



L.A. Care **PASC-SEIU** Formulary

www.lacare.org

LA1308F 02/15_EN

Last Updated: 4/1/2016



L.A. Care
HEALTH PLAN®

L.A. Care PASC-SEIU Formulary

INTRODUCTION

Foreword

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

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

How to Use the Formulary

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

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

Generic and Brand Name Medications

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

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

Non-Formulary Medications

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

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

Benefit Coverage and Limitations

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

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

Restrictions on Medication Coverage

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

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

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

Medication Request Process

Formulary Agents

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

Non-Formulary Agents

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

Pharmacist and Physician Feedback

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

Search Tip:

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

L.A. Care PASC-SEIU Homecare Workers Formulary
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
8-MOP CAP	-	F	DERMATOLOGICALS
abacavir tab (ZIAGEN equiv)	SP	F	ANTIVIRALS
abacavir/ lamivudine/ zidovudine tab (TRIZIVIR equiv)	SP	F	ANTIVIRALS
acamprosate calcium DR tab (CAMPRAL equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	F	ANTI-DIABETICS
acebutolol cap (SECTRAL equiv)	-	F	BETA BLOCKERS
acetaminophen/codeine soln	-	F	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	F	ANALGESICS - OPIOID
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	F	DIURETICS
acetazolamide tab	-	F	DIURETICS
ACETAZOLAMIDE TAB 125MG	-	F	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	F	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	F	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	F	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	F	VAGINAL PRODUCTS
acitretin cap (SORIATANE equiv)	-	F	DERMATOLOGICALS
ACTIMMUNE INJ	MSP	F	ANTINEOPLASTICS
ACTONEL TAB	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
acyclovir cap (ZOVIRAX equiv)	-	F	ANTIVIRALS
acyclovir susp (ZOVIRAX equiv)	-	F	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	F	ANTIVIRALS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
adapalene gel 0.1% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
ADCIRCA TAB ()	MSP-PA	F	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
adefovir dipivoxil tab (HEPSERA equiv)	SP	F	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
ADVAIR DISKUS INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AEROCHAMBER	OTC	F	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ (QL= 1 tab/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AGGRENOX/ASPIRIN-DIPYRIDAMOLE CAP	-	F	HEMATOLOGICAL AGENTS - MISC.
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
ALAMAST OPHTH SOLN	-	F	OPHTHALMIC AGENTS
albuterol neb soln 0.083% (PROVENTIL equiv)	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
albuterol neb soln 0.5% (VENTOLIN equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	F	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	F	DERMATOLOGICALS
ALCOHOL SWABS	OTC	F	MEDICAL DEVICES AND SUPPLIES
alendronate tab (FOSAMAX equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ	MSP	F	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP	-	F	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB	-	F	ANTI-INFECTIVE AGENTS - MISC.
ALKERAN TAB	-	F	ANTINEOPLASTICS
allopurinol tab (ZYLOPRIM equiv)	-	F	GOUT AGENTS
ALOCRILOPHTH SOLN	-	F	OPHTHALMIC AGENTS
ALOMIDE OPTH SOLN	-	F	OPHTHALMIC AGENTS
ALPHAGAN P OPTH SOLN 0.1%	-	F	OPHTHALMIC AGENTS
alprazolam tab (XANAX equiv)	-	F	ANTI-ANXIETY AGENTS
ALREX OPTH SUSP/ LOTEMAX OPTH SUSP	-	F	OPHTHALMIC AGENTS
aluminum chloride soln (DRYSOL equiv)	-	F	DERMATOLOGICALS
amantadine cap (SYMMETREL equiv)	-	F	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	F	ANTIPARKINSON AGENTS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	F	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	F	DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	F	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	F	HEMOSTATICS
