i>	F	-
FLURBIPROFEN OPHTH SOLN .03% (<i>flurbiprofen sodium</i>)	F	-
ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>)	F	-
<i>ketorolac ophth soln .4%, .5% (ACULAR (LS) Equiv)</i>	F	-
<i>ketotifen ophth soln .025% (ZADITOR Equiv)</i>	F	OTC OTC covered only
NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>)	F	-
<i>olopatadine ophth soln 0.1% .1% (PATANOL Equiv)</i>	F	-
<i>olopatadine ophth soln 0.2% .2% (PATADAY Equiv)</i>	F	QL QL= 2.5ml/30 days
PROLENSA OPHTH SOLN .07% (<i>bromfenac sodium (ophth)</i>)	F	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
<i>bimatoprost ophth soln .03%</i>	F	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005% (XALATAN Equiv)</i>	F	QL QL= 2.5ml/30 days

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LUMIGAN OPHTH SOLN .01% (<i>bimatoprost</i>)	F	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	F	-
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN 2% (<i>acetic acid-aluminum acetate</i>)	F	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
CIPROFLOXACIN OTIC SOLN .2% (<i>ciprofloxacin hcl</i> (<i>otic</i>))	F	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
CIPRODEX OTIC SUSP .1%-.3% (<i>ciprofloxacin-dexamethasone</i>)	F	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML (<i>neomycin-colistin-hc-thonzonium</i>)	F	-
<i>neomycin/polymixin/hydrocoritisone otic soln 1%</i> -3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	F	-
<i>neomycin/polymixin/hydrocoritisone otic susp 1%</i> -3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	F	-
OTIC STEROIDS - Drugs to treat ear swelling		
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	F	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	F	-

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		
<i>methylergonovine tab .2MG (METHERGINE Equiv)</i>	F	QL QL= 28 tabs/fill, 1 fill/365 days
PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	F	KMSP-PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	F	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	F	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human)-klhw</i>)	F	LD-PA Only available through CVS Specialty 800-237-2767
PENICILLINS - Drugs to treat bacterial infections		

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AMINOPENICILLINS - Drugs to treat infections		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	F	-
AMOXICILLIN CHEW TAB 125MG, 250MG (<i>amoxicillin</i>)	F	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML,</i> <i>250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	F	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	F	-
<i>ampicillin cap 250MG, 500MG</i> (PRINCIPEN Equiv)	F	-
<i>ampicillin susp 125MG/5ML, 250MG/5ML</i> (PRINCIPEN Equiv)	F	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
<i>penicillin vk soln 125MG/5ML, 250MG/5ML</i> (VEETIDS Equiv)	F	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	F	-
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
<i>amoxicillin/clavulanate chew tab</i> (AUGMENTIN Equiv)	F	-
<i>amoxicillin/clavulanate susp</i> <i>28.5MG/5ML-200MG/5ML,</i> <i>42.9MG/5ML-600MG/5ML,</i> <i>57MG/5ML-400MG/5ML,</i> <i>62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	F	-

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<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)</i>	F	-
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
<i>dicloxacillin cap 250MG, 500MG (DYNAPEN Equiv)</i>	F	-
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES <i>(polyethylene glycol 8000)</i>	F	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
<i>hydroxyprogesterone inj 250MG/ML (MAKENA Equiv)</i>	F	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG (PROVERA Equiv)</i>	F	-
<i>norethindrone tab 5MG (AYGESTIN Equiv)</i>	F	-
<i>progesterone cap 100MG, 200MG (PROMETRIUM Equiv)</i>	F	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		
<i>acamprosate calcium DR tab 333MG (CAMPRAL Equiv)</i>	F	-
<i>disulfiram tab 250MG, 500MG (ANTABUSE Equiv)</i>	F	-

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ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
XYREM SOLN 500MG/ML (<i>sodium oxybate</i>)	F	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	F	QL-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	F	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	F	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	F	ST Step Therapy requires trial of memantine tab
<i>memantine soln 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	F	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	F	-

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<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	F	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	F	ST Step Therapy requires trial of rivastigmine cap
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG (chlor diazepoxide-amitriptyline)	F	-
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	F	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG (perphenazine-amitriptyline)	F	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK (<i>milnacipran hcl</i>)	F	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>)	F	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
INGREZZA CAP 40MG, 80MG (<i>valbenazine tosylate</i>)	F	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	F	LMSP-PA

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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
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AUBAGIO TAB 14MG, 7MG (<i>teriflunomide</i>)	F	LMSP
AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>)	F	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
EXTAVIA INJ .3MG (<i>interferon beta-1b</i>)	F	LMSP
GILENYA CAP .25MG, .5MG (<i>fingolimod hcl</i>)	F	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	F	LMSP
MAYZENT TAB .25MG, 2MG (<i>siponimod fumarate</i>)	F	LMSP
MAYZENT TAB STARTER PACK .25MG (<i>siponimod fumarate</i>)	F	LMSP
PLEGRIDY INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	F	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	F	LMSP
TECFIDERA CAP 120MG, 240MG (<i>dimethyl fumarate</i>)	F	LMSP
TECFIDERA STARTER PACK (<i>dimethyl fumarate</i>)	F	LMSP
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>)	F	PA-QL QL= 2 caps/day

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	F	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
<i>bupropion SR tab 150MG</i> (ZYBAN Equiv)	\$0	QL-SMKG Limited to 180 days/plan year
CHANTIX PAK (<i>varenicline tartrate</i>)	\$0	QL-SMKG Limited to 168 days/plan year
CHANTIX TAB .5MG, 1MG (<i>varenicline tartrate</i>)	\$0	QL-SMKG Limited to 168 days/plan year
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-QL-SMKG Limited to 180 days/plan year
NICOTINE KIT (<i>nicotine</i>)	\$0	OTC-QL-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-QL-SMKG Limited to 180 days/plan year
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-QL-SMKG Limited to 182 days/plan year
NICOTROL INHALER 10MG (<i>nicotine</i>)	\$0	QL-SMKG Limited to 180 days/plan year
NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>)	\$0	QL-SMKG Limited to 180 days/plan year
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		

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TEGSEDI INJ 284MG/1.5ML (<i>inotersen sodium</i>)	F	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 888-773-7376
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 25MG, 50MG, 75MG (<i>ivacaftor</i>)	F	KMSP-PA-QL-SF QL= 2 packets/day
KALYDECO TAB 150MG (<i>ivacaftor</i>)	F	KMSP-PA-QL-SF QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG (<i>lumacaftor-ivacaftor</i>)	F	KMSP-PA-QL-SF QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>)	F	KMSP-PA-QL-SF QL= 4 tabs/day
PULMOZYME INH SOLN 1MG/ML (<i>dornase alfa</i>)	F	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG (<i>tezacaftor-ivacaftor</i>)	F	KMSP-PA-QL-SF QL= 2 tabs/day
TRIKAFTA TAB 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	F	KMSP-PA-QL QL= 84 tabs/28 days
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	F	LMSP-PA-QL-SF QL= 9 caps/day
ESBRIET TAB 267MG 267MG (<i>pirfenidone</i>)	F	LMSP-PA-QL-SF QL= 9 tabs/day

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ESBRIET TAB 801MG 801MG (<i>pirfenidone</i>)	F	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG (<i>nintedanib esylate</i>)	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Walgreens 888-347-3416
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
SULFADIAZINE TAB 500MG (<i>sulfadiazine</i>)	F	-
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	F	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	F	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	F	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	F	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	F	-

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<i>minocycline tab 100MG, 50MG, 75MG (DYNACIN Equiv)</i>	F	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
<i>methimazole tab (TAPAZOLE Equiv)</i>	F	-
<i>propylthiouracil tab 50MG</i>	F	-
THYROID HORMONES - Drugs to regulate thyroid hormones		
ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 130MG, 146.25MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 32.5MG, 325MG, 48.75MG, 65MG, 81.25MG, 97.5MG <i>(thyroid)</i>	F	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG (CYTOMEL Equiv)</i>	F	-
<i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (ARMOUR THYROID, NATURE THROID Equiv)</i>	F	-
SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG <i>(levothyroxine sodium)</i>	F	-
THYROLAR TAB 120MG, 15MG, 180MG, 30MG, 60MG <i>(liotrix (t3-t4))</i>	F	-
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		