aminophylline tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	F	ANTIARRHYTHMICS
amitriptyline tab (ELAVIL equiv)	-	F	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	F	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	F	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	F	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	F	DERMATOLOGICALS
AMOXAPINE TAB	-	F	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	F	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	F	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	F	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	F	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	F	PENICILLINS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	F	PENICILLINS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	F	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	F	PENICILLINS
AMPYRA TAB (QL= 2 tabs/day)	MSP-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
anagrelide cap (AGRYLIN equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROXY TAB	-	F	ANDROGENS-ANABOLIC
APHTHASOL PASTE	-	F	MOUTH/THROAT/DENTAL AGENTS
APOKYN INJ (Only available through Walgreens 888-347-3416)	LD	F	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	F	OPHTHALMIC AGENTS
apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
APRISO CAP	-	F	GASTROINTESTINAL AGENTS - MISC.
APTIVUS CAP	SP	F	ANTIVIRALS
APTIVUS SOLN	SP	F	ANTIVIRALS
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
aripiprazole tab (ABILIFY equiv) ()	-	F	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
ARNUITY ELLIPTA INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ASACOL (HD)/LIALDA TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
ASMANEX HFA INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	F	ANALGESICS - OPIOID
atenolol tab (TENORMIN equiv)	-	F	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	F	ANTI-HYPERTENSIVES
atorvastatin tab (LIPITOR equiv)	-	F	ANTI-HYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	F	ANTIMALARIALS
ATRIPLA TAB (QL= 1 tab/day)	QL-SP	F	ANTIVIRALS
atropine ophth oint	-	F	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
AVANDAMET TAB	-	F	ANTIDIABETICS
AVANDARYL TAB	-	F	ANTIDIABETICS
AVANDIA TAB	-	F	ANTIDIABETICS
AVAR GEL	-	F	DERMATOLOGICALS
AVC VAGINAL CREAM	-	F	VAGINAL PRODUCTS
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AVONEX INJ ()	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AZASITE SOLN	-	F	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	F	ASSORTED CLASSES
azelastine nasal spray (ASTELIN/ASTEPRO equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZILECT TAB	-	F	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	F	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	F	MACROLIDES
AZOPT OPHTH SUSP	-	F	OPHTHALMIC AGENTS
BACITRACIN OPHTH OINT	-	F	OPHTHALMIC AGENTS
bacitracin/ neomycin/ polymyxin b ophth oint (NEOSPORIN equiv)	-	F	OPHTHALMIC AGENTS
bacitracin/ polymyxin b ophth oint (POLYSPORIN equiv)	-	F	OPHTHALMIC AGENTS
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint (CORTISPORIN equiv)	-	F	OPHTHALMIC AGENTS
baclofen tab	-	F	MUSCULOSKELETAL THERAPY AGENTS
balsalazide cap (COLAZAL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP	-	F	ANTICONVULSANTS
BANZEL TAB	-	F	ANTICONVULSANTS
B-D INSULIN SYRINGE	OTC	F	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES
BELLADONNA ALKALOID/OPIUM SUPP	-	F	ULCER DRUGS
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
benazepril tab (LOTENSIN equiv)	-	F	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	F	ANTIHYPERTENSIVES
benzonatate cap (TESSALON equiv)	-	F	COUGH/COLD/ALLERGY
benztropine tab	-	F	ANTIPARKINSON AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	F	DERMATOLOGICALS
betamethasone augmented gel (DIPROLENE GEL equiv)	-	F	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	F	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	F	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	F	DERMATOLOGICALS
betamethasone dipropionate lotion	-	F	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	F	DERMATOLOGICALS
betamethasone valerate cream	-	F	DERMATOLOGICALS
betamethasone valerate lotion	-	F	DERMATOLOGICALS
betamethasone valerate oint	-	F	DERMATOLOGICALS
betaxolol ophth soln (BETOPTIC-S equiv)	-	F	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	F	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	F	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	F	OPHTHALMIC AGENTS
bexarotene cap (TARGRETIN equiv) ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEYAZ TAB	-	\$0	CONTRACEPTIVES