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<i>dicyclomine cap 10MG (BENTYL Equiv)</i>	F	-
<i>dicyclomine soln 10MG/5ML (BENTYL Equiv)</i>	F	-
<i>dicyclomine tab 20MG (BENTYL Equiv)</i>	F	-
<i>glycopyrrolate tab 1MG, 2MG (ROBINUL Equiv)</i>	F	-
<i>hyoscyamine sulfate CR tab .375MG (LEVBID Equiv)</i>	F	-
<i>hyoscyamine sulfate elixir .125MG/5ML (LEVSIN Equiv)</i>	F	-
<i>hyoscyamine sulfate ODT .125MG (ANASPAZ Equiv)</i>	F	-
<i>hyoscyamine sulfate SL tab .125MG (LEVSIN Equiv)</i>	F	-
<i>hyoscyamine sulfate soln .125MG/ML (LEVSIN Equiv)</i>	F	-
<i>hyoscyamine sulfate SR cap (LEVSINEX Equiv)</i>	F	-
<i>hyoscyamine tab .125MG (LEVSIN Equiv)</i>	F	-
<i>PROPANTHELINE TAB 15MG (<i>propantheline bromide</i>)</i>	F	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>famotidine susp 40MG/5ML (PEPCID Equiv)</i>	F	-
<i>famotidine tab 10MG, 20MG, 40MG (PEPCID Equiv)</i>	F	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
<i>sucralfate tab 1GM (CARAFATE Equiv)</i>	F	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
<i>lansoprazole cap 15MG, 30MG (PREVACID Equiv)</i>	F	Rx Only
<i>omeprazole DR cap 10MG, 20MG, 40MG (PRILOSEC Equiv)</i>	F	-

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<i>pantoprazole EC tab 20MG, 40MG (PROTONIX Equiv)</i>	F	-
PREVACID OTC CAP 15MG (<i>lansoprazole</i>)	F	OTC-ST Step Therapy requires trial of lansoprazole or pantoprazole
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
<i>misoprostol tab 100MCG, 200MCG (CYTOTEC Equiv)</i>	F	-
ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions		
ZEGERID CAP OTC 20MG-1100MG (<i>omeprazole-sodium bicarbonate</i>)	F	OTC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
<i>sucralfate susp 1GM/10ML (CARAFATE Equiv)</i>	F	-
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
<i>methenamine hippurate tab 1GM (HIPREX Equiv)</i>	F	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG (MACRODANTIN Equiv)</i>	F	-
<i>nitrofurantoin monohydrate cap 100MG (MACROBID Equiv)</i>	F	-
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		

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<i>oxybutynin ER tab 10MG, 15MG, 5MG (DITROPAN XL Equiv)</i>	F	-
<i>oxybutynin syrup 5MG/5ML</i>	F	-
<i>oxybutynin tab 5MG (DITROPAN Equiv)</i>	F	-
OXYTROL PATCH (OTC) 3.9MG/24HR (<i>oxybutynin</i>)	F	OTC
<i>solifenacain tab 10MG, 5MG (VESICARE Equiv)</i>	F	-
<i>tolterodine SR cap 2MG, 4MG (DETROL LA Equiv)</i>	F	-
<i>tolterodine tab 1MG, 2MG (DETROL Equiv)</i>	F	-
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG (<i>mirabegron</i>)	F	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG (URECHOLINE Equiv)</i>	F	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
PNEUMOVAX INJ 25MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	\$0	VAC
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	\$0	PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.

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VIVOTIF CAP (<i>typhoid vaccine</i>)	F	
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ (<i>influenza virus vaccine split preservative free</i>)	\$0	VAC
AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>)	\$0	VAC
FLUAD INJ (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	\$0	VAC
FLUAD QUAD INJ .5ML (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>)	\$0	VAC
FLUBLOK INJ (<i>influenza virus vaccine recombinant hemagglutinin (ha)</i>)	\$0	VAC
FLUBLOK QUAD PF INJ (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	\$0	VAC
FLUCELVAX INJ (<i>influenza virus vaccine tissue-cultured subunit</i>)	\$0	VAC
FLUCELVAX QUAD INJ (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	\$0	VAC
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	VAC
FLUMIST QUADRIVALENT NASAL SUSP (<i>influenza virus vaccine live quadrivalent</i>)	\$0	VAC
FLUVIRIN INJ (<i>influenza virus vaccine types a & b surface antigen</i>)	\$0	VAC

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FLUVIRIN PF INJ (<i>influenza virus vaccine types a & b preservative free</i>)	\$0	
FLUZONE HD PF INJ (<i>influenza virus vac split high-dose quad preservative free</i>)	\$0	VAC
FLUZONE HIGH DOSE PF INJ (<i>influenza virus vaccine split high-dose preservative free</i>)	\$0	VAC
FLUZONE INTRADERMAL INJ (<i>influenza virus vaccine split</i>)	\$0	VAC
FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	VAC
FLUZONE/FLUARIX QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	VAC
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders		
ACIDIC VAGINAL JELLY (<i>acetic acid vaginal</i>)	F	-
SPERMICIDES - Drugs to prevent pregnancy		
CONTRACEPTIVE FILM 28% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE FOAM 12.5% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE GEL 2%, 3% (<i>nonoxynol-9</i>)	\$0	OTC
TODAY SPONGE 1000MG (<i>nonoxynol-9</i>)	\$0	OTC
<i>vcf vaginal gel 4%</i> (CONCEPTROL Equiv)	\$0	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
AVC VAGINAL CREAM 15% (<i>sulfanilamide vaginal</i>)	F	-

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<i>clindamycin vaginal cream 2% (CLEOCIN Equiv)</i>	F	-
<i>metronidazole vaginal gel .75% (METROGEL Equiv)</i>	F	-
<i>NYSTATIN VAGINAL TAB (<i>nystatin vaginal</i>)</i>	F	-
<i>terconazole cream .4%, .8% (TERAZOL Equiv)</i>	F	-
<i>TERCONAZOLE CREAM 0.8% .8% (<i>terconazole vaginal</i>)</i>	F	-
<i>terconazole supp 80MG (TERAZOL Equiv)</i>	F	-
VAGINAL ESTROGENS - Drugs to treat low hormones		
<i>estradiol cream .1MG/GM (ESTRACE Equiv)</i>	F	-
<i>estradiol vaginal tab, yuvaferm vaginal tab 10MCG (VAGIFEM Equiv)</i>	F	QL QL= 8 tabs/28 days, 18 tabs on first fill
<i>ESTRING 2MG (<i>estradiol vaginal</i>)</i>	F	-
<i>PREMARIN VAGINAL CREAM .625MG/GM (<i>estrogens, conjugated vaginal</i>)</i>	F	-
VAGINAL PROGESTINS - Drugs to treat low hormones		
<i>CRINONE GEL 4%, 8% (<i>progesterone (vaginal)</i>)</i>	F	PA
<i>ENDOMETRIN INSERT 100MG (<i>progesterone (vaginal)</i>)</i>	F	PA
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML (EPIPEN (JR) Equiv)</i>	F	QL QL= 2 inj/fill
<i>SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)</i>	F	QL QL= 2 inj/fill

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141

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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
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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 7/1/2020

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIRAL VACCINES - Drugs to prevent infection		
<i>midodrine tab 10MG, 2.5MG, 5MG (PROAMATINE Equiv)</i>	F	-
VITAMINS - Drugs to treat vitamin deficiency		
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>phytonadione tab 100MCG, 5MG (MEPHYTON Equiv)</i>	F	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	F	RX strength only
<i>vitamin D cap 1000unit 1000UNIT, 25MCG</i>	\$0	OTC Covered for members 65 years or older
<i>vitamin D cap 400unit 400UNIT</i>	\$0	OTC Covered for members 65 years or older
<i>VITAMIN D TAB 400UNIT 400UNIT (<i>ergocalciferol</i>)</i>	\$0	OTC Covered for members 65 years or older
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>niacin cap</i>	F	OTC
<i>niacin CR tab 250MG, 500MG, 750MG (SLO-NIACIN Equiv)</i>	F	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	F	OTC
<i>NIACIN TR TAB 1000MG (<i>niacin</i>)</i>	F	OTC
<i>niacinamide tab 100MG, 500MG</i>	F	OTC

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ALPHABETICAL LISTING OF DRUGS

Other		ACTEMRA ACTPEN INJ	5	albuterol sulfate tab	18
8-MOP CAP	84	ACTEMRA SC INJ	5	albuterol/ipratropium neb	18
A		ACTIMMUNE INJ	49	soln	
abacavir soln	63	acyclovir cap	69	alclometasone cream	85
abacavir tab	63	acyclovir oint	85	alclometasone oint	85
abacavir/lamivudine tab	63	acyclovir susp	69	ALCOHOL SWABS	110
abacavir/lamivudine/zidovu	63	acyclovir tab	69	ALECENSA CAP	52
dine tab		adapalene cream	81	alendronate tab	93
abiraterone tab 250mg	50	adapalene gel	81	ALENDRONATE TAB	93
acamprosate calcium DR	128	adapalene/benzoyl	81	40MG	
tab		peroxide gel 0.1-2.5%		ALFERON-N INJ	49
acarbose tab	28	ADDERALL XR CAP	1	alfuzosin SR tab	101
acebutolol cap	72	adefovir dipivoxil tab	68	ALINIA SUSP	45
acetaminophen/codeine	10	ADEMPAS TAB	76	ALINIA TAB	45
soln		ADVAIR DISKUS	18	allopurinol tab	102
acetaminophen/codeine tab	10	INHALER		ALOCRIL OPHTH SOLN	123
acetazolamide ER cap	91	ADVAIR HFA INHALER	18	ALOGLIPTIN TAB	30
acetazolamide tab	91	AEROCHAMBER	111	ALOGLIPTIN-METFORM	28
acetic acid otic soln	125	AFINITOR DISPERZ	52	IN TAB	
ACETIC	125	AFINITOR TAB 10MG	49	ALOGLIPTIN-PIOGLITA	28
ACID/ALUMINUM		AFLURIA INJ	139	ZONE TAB	
ACETATE OTIC SOLN		AFLURIA INJ, FLUZONE	139	ALOMIDE OPHTH SOLN	123
acetic acid/hydrocortisone	125	INJ		ALPHAGAN P OPHTH	120
otic soln		AKYNZEON CAP	36	SOLN 0.1%	
acetylcysteine soln	81	ALAMAST OPHTH SOLN	123	alprazolam tab	14
ACIDIC VAGINAL JELLY	140	albuterol neb soln	18	ALREX OPHTH SUSP	122
acitretin cap	84	albuterol sulfate ER tab	18	aluminum chloride soln	89
		albuterol sulfate syrup	18	ALUNBRIG TAB 30MG	52