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
bicalutamide tab (CASODEX equiv)	-	F	ANTINEOPLASTICS
BILTRICIDE TAB	-	F	ANTHELMINTICS
bisoprolol tab (ZEBETA equiv)	-	F	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	F	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
BOSULIF TAB ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
brimonidine ophth soln (ALPHAGAN P equiv)	-	F	OPHTHALMIC AGENTS
bromfenac ophth soln (BROMDAY equiv)	-	F	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	F	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	F	ANTIPARKINSON AGENTS
budesonide inh susp (PULMICORT equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	F	DIURETICS
BUPHENYL TAB	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
bupropion ER tab (WELLBUTRIN equiv)	-	F	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	F	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	F	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	F	ANTIANKIETY AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	F	ANALGESICS - OPIOID
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	F	ANTIDIABETICS
BYSTOLIC TAB	-	F	BETA BLOCKERS
cabergoline tab (DOSTINEX equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	F	DERMATOLOGICALS
calcipotriene oint	-	F	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	F	DERMATOLOGICALS
calcitriol cap (ROCALTRONL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (ROCALTRONL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	F	MEDICAL DEVICES AND SUPPLIES
CANASA SUPP	-	F	GASTROINTESTINAL AGENTS - MISC.
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	F	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv) ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
captopril tab (CAPOTEN equiv)	-	F	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	F	ANTIHYPERTENSIVES
CARAC CREAM	-	F	DERMATOLOGICALS
CARAFATE SUSP	-	F	ULCER DRUGS
carbamazepine chew tab (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	F	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	F	ANTICONVULSANTS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
carbamazepine tab (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	F	ANTIPARKINSON AGENTS
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	F	ANTIPARKINSON AGENTS
carisoprodol tab (SOMA equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	F	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	F	BETA BLOCKERS
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	F	ANTI-INFECTIVE AGENTS - MISC.
CEENU CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefadroxil cap (DURICEF equiv)	-	F	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	F	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	F	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	F	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	F	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	F	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	F	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	F	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	F	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	F	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	F	ANTICONVULSANTS
cephalexin cap (KEFLEX equiv)	-	F	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	F	CEPHALOSPORINS
CEPHALEXIN TAB	-	F	CEPHALOSPORINS
CERVICAL CAP	-	\$0	MEDICAL DEVICES
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
cetirizine cap (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine chew tab (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine syrup (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	F	COUGH/COLD/ALLERGY
cevimeline cap (EVOXAC equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	F	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	F	ANTI-ANXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlorhexidine gluconate soln (PERIDEX equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	F	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	F	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	F	DIURETICS
chlorpheniramine ER cap	-	F	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpropamide tab (DIABINESE equiv)	-	F	ANTIDIABETICS
CHLORTHALIDONE TAB	-	F	DIURETICS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
chlorzoxazone tab (PARAFON FORTE equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	F	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	F	ANTIHYPERTENSIVES