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ALPHABETICAL LISTING OF DRUGS

ALUNBRIG TAB 90MG, 180MG	52	AMOXAPINE TAB amoxicillin cap	27 127	armodafinil tab ARMOUR THYROID	2 135
amantadine cap	59	AMOXICILLIN CHEW TAB	127	TAB, NATURE THROID TAB	
amantadine syrup	59	amoxicillin susp	127	ARNUITY ELLIPTA	17
amantadine tab	59	amoxicillin tab	127	INHALER	
ambrisentan tab	75	amoxicillin/clavulanate	127	ashlyna tab, daysee tab	77
amethyst tab	77	chew tab		ASMANEX HFA	17
amiloride tab	92	amoxicillin/clavulanate	127	INHALER	
amiloride/hydrochlorothia zide tab	92	susp		ASMANEX INHALER	17
aminocaproic acid soln	107	amoxicillin/clavulanate tab	128	aspirin chew tab 81mg	7
aminocaproic acid syrup	107	500-125mg, 875-125mg		aspirin ec tab 325mg	7
aminocaproic acid tab	107	amphetamine/dextroamphe	1	aspirin ec tab 81mg	8
aminophylline tab	19	tamine tab		aspirin tab 325mg	8
amiodarone tab	16	ampicillin cap	127	aspirin tab 81mg	8
amitriptyline tab	27	ampicillin susp	127	atazanavir cap	63
amlodipine tab	73	anagrelide cap	103	atenolol tab	72
amlodipine/atorvastatin tab	74	anastrozole tab	50	atenolol/chlorthalidone tab	43
amlodipine/benazepril cap	42	ANDRODERM PATCH	11	atorvastatin tab 10mg	39
amlodipine/olmesartan tab	42	ANORO ELLIPTA	18	atorvastatin tab 20mg	39
amlodipine/valsartan tab	42	INHALER		atorvastatin tab 40mg	39
amlodipine/valsartan/hydro chlorothiazide tab	43	APOKYN INJ	59	atorvastatin tab 80mg	39
ammonium lactate cream	88	apraclonidine ophth soln	120	atovaquone susp	45
ammonium lactate lotion	88	aprepitant cap	36	atovaquone/proguanil tab	46
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	81	aprepitant pak	36	ATRIPLA TAB	63
		APTIVUS CAP	63	atropine ophth oint	119
		APTIVUS SOLN	63	atropine ophth soln	119
		ariPIPRAZOLE tab	63		

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ALPHABETICAL LISTING OF DRUGS

ATROVENT HFA INHALER	16	BALVERSA TAB 3MG BALVERSA TAB 4MG BALVERSA TAB 5MG	52 52 52	betamethasone augmented oint betamethasone	86 86
AUBAGIO TAB	131	BANZEL SUSP BANZEL TAB	21 21	dipropionate cream betamethasone	86
AVANDAMET TAB	28	BAQSIMI NASAL	29	dipropionate lotion	
AVANDARYL TAB	28	POWDER		betamethasone	86
AVANDIA TAB	32	BASAGLAR INJ	31	dipropionate oint	
AVC VAGINAL CREAM	140	B-D INSULIN SYRINGE	111	betamethasone valerate	86
AVONEX INJ	131	U-500		cream	
AZASITE SOLN azathioprine tab	120 70	B-D PEN AUTOSHIELD	111	betamethasone valerate	86
azelaic acid gel	89	DUO PEN NEEDLE		lotion	
azelastine nasal spray 0.1%	117	benazepril tab	41	betamethasone valerate	86
azelastine ophth soln	123	benazepril/hydrochlorothia	43	oint	
azithromycin susp	108	zide tab		bethanechol tab	138
azithromycin tab	109	BENLYSTA	114	bexarotene cap	58
AZOPT OPHTH SUSP	123	AUTO-INJECTOR		bicalutamide tab	50
B		BENLYSTA INJ	114	BIKTARVY TAB	64
BACITRACIN OPHTH OINT	120	BENZNIDAZOLE TAB	13	bimatoprost ophth soln	124
bacitracin/neomycin/poly myxin b ophth oint	120	benzonatate cap 100mg, 200mg	80	bisoprolol tab	72
bacitracin/polymyxin b ophth oint	120	benztropine tab	59	bisoprolol/hydrochlorothia zide tab	43
bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	122	betamethasone augmented cream	85	bosentan tab	75
baclofen tab 10mg, 20mg	116	betamethasone augmented gel	85	BOSULIF TAB	53
balsalazide cap	99	betamethasone augmented lotion	85	BRAFTOVI CAP 50MG	53
				BRAFTOVI CAP 75MG	53
				BREO ELLIPTA	18
				INHALER	

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ALPHABETICAL LISTING OF DRUGS

brimonidine ophth soln 0.15%	120	cabergoline tab	96	CAYSTON INH SOLN	46
brimonidine ophth soln 0.2%	120	CABLIVI INJ KIT	103	cefdinir cap	76
bromfenac ophth soln	124	CABOMETYX TAB	53	cefdinir susp	76
bromocriptine cap	59	calcipotriene cream	84	cefuroxime susp	76
bromocriptine tab	59	calcipotriene oint	84	cefuroxime tab	76
BRUKINSA CAP	53	calcitonin nasal spray	93	CELONTIN CAP	24
budesonide inh susp	17	calcitriol cap	95	cephalexin cap	76
budesonide SR cap	79	calcitriol soln	95	cephalexin susp	76
bumetanide tab	92	CALIBRATION LIQUID	110	CERDELGA CAP	103
buprenorphine SL tab	11	CALQUENCE CAP	53	CERVICAL CAP	109
buprenorphine/naloxone sl film	11	capecitabine tab	50	cetirizine syrup	37
buprenorphine/naloxone SL tab	11	CAPRELSA TAB	53	cetirizine tab	38
bupropion ER tab	25	captopril tab	41	cetirizine/pseudoephedrine	80
bupropion SR tab	132	carbamazepine chew tab	21	12-hour tab	
bupropion tab	25	carbamazepine ER cap	21	cevimeline cap	115
bupropion XL tab	25	carbamazepine ER tab	21	CHANTIX PAK	132
buspirone tab	14	carbamazepine susp	21	CHANTIX TAB	132
butorphanol nasal spray	11	carbamazepine tab	21	CHEMET CAP	34
BYDUREON BCISE	30	carbidopa tab	58	chlordiazepoxide cap	14
AUTO INJ		carbidopa/levodopa ER tab	59	CHLORDIAZEPOXIDE/A	130
BYDUREON INJ	30	carbidopa/levodopa ODT	59	MITRIPTYLINE TAB	
BYDUREON PEN INJ	30	carbidopa/levodopa tab	59	chlorhexidine gluconate	115
BYSTOLIC TAB	72	CARBIDOPA/LEVODOP	60	soln	
		A/ENTACAPONE TAB		chloroquine tab	46
		carisoprodol tab	116	chlorothiazide tab	93
		carvedilol tab	71	chlorpheniramine ER cap	37
C				chlorpromazine tab	62

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ALPHABETICAL LISTING OF DRUGS

chlorpropamide tab	33	ciprofloxacin susp	98	clotrimazole/betamethason	83
CHLORTHALIDONE TAB	93	ciprofloxacin tab	98	e cream	
chlorzoxazone tab 500mg	116	citalopram soln	25	clotrimazole/betamethason	83
CHOLBAM CAP	99	citalopram tab	25	e lotion	
cholestyramine lite	38	CITRULLINE PACKET	118	CLOZAPINE ODT	61
powder		CLARITHROMYC SUSP	109	CLOZAPINE ODT	61
cholestyramine lite	38	clarithromycin susp	109	12.5MG	
powder pack		clarithromycin tab	109	clozapine ODT 25mg,	61
cholestyramine powder	39	CLENPIQ SOLN	108	100mg	
cholestyramine powder	39	clindamycin cap	45	CLOZAPINE ODT,	61
pack		clindamycin gel	82	FAZACLO ODT	
CHOLINE MAGNESIUM	8	clindamycin lotion	82	clozapine tab	62
TRISALICYLATE TAB		clindamycin pad	82	CODEINE SULFATE TAB	8
ciclopirox cream	83	clindamycin topical soln	82	15MG	
ciclopirox gel	83	clindamycin vaginal cream	141	codeine sulfate tab 15mg,	8
ciclopirox nail soln	83	clobazam tab	21	30mg	
ciclopirox shampoo	83	clobetasol propionate	86	CODEINE SULFATE TAB	8
ciclopirox topical susp	83	cream		60MG	
cilostazol tab	103	clobetasol propionate	86	colchicine tab	102
CIMDUO TAB	64	emollient cream		colchicine/probenecid tab	102
CIMZIA INJ	99	clobetasol propionate gel	86	colesevelam pack	39
CIMZIA STARTER INJ	99	clobetasol propionate oint	86	colesevelam tab	39
KIT		clonazepam tab	21	colestipol tab	39
cinacalcet tab	95	clonidine patch	42	COLY-MYCIN S OTIC	125
CIPRODEX OTIC SUSP	125	clonidine tab	42	SUSP	
ciprofloxacin ophth soln	120	clopidogrel tab 75mg	103	COMBIGAN OPHTH	118
CIPROFLOXACIN OTIC	125	clotrimazole troches	114	SOLN	
SOLN				COMBIVENT INHALER	18