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	F	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	F	ANALGESICS - NONNARCOTIC
CIALIS TAB (QL= 6 tabs/30 days)	QL	F	CARDIOVASCULAR AGENTS - MISC.
ciclopirox cream (LOPROX CREAM equiv)	-	F	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	F	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	F	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	F	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	F	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
cimetidine soln (TAGAMET equiv)	-	F	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	F	ULCER DRUGS
CIPRODEX OTIC SUSP	-	F	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	F	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	F	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	F	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	F	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	F	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	F	ANTIDEPRESSANTS
clarithromycin susp (BIAXIN equiv)	-	F	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	F	MACROLIDES
clindamycin cap (CLEOCIN equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN GEL equiv)	-	F	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	F	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	F	DERMATOLOGICALS
clindamycin topical soln (CLEOCIN-T equiv)	-	F	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	F	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	F	DIAGNOSTIC PRODUCTS
clobetasol propionate cream (TEMOVATE equiv)	PA	F	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	F	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	F	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	PA	F	DERMATOLOGICALS
clonazepam tab (KLONOPIN equiv)	-	F	ANTICONVULSANTS
clonidine patch (CATAPRES-TTS equiv)	-	F	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	F	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	F	ANTI-ANXIETY AGENTS
clotrimazole troches (MYCELEX TROCHES equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	F	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	F	DERMATOLOGICALS
clozapine ODT 25mg, 100mg (CLOZAPINE/FAZACLO equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT/FAZACLO ODT	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
codeine sulfate tab	-	F	ANALGESICS - OPIOID
COLCHICINE TAB (COLCRYS equiv)	-	F	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	F	GOUT AGENTS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
colestipol tab (COLESTID equiv)	-	F	ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC SUSP	-	F	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	F	OPHTHALMIC AGENTS
COMBIVENT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB (QL= 1 tab/day)	QL-SP	F	ANTIVIRALS
CONCERTA TAB	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
COPAXONE INJ 20MG/ML ()	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPAXONE INJ 40MG/ML ()	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CORTEF TAB	-	F	CORTICOSTEROIDS
CORTISONE ACETATE TAB	-	F	CORTICOSTEROIDS
COSENTYX INJ ()	MSP-PA	F	DERMATOLOGICALS
COSOPT PF OPHTH SOLN	-	F	OPHTHALMIC AGENTS
CREON CAP	-	F	DIGESTIVE AIDS
CRESTOR TAB (QL= 1 tab/day)	QL	F	ANTIHYPERLIPIDEMICS
CRESTOR TAB 20MG (QL= 1.5 tabs/day)	QL	F	ANTIHYPERLIPIDEMICS
CRINONE GEL	PA	F	VAGINAL PRODUCTS
CRIVIVAN CAP ()	MSP	F	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
CROMOLYN NEB SOLN	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn neb soln (INTAL equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	F	OPHTHALMIC AGENTS
cryselle tab (OGESTREL equiv)	-	\$0	CONTRACEPTIVES
cyanocobalamin inj	-	F	HEMATOPOIETIC AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F	OPHTHALMIC AGENTS
CYCLOPHOSPHAMIDE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	F	ANTINEOPLASTICS
cyclosporine cap (SANDIMMUNE equiv)	SP	F	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	SP	F	ASSORTED CLASSES
CYCLOSPORINE MODIFIED CAP 50MG	SP	F	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	SP	F	ASSORTED CLASSES
cyproheptadine syrup	-	F	ANTIHISTAMINES
cyproheptadine tab	-	F	ANTIHISTAMINES
CYSTAGON CAP (Only available through Pharmicare 800-238-7828)	LD-PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days)	MSP-PA-QL	F	OPHTHALMIC AGENTS