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ALPHABETICAL LISTING OF DRUGS

COMBIVENT RESPIMAT	19	cyclopentolate ophth soln	119	desmopressin nasal soln	96
INHALER		cyclophosphamide cap	49	desoximetasone cream	86
COMETRIQ KIT	53	cyclophosphamide tab	48	desoximetasone gel	86
COMPLERA TAB	64	cyclosporine cap	70	desoximetasone oint	86
CONTRACEPTIVE FILM	140	cyclosporine modified cap	70	desvenlafaxine ER tab	26
CONTRACEPTIVE FOAM	140	cyclosporine modified	70	DEXAMETHASONE	79
CONTRACEPTIVE GEL	140	soln		CONC	
CONTRAVE TAB	2	cyproheptadine syrup	38	dexamethasone elixir	79
COPIKTRA CAP	53	cyproheptadine tab	38	dexamethasone ophth soln	122
COSENTYX INJ (1-PACK)	84	CYSTAGON CAP	101	DEXAMETHASONE	79
COSENTYX INJ (2-PACK)	84	CYSTARAN OPHTH	124	SOLN	
COTELLIC TAB	54	SOLN		dexamethasone tab	79
CREATINE PACKET	118	CYTRA-3 SYRUP	100	dexamethylphenidate ER	2
5000MG		D		cap	
CREON CAP	91	dalfampridine ER tab	131	dexamethylphenidate tab	2
CRINONE GEL	141	danazol cap	11	dextroamphetamine ER	1
CRIXIVAN CAP	64	dantrolene cap	117	cap	
cromolyn conc	99	dapsone tab	45	dextroamphetamine tab	1
cromolyn neb soln	16	deferasirox tab	34	DIACOMIT CAP	21
cromolyn ophth soln	124	deferasirox tab 90mg,	35	DIACOMIT POWDER	22
cryselle tab	77	360mg		PACK	
cyanocobalamin inj	104	DELSTRIGO TAB	64	DIALYVITE TAB	115
cyclobenzaprine tab 10mg	117	DENAVIR CREAM	85	DIALYVITE/ZINC TAB	115
cyclobenzaprine tab 5mg	117	DEPO-PROVERA INJ	78	DIAPHRAGM	109
CYCLOMYDRIL OPHTH	119	DESCOVERY TAB	64	DIASTAT RECTAL GEL,	21
SOLN		desipramine tab	27	DIAZEPAM RECTAL	
		desmopressin acetate inj	96	GEL	
		desmopressin acetate tab	96	diazepam conc	14

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ALPHABETICAL LISTING OF DRUGS

DIAZEPAM SOLN	14	disulfiram tab	128	dronabinol cap	36
diazepam tab 2mg, 10mg	15	DIURIL SUSP	93	DROXIA CAP	104
diazepam tab 5mg	15	divalproex ER tab	24	DRYSOL SOLN	89
diclofenac gel 1%	83	divalproex sodium DR tab	24	DULERA INHALER	19
diclofenac potassium tab	5	divalproex sprinkle cap	24	duloxetine EC cap	26
diclofenac sodium EC tab	5	dofetilide cap	16	DUPIXENT INJ	88
diclofenac sodium ophth soln	124	donepezil ODT	129	DUREZOL OPHTH	122
diclofenac sodium XR tab	5	donepezil tab	129	EMULSION	
dicloxacillin cap	128	donepezil tab 23mg	129	dutasteride cap	101
dicyclomine cap	136	DOPTELET TAB	104	E	
dicyclomine soln	136	dorzolamide ophth soln	124	econazole cream	83
dicyclomine tab	136	dorzolamide/timolol ophth	118	EDURANT TAB	64
didanosine DR cap	64	soln		efavirenz cap	64
DIFICID TAB	109	DOVATO TAB	64	efavirenz tab	64
digoxin soln	74	doxazosin tab	42	EGRIFTA INJ	94
digoxin tab	74	doxepin cap	27	ELIQUIS TAB, ELIQUIS	20
DILANTIN CAP 30MG	24	doxepin conc	27	STARTER PACK	
DILTIAZEM CAP	73	doxercalciferol cap	95	ELIXOPHYLLIN ELIXIR	19
diltiazem ER cap	73	doxycycline hyclate cap	134	ELLA TAB	78
diltiazem tab	73	doxycycline hyclate tab	134	ELMIRON CAP	101
diphenhydramine cap	37	doxycycline monohydrate	134	EMCYT CAP	50
50mg		cap 100mg		EMTRIVA CAP	64
DIPHENOXYLATE/ATRO	34	doxycycline monohydrate	134	EMTRIVA SOLN	64
PINE LIQUID		cap 50mg		EMVERM TAB	13
diphenoxylate/atropine tab	34	doxycycline monohydrate	134	enalapril tab	41
dipyridamole tab	103	tab		enalapril/hydrochlorothiazi	43
disopyramide cap	15	doxycycline susp	134	de tab	
		D-PENAMINE TAB	70	ENBREL INJ 25MG	7

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ALPHABETICAL LISTING OF DRUGS

ENBREL INJ 50MG	7	erythromycin soln	82	everolimus tab 0.25mg, 0.5mg, 0.75mg	114
ENBREL MINI INJ	7	erythromycin stearate tab	109	EVOTAZ TAB	64
ENBREL SURECLICK INJ 50MG	7	erythromycin/sulfisoxazol e susp	44	exemestane tab	51
ENDARI POWDER PACK	104	ESBRIET CAP	133	EXTAVIA INJ	131
ENDOMETRIN INSERT	141	ESBRIET TAB 267MG	133	ezetimibe tab	40
enoxaparin inj	20	ESBRIET TAB 801MG	134	F	
enpresse tab	77	escitalopram soln	25	famotidine susp	136
entacapone tab	59	escitalopram tab	25	famotidine tab	136
entecavir tab	68	estazolam tab	107	FARYDAK CAP	54
EPIDUO FORTE GEL	82	estradiol cream	141	FASENRA PEN INJ	16
EPIFOAM AEROSOL	86	estradiol patch	98	febuxostat tab	102
epinephrine pen inj 0.15mg, 0.3mg	141	estradiol tab	98	felbamate susp	23
EPIVIR HBV SOLN	68	estradiol vaginal tab,	141	felbamate tab	23
EPOGEN INJ	104	yuvafem vaginal tab		felodipine ER tab	73
EQUETRO CAP	61	estradiol valerate inj	98	FEMALE CONDOMS	109
ERIVEDGE CAP	50	estradiol/norethindrone tab	97	fenofibrate cap 67mg, 134mg, 200mg	39
ERLEADA TAB	51	ESTRING	141	fenofibrate tab 48mg, 54mg, 145mg, 160mg	39
erlotinib tab	54	eszopiclone tab	107	fenofibric acid DR cap	39
ERY PAD	82	ethacrynic tab	92	fentanyl patch	8
ERYTHROMYCIN EC CAP	109	ethambutol tab	47	ferrex 150 forte cap	105
erythromycin	109	ethosuximide cap	24	FERRIPROX SOLN	34
ethylsuccinate susp		ethosuximide soln	24	FERRIPROX TAB	34
erythromycin gel	82	etodolac cap	5	ferrous sulfate elixir	106
erythromycin ophth oint	120	etodolac tab	5	FERROUS SULFATE LIQUID	106
erythromycin pad	82	ETOPOSIDE CAP	58		

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ALPHABETICAL LISTING OF DRUGS

ferrous sulfate soln	106	FLUMIST	139	FLUPHENAZINE TAB	62
FERROUS SULFATE	106	QUADRIVALENT NASAL		FLURAZEPAM CAP	107
SYRUP		SUSP		flurbiprofen ophth soln	124
FIASP FLEXTOUCH INJ	31	fluocinolone acetonide	86	flurbiprofen tab	5
FIASP INJ	31	cream		flutamide cap	51
FIASP PENFILL INJ	31	fluocinolone acetonide	86	fluticasone nasal spray	117
FINACEA PLUS KIT	89	oint		fluticasone propionate	87
finasteride tab	88	fluocinolone acetonide	87	cream	
FIRST-VANCOMYCIN	45	soln		fluticasone propionate oint	87
SOLN		fluocinolone otic oil	125	FLUTICASONE/SALMET	19
FIRVANQ SOLN	45	fluocinonide cream 0.05%	87	EROL INHALER	
flecainide tab	15	fluocinonide emollient	87	FLUVIRIN INJ	139
FLORIVA PLUS DROPS	116	cream		FLUVIRIN PF INJ	139
FLOVENT DISKUS	17	fluocinonide gel	87	fluvoxamine ER cap	26
INHALER		fluocinonide oint	87	fluvoxamine tab	26
FLOVENT HFA INHALER	17	fluocinonide soln	87	FLUZONE HD PF INJ	140
FLUAD INJ	139	FLUOR-A-DAY CHEW	112	FLUZONE HIGH DOSE	140
FLUAD QUAD INJ	139	TAB		PF INJ	
FLUBLOK INJ	139	fluorometholone ophth	122	FLUZONE	140
FLUBLOK QUAD PF INJ	139	soln		INTRADERMAL INJ	
FLUCELVAX INJ	139	FLUOROPLEX CREAM	84	FLUZONE QUAD INJ	140
FLUCELVAX QUAD INJ	139	fluorouracil cream	84	FLUZONE/FLUARIX	140
fluconazole susp	37	FLUOROURACIL	84	QUAD INJ	
fluconazole tab	37	CREAM 0.5%		FOLBEE PLUS CZ TAB	116
flucytosine cap	36	FLUOROURACIL SOLN	84	folbee tab	105
fludrocortisone tab	80	fluoxetine cap	25	folic acid tab 1mg	104
FLULAVAL QUAD INJ,	139	fluoxetine soln	25	folic acid tab 400mcg	104
FLUZONE QUAD INJ		fluoxetine tab	25	folic acid tab 800mcg	104

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ALPHABETICAL LISTING OF DRUGS

fondaparinux inj	20	FREESTYLE TEST STRIP	90	glipizide ER tab	33
FORTEO INJ	93	FULPHILA INJ	104	glipizide tab	33
fosamprenavir tab	65	furosemide soln	92	glipizide/metformin tab	28
fosinopril tab	41	furosemide tab	92	GLUCAGEN HYPOKIT	29
fosinopril/hydrochlorothia zide tab	43	FUZEON INJ	65	INJ	
FOSRENOL POWDER PACK	100	G		GLUCAGON INJ KIT	29
FREESTYLE FREEDOM LITE METER	110	gabapentin cap	22	glyburide micronized tab	33
FREESTYLE INSULINX METER	110	gabapentin soln	22	glyburide tab	33
FREESTYLE INSULINX TEST STRIP	90	gabapentin tab	22	glyburide/metformin tab	28
FREESTYLE LIBRE RECEIVER	110	galantamine ER cap	129	glycopyrrolate tab	136
FREESTYLE LIBRE SENSOR (10-DAY)	110	galantamine tab	129	granisetron tab	35
FREESTYLE LIBRE SENSOR (14-DAY)	110	GALZIN CAP	113	griseofulvin micro tab	36
FREESTYLE LITE METER	110	GANCICLOVIR CAP	68	griseofulvin susp	36
FREESTYLE LITE TEST STRIP	90	gemfibrozil tab	39	griseofulvin tab	36
FREESTYLE PRECISION NEO METER	110	GENOTROPIN INJ	95	guaifenesin/codeine soln	80
FREESTYLE PRECISION NEO TEST STRIP	90	GENTAK OPHTH OINT	120	guaifenesin/codeine syrup	80
		gentamicin ophth oint	120	guanfacine ER tab	2
		gentamicin ophth soln	121	guanfacine IR tab	42
		gentamicin sulfate cream	82	GVOKE INJ	29
		gentamicin sulfate oint	83	GVOKE PFS INJ	29
		GENVOYA TAB	65	H	
		gianvi tab, ocella tab	77	halobetasol propionate cream	87
		GILENYA CAP	131	halobetasol propionate oint	87
		GILOTrif TAB	54	haloperidol lactate conc	61
		glatiramer inj	131	haloperidol tab	61
		GLEOSTINE/LOMUSTIN E CAP	49	hc pramoxine cream 1-1%	12
		glimepiride tab	33		

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ALPHABETICAL LISTING OF DRUGS

HEMLIBRA INJ	102	hydrocodone/acetaminophen tab	10	hyoscyamine tab	136
HEXALEN CAP	48	en tab		HYQVIA INJ	126
HIZENTRA INJ	126	hydrocodone/homatropine syrup	80		
HOMATROPINE OPHTH	119	hydrocortisone cream	87	I	
SOLN		hydrocortisone enema	12	ibandronate tab 150mg	94
HUMIRA INJ 10MG	4	hydrocortisone lotion	87	IBRANCE CAP	54
HUMIRA INJ 20MG	4	hydrocortisone oint	87	IBRANCE TAB	54
HUMIRA INJ 40MG	4	hydrocortisone tab	79	ibuprofen susp (Rx ONLY)	5
HUMIRA INJ	4	hydromorphone tab 2mg	9	ibuprofen tab	6
CROHNS/UC/HIDRADEN		hydromorphone tab 4mg	9	ICLUSIG TAB	54
ITIS STARTER PACK		hydromorphone tab 8mg	9	IDHIFA TAB	54
HUMIRA INJ PEDIATRIC	4	hydroquinone cream	89	ILEVRO OPHTH SUSP	124
CROHNS STARTER		hydroxychloroquine tab	46	imatinib tab	54
PACK		hydroxyprogesterone inj	128	IMBRUVICA CAP 140MG	54
HUMIRA INJ	4	hydroxyurea cap	49	IMBRUVICA CAP 70MG	55
PSORIASIS/UVEITIS		hydroxyzine pamoate cap	14	IMBRUVICA TAB	55
STARTER PACK		hydroxyzine syrup	14	imipramine tab	27
HUMIRA PEN INJ 40MG	4	hydroxyzine tab	14	imiquimod cream	88
HUMULIN R INJ U-500	31	hyoscyamine sulfate CR	136	IMPAVIDO CAP	44
HUMULIN R U-500	31	tab		INCRELEX INJ	95
KWIKPEN INJ		hyoscyamine sulfate elixir	136	INCRUSE ELLIPTA	16
HYCAMTIN CAP	49	hyoscyamine sulfate ODT	136	INHALER	
hydralazine tab	44	hyoscyamine sulfate SL	136	indapamide tab	93
hydrochlorothiazide cap	93	tab		indomethacin cap	6
hydrochlorothiazide tab	93	hyoscyamine sulfate soln	136	indomethacin CR cap	6
hydrocodone/acetaminophen soln	10	hyoscyamine sulfate SR	136	INFANT FORMULA LIQUID	91
		cap			

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ALPHABETICAL LISTING OF DRUGS

INFANT FORMULA POWDER	91	ISENTRESS POWDER PACK	65	junel tab	77
INGREZZA CAP	130	isibloom tab, enskyce tab, apri tab	77	JYNARQUE PAK	97
INLYTA TAB	55			JYNARQUE TAB	97
INSULIN ASPART	31	ISONIAZID SYRUP	47	K	
FLEXPEN INJ		ISONIAZID TAB	47	KALETRA TAB	65
INSULIN ASPART INJ	31	ISOPTO CARBACHOL	119	KALYDECO PAK	133
INSULIN ASPART MIX	31	OPHTH SOLN		KALYDECO TAB	133
FLEXPEN INJ		ISOPTO HYOSCINE	119	kelnor tab	77
INSULIN ASPART MIX INJ	31	OPHTH SOLN		ketoconazole cream	83
INSULIN ASPART PENFILL INJ	32	isosorbide dinitrate ER tab	13	ketoconazole shampoo	83
INTELENCE TAB	65	isosorbide dinitrate SL tab	13	ketoconazole tab	37
INTRON-A INJ	49	isosorbide dinitrate tab	13	KETO-DIASTIX TEST STRIP	90
INVIRASE CAP	65	isosorbide mononitrate ER tab	13	ketorolac ophth soln	124
INVIRASE TAB	65	isosorbide mononitrate tab	14	ketorolac tab	6
IOPIDINE OPHTH SOLN 1%	120	itraconazole cap	37	KETOSTIX	90
ipratropium nasal spray	117	ivermectin tab	13	ketotifen ophth soln	124
ipratropium neb soln	16	J		KEVZARA INJ	5
irbesartan tab	41	JADENU SPRINKLE	35	KINERET INJ	5
irbesartan/hydrochlorothia zide tab	43	JAKAFI TAB	55	KLOR-CON M15 TAB	113
IRESSA TAB	48	JANUMET TAB	28	KORLYM TAB	30
IRON SUSP	106	JANUMET XR TAB	28	K-PHOS TAB	113
ISENTRESS (HD) TAB	65	JANUVIA TAB	30	KRINTAFEL TAB	47
ISENTRESS CHEW TAB	65	JARDIANCE TAB	33	KUVAN POWDER PACK	95
		jinteli tab	97	KUVAN TAB	96
		JULUCA TAB	65	L	
		junel FE tab	77	labetalol tab	71