NC =Not Covered	LD =Limited Distribution	generic =small letters	MSP =Mandatory Specialty Pharmacy Program
INF Infertility	PA Prior Authorization		QL Quantity Limit
OTC Over-the-Counter	SF Limited to two 15 day fills per month for first 3 months		SMKG Smoking Cessation
RS Restricted to Specialist	ST Step Therapy		VAC Vaccine Program
SP Available through Specialty Pharmacy Program			

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
CYTRA-3 SYRUP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
DAKLINZA TAB (QL= 1 tab/day)	MSP-PA-QL	F	ANTIVIRALS
danazol cap (DANOCRINE equiv)	-	F	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
dapsone tab	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTIMALARIALS
DELZICOL CAP	-	F	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	F	TETRACYCLINES
DENAVIR CREAM	-	F	DERMATOLOGICALS
DEPEN TITRATAB	-	F	ASSORTED CLASSES
desipramine tab (NORPRAMIN equiv)	-	F	ANTIDEPRESSANTS
desmopressin acetate inj (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	F	DERMATOLOGICALS
DEXAMETHASONE CONC	-	F	CORTICOSTEROIDS
dexamethasone elixir	-	F	CORTICOSTEROIDS
dexamethasone ophth soln	-	F	OPHTHALMIC AGENTS
dexamethasone soln	-	F	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	F	CORTICOSTEROIDS
DEXILANT CAP (QL= 1 cap/day; Step Therapy requires trial of lansoprazole, omeprazole, or pantoprazole)	QL-ST	F	ULCER DRUGS
dexmethylphenidate tab (FOCALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
DIALYVITE TAB	-	F	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	F	MULTIVITAMINS
DIALYVITE/IRON TAB	-	F	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	F	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES
diazepam conc (VALIUM equiv)	-	F	ANTI-ANXIETY AGENTS
DIAZEPAM SOLN	-	F	ANTI-ANXIETY AGENTS
diazepam tab (VALIUM equiv)	-	F	ANTI-ANXIETY AGENTS
diclofenac potassium tab (CATAFLAM equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	F	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	F	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	F	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	F	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	F	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	SP	F	ANTIVIRALS
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap)	QL-ST	F	MACROLIDES
diflorasone oint	-	F	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	F	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	F	CARDIOTONICS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
digoxin tab (LANOXIN equiv)	-	F	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	F	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	F	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	F	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	F	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	F	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	F	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	F	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	F	ANTICONVULSANTS
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dorzolamide ophth soln (TRUSOPT equiv)	-	F	OPHTHALMIC AGENTS
dorzolamide/ timolol ophth soln (COSOPT equiv)	-	F	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	F	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	F	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	F	ANTIDEPRESSANTS
doxercalciferol cap (HECTOROL equiv) ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	F	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	F	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	F	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	F	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	F	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	F	TETRACYCLINES
dronabinol cap (MARINOL equiv)	PA	F	ANTIEMETICS
DROXIA CAP	-	F	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	F	DERMATOLOGICALS
DULERA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap (CYMBALTA equiv) (QL= 2 caps/day)	QL	F	ANTIDEPRESSANTS
DUREZOL OPHTH EMULSION	-	F	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	F	ANTIHYPERTENSIVES
DYRENIUM CAP	-	F	DIURETICS
econazole cream (SPECTAZOLE CREAM equiv)	-	F	DERMATOLOGICALS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
EDECIN TAB	-	F	DIURETICS
EDURANT TAB	SP	F	ANTIVIRALS
EFFIENT TAB	-	F	HEMATOLOGICAL AGENTS - MISC.
ELIDEL CREAM	-	F	DERMATOLOGICALS
ELIQUIS TAB	-	F	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
EMCYT CAP	-	F	ANTINEOPLASTICS
EMEND CAP (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
EMTRIVA CAP	SP	F	ANTIVIRALS
EMTRIVA SOLN	SP	F	ANTIVIRALS
enalapril tab (VASOTEC equiv)	-	F	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	F	ANTIHYPERTENSIVES
ENBREL INJ (QL= 4 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ (QL= 4 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	PA	F	VAGINAL PRODUCTS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	F	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	F	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	MSP-QL	F	ANTIVIRALS
EPIDUO (FORTE) GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