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ALPHABETICAL LISTING OF DRUGS

lactulose soln	100	levocarnitine soln	96	lithium carbonate tab	60
LAMICTAL CHEW TAB	22	levocarnitine tab	96	lithium citrate soln	60
2MG		levofloxacin ophth soln	121	LOKELMA PAK	114
lamivudine soln	65	levofloxacin soln	98	LONSURF TAB	52
lamivudine tab	65	levofloxacin tab	98	lopinavir/ritonavir soln	66
lamivudine tab 100mg	68	levonorgestrel tab	78	loratadine chew tab	38
lamivudine/zidovudine tab	65	LEVONORGESTREL TAB	78	loratadine ODT	38
lamotrigine chew tab	22	0.75MG		loratadine syrup	38
lamotrigine tab	22	LEXIVA SUSP	65	loratadine tab	38
LANCET KIT	110	lidocaine cream 3%	88	loratadine/pseudoephedrin	80
LANCETS	110	lidocaine gel	88	e 12-hour tab	
lansoprazole cap	136	lidocaine oint	88	loratadine/pseudoephedrin	80
lanthanum carbonate chew tab	100	LIDOCAINE ORAL SOLN	114	e 24-hour tab	
latanoprost ophth soln	124	4%		lorazepam conc	15
layolis FE tab, wymzya FE tab	77	lidocaine soln	89	lorazepam tab	15
LEDIPASVIR/SOFOSBUV IR TAB	68	lidocaine viscous soln	114	LORBRENA TAB 100MG	55
leflunomide tab	6	lidocaine/hydrocortisone cream	12	LORBRENA TAB 25MG	55
LENVIMA CAP	55	lidocaine/prilocaine cream	89	losartan tab	41
letrozole tab	51	linezolid susp	46	losartan/hydrochlorothiazi de tab	43
leucovorin tab	49	linezolid tab	46	LOTEMAX OPHTH GEL	122
LEUKERAN TAB	48	liothyronine tab	135	LOTEMAX OPHTH OINT	122
levetiracetam ER tab	22	LIQUIGEN	118	loteprednol ophth susp	122
levetiracetam soln	22	lisinopril tab	41	lovastatin tab	39
levetiracetam tab	22	lisinopril/hydrochlorothiaz ide tab	43	loxapine cap	62
levobunolol ophth soln	118	lithium carbonate cap	60	LUMIGAN OPHTH SOLN	125
		lithium carbonate ER tab	60	LYNPARZA CAP	55
				LYNPARZA TAB	55

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ALPHABETICAL LISTING OF DRUGS

LYSODREN TAB	51	mesalamine enema	99	methylphenidate ER tab	3
M		mesalamine ER cap	100	10mg, 20mg	
malathion lotion	89	mesalamine supp	100	methylphenidate soln	3
maldemar tab	35	MESNEX TAB	49	methylphenidate tab	3
MAPROTILINE TAB	25	METAPROTERENOL	19	methylprednisolone dose	79
MARPLAN TAB	25	SYRUP		pack	
MATULANE CAP	49	metformin ER tab	29	methylprednisolone tab	79
MAVYRET TAB	68	metformin tab	29	metoclopramide soln	99
MAXIDEX OPHTH SOLN	122	methadone conc	9	metoclopramide tab	99
MAYZENT TAB	131	methadone soln 10mg/5ml	9	metolazone tab	93
MAYZENT TAB	131	methadone soln 5mg/5ml	9	metoprolol ER tab	72
STARTER PACK		methadone tab	9	metoprolol tab	72
MCT OIL	118	methadone tablet 10mg	9	METOPROLOL/HYDROC	44
meclizine chew tab	35	methazolamide tab	92	HLOROTHIAZIDE TAB	
meclizine tab	35	methenamine hippurate tab	137	metronidazole cream	89
medroxyprogesterone tab	128	methimazole tab	135	metronidazole gel	89
mefloquine tab	47	methocarbamol tab	117	metronidazole lotion	89
megestrol susp	51	methotrexate inj	50	metronidazole tab	44
megestrol tab	51	methotrexate tab	48	metronidazole vaginal gel	141
MEKINIST TAB 0.5MG	55	methoxsalen cap	85	MEXILETINE CAP	15
MEKINIST TAB 2MG	56	methyldopa tab	42	MIACALCIN INJ	94
MEKTOVI TAB	56	METHYLDOPA/HYDRO	43	midodrine tab	142
meloxicam tab	6	CHLOROTHIAZIDE TAB		MIGERGOT SUPP	111
melphalan tab	49	methylergonovine tab	126	miglustat cap	103
memantine ER cap	129	methylphenidate CD cap	3	minocycline cap	134
memantine soln	129	methylphenidate ER cap	3	minocycline tab	135
memantine tab	129	METHYLPHENIDATE ER	3	minoxidil tab	44
mercaptopurine tab	48	TAB		mirtazapine ODT	24

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ALPHABETICAL LISTING OF DRUGS

mirtazapine tab	25	MYLERAN TAB	49	neomycin/polymyxin/dexa	122
misoprostol tab	137	MYRBETRIQ TAB	138	methasone ophth soln	
MITIGARE CAP	102	N		NEOMYCIN/POLYMYXI	122
modafinil tab	3	nabumetone tab	6	N/HYDROCORTISONE	
mometasone cream	87	nadolol tab	72	OPHTH SOLN	
mometasone oint	87	naloxone inj	35	NEPHRON FA TAB	106
mometasone soln	87	naloxone prefilled inj	35	NERLYNX TAB	56
montelukast chew tab	17	naltrexone tab	34	NEUMEGA INJ	104
montelukast granule pack	17	naproxen EC tab	6	NEVANAC OPHTH SUSP	124
montelukast tab	17	naproxen tab	6	nevirapine ER tab	66
morphine sulfate ER tab	9	naratriptan tab	111	NEVIRAPINE SUSP	66
morphine sulfate soln	9	NARCAN NASAL SPRAY	34	nevirapine tab	66
MORPHINE SULFATE TAB	9	NATPARA INJ	94	NEXAVAR TAB	48
moxifloxacin ophth soln	121	NEBUSAL NEB SOLN	81	niacin cap	142
moxifloxacin tab	98	NECON TAB	77	niacin CR tab	142
MULTAQ TAB	16	NEFAZODONE TAB	26	niacin ER tab	40
MULTIGEN FOLIC TAB	105	nefazodone tab 50mg, 250mg	26	niacin tab	142
MULTIGEN PLUS TAB	105	neomycin tab	3	NIACIN TR TAB	142
MULTIGEN TAB	105	NEOMYCIN/POLYMICIN /GRAMICIDIN OPHTH SOLN	121	niacinamide tab	142
multivitamin/minerals tab	116	neomycin/polymixin/hydro	125	nicotine gum	132
mupirocin oint	83	coritisone otic soln		NICOTINE KIT	132
mycophenolate DR tab	71	neomycin/polymixin/hydro	125	nicotine lozenge	132
mycophenolate mofetil cap	71	coritisone otic susp		nicotine patch	132
mycophenolate mofetil susp	71	neomycin/polymyxin/dexa	122	NICOTROL INHALER	132
mycophenolate mofetil tab	71	methasone ophth oint		NICOTROL NASAL	132
				SPRAY	
				nifedipine cap	73
				nifedipine ER tab	73

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ALPHABETICAL LISTING OF DRUGS

nilutamide tab	51	NOVOLOG INJ	32	OFEV CAP	134
NINLARO CAP	56	NOVOLOG MIX	32	ofloxacin ophth soln	121
nitrofurantoin	137	FLEXPEN INJ		ofloxacin tab	98
macrocrystals cap		NOVOLOG MIX INJ	32	olanzapine ODT	62
nitrofurantoin	137	NOVOLOG PENFILL INJ	32	olanzapine tab	62
monohydrate cap		NOXAFL SUSP	37	olanzapine/fluoxetine cap	130
nitroglycerin patch	14	np thyroid tab	135	olmesartan tab	41
nitroglycerin SL tab	14	NUBEQA TAB	51	olmesartan/hydrochlorothi	44
NIVESTYM INJ	104	NUCALA INJ	16	azide tab	
norethindrone tab	78	NUEDEXTA CAP	131	olopatadine ophth soln	124
nortrel 7/7/7 tab, pirmella	77	NUTRITIONAL	91	0.1%	
7/7/7 tab		SUPPLEMENT LIQUID		olopatadine ophth soln	124
nortrel tab	77	NUTRITIONAL	91	0.2%	
nortriptyline cap	27	SUPPLEMENT POWDER		omega-3-acid ethyl esters	38
nortriptyline oral soln	27	NUVARING	78	cap	
NORTRIPTYLINE SOLN	27	nystatin cream	83	omeprazole DR cap	136
NORVIR CAP	66	nystatin oint	83	ondansetron ODT	35
NORVIR POWDER PACK	66	nystatin powder	36	ondansetron soln	35
NORVIR SOLN	66	nystatin susp	115	ONDANSETRON TAB	35
NOVOLIN 70/30	32	nystatin tab	36	OPSUMIT TAB	75
FLEXPEN INJ		nystatin topical powder	83	ORACIT SOLN	101
NOVOLIN INJ	32	NYSTATIN VAGINAL	141	ORENCIA CLICK INJ	6
NOVOLIN N FLEXPEN	32	TAB		ORENCIA SC INJ	7
INJ		O		125MG/ML	
NOVOLIN R FLEXPEN	32	OCALIVA TAB	99	ORENCIA SC INJ	7
INJ		octreotide inj	97	50MG/0.4ML	
NOVOLOG FLEXPEN	32	ODEFSEY TAB	66	ORENCIA SC INJ	7
INJ		ODOMZO CAP	50	87.5MG/0.7ML	

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ALPHABETICAL LISTING OF DRUGS

ORILISSA TAB 150MG	94	paliperidone ER tab	61	phenobarbital tab	107
ORILISSA TAB 200MG	94	PALYNZIQ INJ	96	phenoxybenzamine cap	41
ORKAMBI GRANULES	133	pantoprazole EC tab	137	phentermine cap	1
PACKET		paricalcitol cap	96	phentermine tab	1
ORKAMBI TAB	133	paroxetine ER tab	26	phenylephrine ophth soln	119
oseltamivir cap	69	paroxetine tab	26	phenytoin cap	24
oseltamivir cap 30mg	70	PEAK FLOW METER	111	phenytoin chew tab	24
oseltamivir susp	70	pediatric multiple	116	phenytoin susp	24
OTEZLA STARTER PACK	6	vitamins/fluoride chew tab		phlexy-10 tab	118
OTEZLA TAB	6	pediatric multiple	116	PHOSLYRA SOLN	100
oxandrolone tab	11	vitamins/fluoride soln		phospha 250 neutral tab	113
oxaprozin tab	6	pediatric multiple	116	PHOSPHOLINE OPHTH SOLN	119
OXAZEPAM CAP	15	vitamins/fluoride/iron soln		phytonadione tab	142
oxcarbazepine susp	22	peg 3350/electrolytes soln	108	PIFELTRO TAB	66
oxcarbazepine tab	22	PEGASYS INJ	69	pilocarpine ophth soln	119
oxybutynin ER tab	138	PEG-INTRON INJ	69	pilocarpine tab	115
oxybutynin syrup	138	penicillamine tab	114	PIMOZIDE TAB	132
oxybutynin tab	138	penicillin vk soln	127	pindolol tab	72
oxycodone cap	9	penicillin vk tab	127	pioglitazone tab	33
oxycodone soln	10	pentamidine neb soln	44	PIQRAY TAB	56
oxycodone tab	10	pentoxifylline ER tab	103	piroxicam cap	6
oxycodone/acetaminophen tab	11	permethrin cream	89	PLAN B TAB	78
OXYCODONE/ASPIRIN TAB	11	perphenazine tab	62	PLEGRIDY INJ	131
OXYTROL PATCH (OTC)	138	PERPHENAZINE/AMITRIPTYLINE TAB	130	PLEGRIDY PEN INJ	131
OZEMPIC INJ	30	phenazopyridine tab	102	PNEUMOVAX INJ	138
		phenelzine tab	25	PODOCON SOLN	88
		phenobarbital elixir	107	podofilox soln	88

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ALPHABETICAL LISTING OF DRUGS

POLYETHYLENE GLYCOL 8000 GRANULES	128	praziquantel tab prazosin cap PRECISION XTRA	13 42 110	PREMPHASE TAB, PREMPRO TAB PRENATAL VITAMINS	97 116
polymyxin b/trimethoprim ophth soln	121	METER PRECISION XTRA TEST	110	(PRENATAL PLUS, PREPLUS, PRENAPLUS)	
POMALYST CAP	51	STRIP		PREVACID OTC CAP	137
posaconazole DR tab	37	PRED MILD OPHTH	122	PREVNAR 13 INJ	138
potassium bicarbonate effer tab	113	SOLN		PREZCOBIX TAB	66
potassium chloride ER cap	113	PRED-G OPHTH SOLN	123	PREZISTA SUSP	66
potassium chloride ER tab	113	PREDNICARBATE	87	PREZISTA TAB	66
potassium chloride micro tab	113	CREAM		PRIFTIN TAB	47
potassium chloride powder packet	113	PREDNICARBATE OIN	87	primaquine tab	47
potassium chloride soln	113	prednisolone ODT	79	primidone tab	23
potassium citrate CR tab	101	PREDNISOLONE OPHTH	123	probenecid tab	102
potassium citrate/citric acid powder pack	101	SUSP		prochlorperazine supp	62
potassium citrate/citric acid soln	101	PREDNISOLONE	123	prochlorperazine tab	62
PRADAXA CAP	21	SODIUM PHOSPHATE		PROCRIPT INJ	105
PRALUENT INJ	40	OPHTH SOLN		PROCTOFOAM HC	13
pramipexole tab	60	prednisolone soln	79	FOAM	
pramoxine/hydrocortisone cream kit	60	PREDNISOLONE SYRUP	79	proctosol HC cream	13
prasugrel tab	103	PREDNISONE SOLN	79	progesterone cap	128
pravastatin tab	39	prednisone tab	79	PROLENSA OPHTH	124
		pregabalin cap	22	SOLN	
		pregabalin soln	23	PROMACTA TAB	105
		PREMARIN TAB	98	promethazine supp	38
		PREMARIN VAGINAL	141	promethazine syrup	38
		CREAM		promethazine tab	38
				promethazine VC syrup	80

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ALPHABETICAL LISTING OF DRUGS

PROMETHAZINE	80	quinapril/hydrochlorothiazide tab	44	rifabutin cap	48
VC/CODEINE SYRUP				RIFAMATE CAP	47
promethazine/codeine syrup	81	quinidine gluconate CR tab	15	rifampin cap	48
		quinidine sulfate tab	15	riluzole tab	118
PROMETHEGAN SUPP	38			RIMANTADINE TAB	70
propafenone ER cap	15	raloxifene tab	95	RINVOQ ER TAB	4
propafenone tab	15	ramipril cap	41	risedronate tab	94
PROPANTHELINE TAB	136	ranolazine tab	13	risperidone ODT	61
proparacaine ophth soln	121	rasagiline tab	60	risperidone soln	61
propranolol ER cap	72	REBETOL SOLN	69	risperidone tab	61
PROPRANOLOL SOLN	72	REGRANEX GEL	90	ritonavir tab	67
propranolol tab	72	RELENZA DISKHALER	70	rivastigmine cap	130
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	44	renaphro cap	116	rivastigmine patch	130
propylthiouracil tab	135	RENOVA CREAM	82	rizatriptan ODT	111
pro-stat liquid	118	repaglinide tab	33	rizatriptan tab	112
PROSTIGMIN TAB	47	REPATHA INJ	40	ropinirole tab	60
PULMOZYME INH SOLN	133	REPATHA	40	rosuvastatin tab 10mg	40
pyrazinamide tab	48	PUSHTRONEX INJ		rosuvastatin tab 20mg	40
pyridostigmine CR tab	47	RESCRIPTOR TAB	66	rosuvastatin tab 40mg	40
pyridostigmine tab	47	RESTASIS OPHTH	121	rosuvastatin tab 5mg	40
pyrimethamine tab	47	EMULSION		ROZLYTREK CAP	56
		RETACRIT INJ	105	RUBRACA TAB	56
Q		REVLIMID CAP	70	RUZURGI TAB	47
QSYMIA CAP	1	REYATAZ POWDER	66	RYBELSUS TAB	30
quetiapine tab	62	PACK		RYDAPT CAP	56
quetiapine XR tab	62	ribavirin cap	69		
quinapril tab	41	ribavirin tab	69	S	
		RIDAURA CAP	4	salsalate tab	8

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ALPHABETICAL LISTING OF DRUGS