EPIFOAM AEROSOL	-	F	DERMATOLOGICALS
EPIPEN INJ (QL= 2 inj/fill)	QL	F	VASOPRESSORS
EPIPEN-JR INJ (QL= 2 inj/fill)	QL	F	VASOPRESSORS
EPIVIR HBV SOLN	SP	F	ANTIVIRALS
EPOGEN INJ ()	MSP	F	HEMATOPOIETIC AGENTS
EPZICOM TAB	SP	F	ANTIVIRALS
EQUETRO CAP	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERIVEDGE CAP	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYPED SUSP	-	F	MACROLIDES
ERY-TAB	-	F	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	F	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	F	MACROLIDES
erythromycin gel	-	F	DERMATOLOGICALS
erythromycin ophth oint	-	F	OPHTHALMIC AGENTS
erythromycin pad	-	F	DERMATOLOGICALS
erythromycin soln	-	F	DERMATOLOGICALS
erythromycin stearate tab	-	F	MACROLIDES
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS
estazolam tab (PROSOM equiv)	-	F	HYPNOTICS
estradiol patch (CLIMARA equiv)	-	F	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	F	ESTROGENS
estradiol tab (ESTRACE equiv)	-	F	ESTROGENS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
ESTRING (3 copays per Rx)	-	F	VAGINAL PRODUCTS
estropipate tab (OGEN equiv)	-	F	ESTROGENS
ESTROPIPATE TAB 3MG	-	F	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	F	HYPNOTICS
ethambutol tab (MYAMBUTOL equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	F	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	F	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv) ()	MSP	F	ANTINEOPLASTICS
EURAX CREAM	-	F	DERMATOLOGICALS
EVOTAZ TAB	SP	F	ANTIVIRALS
EXELON SOLN	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB ()	MSP	F	ANTIDOTES
EXTAVIA INJ (Step Therapy requires trial of 2: AVONEX, COPAXONE, or PLEGRIDY)	MSP-ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
famotidine susp (PEPCID equiv)	-	F	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	F	ULCER DRUGS
FARESTON TAB	-	F	ANTINEOPLASTICS
FARXIGA TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
felbamate susp (FELBATOL equiv)	-	F	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	F	ANTICONVULSANTS
FELBATOL TAB	-	F	ANTICONVULSANTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES
fenofibrate cap (ANTARA equiv)	-	F	ANTIHYPERLIPIDEMICS
fenofibrate tab (TRICOR equiv)	-	F	ANTIHYPERLIPIDEMICS
fenoprofen calcium tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
fentanyl patch (DURAGESIC equiv)	-	F	ANALGESICS - OPIOID
ferrex 150 forte cap	-	F	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	F	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F	ANTIDOTES
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
fexofenadine susp (ALLEGRA equiv)	OTC	F	ANTIHISTAMINES
fexofenadine tab (ALLEGRA equiv)	OTC	F	ANTIHISTAMINES
fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	F	COUGH/COLD/ALLERGY
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	F	COUGH/COLD/ALLERGY
FINACEA FOAM	-	F	DERMATOLOGICALS
FINACEA GEL	-	F	DERMATOLOGICALS
FINACEA PLUS KIT	-	F	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
flecainide tab (TAMBOCOR equiv)	-	F	ANTIARRHYTHMICS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
FLOVENT DISKUS INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluconazole susp (DIFLUCAN equiv)	-	F	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	F	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	F	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	F	CORTICOSTEROIDS
flunisolide nasal spray (NASAREL equiv) (QL= 2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	F	DERMATOLOGICALS
fluocinolone acetonide oint	-	F	DERMATOLOGICALS
fluocinolone acetonide soln	-	F	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	F	OTIC AGENTS
fluocinonide cream (LIDEX equiv)	-	F	DERMATOLOGICALS
fluocinonide emollient cream	-	F	DERMATOLOGICALS
fluocinonide gel	-	F	DERMATOLOGICALS
fluocinonide oint	-	F	DERMATOLOGICALS
fluocinonide soln	-	F	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUOR-A-DAY CHEW TAB	-	F	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	F	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	F	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	F	DERMATOLOGICALS
fluorouracil soln (EFUDEX SOLN equiv)	-	F	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	F	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	F	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	F	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURAZEPAM CAP	-	F	HYPNOTICS
flurbiprofen ophth soln (OCUFEN equiv)	-	F	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	F	ANTINEOPLASTICS
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	F	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	F	DERMATOLOGICALS
fluvastatin cap (LESCOL equiv)	-	F	ANTIHYPERTENSIVES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	F	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	F	ANTIDEPRESSANTS
folbee plus CZ tab (DIATX ZN equiv)	-	F	MULTIVITAMINS
FOLBEE PLUS TAB	-	F	MULTIVITAMINS
folbee tab	-	F	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	PA	F	ANTICOAGULANTS
FORADIL AEROLIZER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTEO INJ ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