SANDIMMUNE SOLN	71	smz/tmp (DS) tab	45	SOMAVERT INJ	94
100MG/ML		smz/tmp susp	45	SORIATANE CK KIT	85
SANTYL OINT	88	sodium chloride neb soln	81	sotalol AF tab	72
SAVELLA PAK	130	sodium citrate/citric acid	101	sotalol tab	72
SAVELLA TAB	130	soln		SPINOSAD SUSP	89
selegiline cap	60	sodium fluoride chew tab	112	SPIRIVA RESPIMAT	16
selegiline tab	60	sodium fluoride cream	115	INHALER 1.25MCG/ACT	
selenium sulfide lotion	85	sodium fluoride gel	115	spironolactone tab	93
selenium sulfide shampoo	85	SODIUM FLUORIDE	112	spironolactone/hydrochlor	92
SELZENTRY SOLN	67	LOZENGE		othiazide tab	
SELZENTRY TAB	67	sodium fluoride paste	115	sprintec 28 tab	77
SEREVENT DISKUS	19	sodium fluoride rinse	115	SPRYCEL TAB	48
INHALER		sodium fluoride soln	112	stavudine cap	67
sertraline conc	26	SODIUM FLUORIDE TAB	113	stavudine soln	67
sertraline tab	26	sodium fluoride/potassium	115	STEGLATRO TAB	33
sevelamer powder pak	100	nitrate paste		STIMATE NASAL SOLN	96
sevelamer tab	100	sodium polystyrene	71	STIVARGA TAB	56
SIGNIFOR INJ	97	powder		STRENSIQ INJ	96
sildenafil tab	74	sodium polystyrene susp	71	STRIBILD TAB	67
sildenafil tab 20mg	75	sodium	82	sucralfate susp	137
silver sulfadiazine cream	85	sulfacetamide/sulfur		sucralfate tab	136
SIMBRINZA OPHTH	120	emulsion 10-5%		sulfacetamide sodium	121
SUSP		sodium	82	ophth soln	
simvastatin tab	40	sulfacetamide/sulfur wash		sulfacetamide	123
sirolimus soln	114	9-4.5%		sodium/prednisolone	
sirolimus tab	71	SOFOSBUVIR/VELPATA	69	ophth soln	
SIVEXTRO TAB	46	SVIR TAB		SULFADIAZINE TAB	134
SKYRIZI INJ	85	solifenacin tab	138	SULFAMYLYON CREAM	85

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ALPHABETICAL LISTING OF DRUGS

sulfasalazine EC tab	100	TAFINLAR CAP	56	terconazole supp	141
sulfasalazine tab	100	TAGRISSO TAB	56	testosterone cypionate inj	11
sulindac tab	6	TALZENNA CAP 0.25MG	57	testosterone gel 1% 25mg	12
sumatriptan inj	112	TALZENNA CAP 1MG	57	TESTOSTERONE GEL 1%	12
SUMATRIPTAN INJ 6MG/0.5ML	112	tamoxifen tab	51	50MG	
sumatriptan tab	112	tamsulosin cap	102	testosterone gel 1% pump	12
SUNOSI TAB	2	TARGETIN GEL	84	testosterone gel 1.62%	12
SUTENT CAP	48	TASIGNA CAP	57	1.25gm	
SYMDEKO TAB	133	TAVALISSE TAB	103	testosterone gel 1.62%	12
SYMFI (LO) TAB	67	TECFIDERA CAP	131	2.5gm	
SYMJEPI INJ	141	TECFIDERA STARTER	131	TESTOSTERONE GEL	12
SYMPROIC TAB	100	PACK		PUMP	
SYMTUZA TAB	67	TECHLITE INSULIN SYRINGE	111	testosterone gel pump	12
SYNAREL NASAL SOLN	95	TECHLITE PEN NEEDLE	111	1.62%	
SYNJARDY TAB	28	TEGSEDI INJ	133	tetrabenazine tab	130
SYNJARDY XR TAB	29	telmisartan tab	41	THALOMID CAP	70
10-1000MG, 25-1000MG		temazepam cap 15mg	107	THEOCHRON TAB	20
SYNJARDY XR TAB	29	temazepam cap 30mg	107	theophylline CR tab	20
5-1000MG,		temozolomide cap	50	theophylline ER tab	20
12.5-1000MG		tenofovir disoproxil	67	theophylline soln	20
SYNTHROID TAB	135	fumarate tab 300mg		thioridazine tab	62
T		terazosin cap	42	thiothixene cap	63
TABLOID TAB	48	terbinafine tab	37	THYROLAR TAB	135
tacrolimus cap	71	terbutaline sulfate tab	19	tiagabine tab	23
tacrolimus oint	88	terconazole cream	141	TIBSOVO TAB	57
tadalafil tab	74	TERCONAZOLE CREAM	141	ticlopidine tab	103
tadalafil tab (PAH)	75	0.8%		timolol maleate ophth gel	118
				timolol maleate ophth soln	118

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ALPHABETICAL LISTING OF DRUGS

timolol maleate ophth soln 0.5%	118	TRELEGY ELLIPTA INHALER	19	tri-legest tab	78
timolol maleate tab	73	tretinoin cap	49	TRI-LUMA CREAM	89
TIMOLOL OPHTH GEL SOLN	119	tretinoin cream	82	trilyte soln	108
TIVICAY TAB	67	tretinoin gel	82	trimethobenzamide cap	35
tizanidine tab	117	triamcinolone cream	87	trimethoprim tab	44
TOBI PODHALER	3	triamcinolone in orabase paste	115	tri-sprintec tab	78
TOBRADEX OPHTH OINT	123	triamcinolone lotion	87	TRIUMEQ TAB	67
tobramycin neb soln	3	triamcinolone nasal spray	117	tropicamide ophth soln	119
tobramycin ophth soln	121	triamcinolone oint	87	TRUEPLUS INSULIN	111
tobramycin/dexamethasone ophth soln	123	triamcinolone OTC nasal spray	117	SYRINGE	
TODAY SPONGE	140	triamterene/hydrochlorothiazide cap	92	TRUEPLUS PEN	111
TOLAZAMIDE TAB	33	TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP	92	NEEDLE	
TOLBUTAMIDE TAB	33	tolterodine SR cap	138	TRULANCE TAB	98
tolterodine tab	138	tolterodine tab	138	TRULICITY INJ	30
topiramate sprinkle cap	23	topiramate tab	23	TRUVADA TAB	67
topiramate tab	23	triazolam tab	108	TURALIO CAP	57
toremifene tab	51	tricitrates soln	101	TYKERB TAB	48
torsemide tab	92	tricon cap	106	TYMLOS INJ	94
TRACLEER TAB 32MG	75	trifluoperazine tab	63	TYVASO INH SOLN	74
tramadol tab	10	trifluridine ophth soln	121	U	
tranexamic acid tab	107	trihexyphenidyl elixir	60	U-CORT CREAM	87
tranylcypramine tab	25	trihexyphenidyl tab	59	UPTRAVI TAB	75
trazodone tab	26	TRIKAFTA TAB	133	ursodiol cap	99
				ursodiol tab	99
				V	
				valacyclovir tab	69
				VALCHLOR GEL	84

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ALPHABETICAL LISTING OF DRUGS

valganciclovir soln	68	V-GO INJ KIT	110	VOTRIENT TAB	48
valganciclovir tab	68	VICTOZA INJ	30	VYNDAMAX CAP	76
valproic acid cap	24	VIDEX SOLN	67	VYNDAQEL CAP	76
valproic acid syrup	24	vienna tab, lessina tab,	78	VYVANSE CAP	1
valsartan tab	42	kurvelo tab		VYVANSE CHEW TAB	1
valsartan/hydrochlorothiazi de tab	44	vigabatrin powder pack	23		
vancomycin cap	45	vigabatrin tab	23	W	
VANIQA CREAM	88	VIMPAT SOLN	23	WAKIX TAB	2
VARUBI TAB	36	VIMPAT TAB	23	warfarin tab	20
vcf vaginal gel	140	viorele tab, kariva tab	78		
velivet tab	78	VIRACEPT POWDER	78	X	
VEMLIDY TAB	69	VIRACEPT TAB	68	XALKORI CAP	58
VENCLEXTA STARTER PACK	50	VIREAD TAB 150MG, 200MG, 250MG	68	XARELTO STARTER PACK	20
VENCLEXTA TAB	50	vitamin D cap	142	XARELTO TAB	20
VENELEX OINT	90	vitamin D cap 1000unit	142	XELJANZ TAB	4
venlafaxine ER cap	27	vitamin D cap 400unit	142	XELJANZ XR TAB	4
venlafaxine tab	27	VITAMIN D TAB	142	XEMBIFY INJ	126
VENTAVIS INH SOLN	74	400UNIT		XENLETA TAB	46
VENTOLIN HFA INHALER	19	VITEKTA TAB	68	XOSPATA TAB	58
verapamil SR cap	73	VITRAKVI CAP 100MG	57	XPOVIO PAK	52
VERAPAMIL SR CAP 360mg	73	VITRAKVI CAP 25MG	57	XTAMPZA ER CAP	10
verapamil tab	73	VITRAKVI SOLN	57	XULANE PATCH	78
VERZENIO TAB	57	VIVOTIF CAP	57	XYREM SOLN	129
VEXOL OPHTH SUSP	123	VIZIMPRO TAB	57		
		voriconazole susp	37	Z	
		voriconazole tab	37	zaleplon cap	108
		VOSEVI TAB	69	ZARXIO INJ	105
				ZEGERID CAP OTC	137
				ZEJULA CAP	58

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ALPHABETICAL LISTING OF DRUGS

ZELBORAF TAB	58
zidovudine cap	68
zidovudine syrup	68
zidovudine tab	68
ZIEXTENZO INJ	105
zinc sulfate cap	114
ziprasidone cap	61
ZIRGAN OPHTH GEL	121
ZOLINZA CAP	48
zolpidem tab	107
zonisamide cap	23
ZORTRESS TAB 1MG	71
ZYDELIG TAB	58
ZYKADIA CAP	58
ZYKADIA TAB	58
ZYLET OPHTH SUSP	123

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