NC =Not Covered	LD =small letters	BRANDS =CAPITAL LETTERS
INF Infertility	Limited Distribution	MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	Prior Authorization	QL Quantity Limit
RS Restricted to Specialist	Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
SP Available through Specialty Pharmacy Program	Step Therapy	VAC Vaccine Program

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
FORTICAL NASAL SPRAY	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	F	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	F	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	F	GASTROINTESTINAL AGENTS - MISC.
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULIN SYRINGE	OTC	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FUROSEMIDE SOLN	-	F	DIURETICS
furosemide soln (LASIX equiv)	-	F	DIURETICS
furosemide tab (LASIX equiv)	-	F	DIURETICS
FUZEON INJ	SP	F	ANTIVIRALS
gabapentin cap (NEURONTIN equiv)	-	F	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	F	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	F	ANTICONVULSANTS
GABITRIL TAB 12MG, 16MG	-	F	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	F	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	SP	F	ANTIVIRALS
gemfibrozil tab (LOPID equiv)	-	F	ANTIHYPERTENSIVES
gentamicin ophth oint (GARAMYCIN equiv)	-	F	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	F	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	F	DERMATOLOGICALS
gentamicin sulfate oint	-	F	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL-SP	F	ANTIVIRALS
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEEEVEC TAB (Product is mandated through Acaria Specialty Pharmacy)	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	F	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	F	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	F	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	F	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ	-	F	ANTIDIABETICS
GLUCAGEN INJ	-	F	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	F	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	F	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	F	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	F	ANTIDIABETICS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
glycopyrrolate tab (ROBINUL equiv)	-	F	ULCER DRUGS
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	F	ANTIEMETICS
GRANIX INJ ()	MSP	F	HEMATOPOIETIC AGENTS
griseofulvin micro tab (GRIFULVIN V equiv)	-	F	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	F	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	F	ANTIFUNGALS
guaifenesin/codeine soln (BRONTEX equiv)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	F	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
guanfacine IR tab (TENEX equiv)	-	F	ANTIHYPERTENSIVES
halobetasol propionate cream (ULTRAVATE equiv)	PA	F	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	PA	F	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI TAB (QL= 1 tab/day)	MSP-PA-QL	F	ANTIVIRALS
hc pramoxine cream 1-1% (ANALPRAM HC equiv)	-	F	ANORECTAL AGENTS
HEXALEN CAP ()	MSP	F	ANTINEOPLASTICS
HIZENTRA INJ ()	MSP	F	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F	OPHTHALMIC AGENTS
HUMIRA INJ (QL= 2 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN R INJ U-500	-	F	ANTIDIABETICS
HYCAMTIN CAP ()	MSP-PA	F	ANTINEOPLASTICS
hydralazine tab (APRESOLINE equiv)	-	F	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	F	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	F	DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	F	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET/LORTAB equiv)	-	F	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	F	ANALGESICS - OPIOID
hydrocodone/homatropine syrup (HYCODAN equiv)	-	F	COUGH/COLD/ALLERGY
hydrocortisone cream (PROCTOCORT equiv)	-	F	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	F	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	F	DERMATOLOGICALS
hydrocortisone oint	-	F	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	F	CORTICOSTEROIDS
HYDROMORPHONE SUPP	-	F	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	F	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	-	F	ANTIMALARIALS
hydroxyurea cap (HYDREA equiv)	-	F	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	F	ANTIANSIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	F	ANTIANSIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	F	ANTIANSIETY AGENTS
hyoscyamine sulfate CR tab (LEVVID equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	F	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	F	ULCER DRUGS
HYSINGLA ER TAB (QL= 1 tab/day)	QL	F	ANALGESICS - OPIOID

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen susp (Rx ONLY) (ADVIL/MOTRIN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (RX only)	-	F	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	F	OPHTHALMIC AGENTS
IMBRUVICA CAP (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine tab (TOFRANIL equiv)	-	F	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	F	DERMATOLOGICALS
INCRELEX INJ ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	F	DIURETICS
INDOCIN SUPP	-	F	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	F	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
INFANT FORMULA LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFANT FORMULA POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFERGEN INJ ()	MSP	F	ANTIVIRALS
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTELENCE TAB	SP	F	ANTIVIRALS
INTRON-A INJ ()	MSP	F	ANTINEOPLASTICS
INVIRASE TAB	SP	F	ANTIVIRALS
IOPIDINE OPHTH SOLN 1%	-	F	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	F	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	F	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS CHEW TAB	SP	F	ANTIVIRALS
ISENTRESS POWDER PACK	SP	F	ANTIVIRALS
ISENTRESS TAB	SP	F	ANTIVIRALS
ISONIAZID SYRUP	-	F	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	F	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	F	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	F	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	F	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	F	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	F	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	F	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	F	ANTIANGINAL AGENTS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
isotretinoin cap (AC CUTANE equiv)	-	F	DERMATOLOGICALS
isradipine cap (DYNACIRC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
itraconazole cap (SPORANOX equiv)	PA	F	ANTIFUNGALS
ivermectin tab (STROMECTOL equiv)	-	F	ANTHELMINTICS
JADENU TAB ()	MSP	F	ANTIDOTES
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB	-	F	ANTIDIABETICS
JANUMET XR TAB	-	F	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	F	ESTROGENS
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
KALETRA SOLN	SP	F	ANTIVIRALS
KALETRA TAB	SP	F	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL	F	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL	F	RESPIRATORY AGENTS - MISC.
kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
ketoconazole cream (NIZORAL CREAM equiv)	-	F	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	F	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	F	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	F	DIAGNOSTIC PRODUCTS
ketoprofen cap (ORUDIS equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	F	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	F	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	F	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	F	OPHTHALMIC AGENTS
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
KLOR-CON M15 TAB	-	F	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	F	ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	F	ANTIDIABETICS
K-PHOS TAB	-	F	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	MSP-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	MSP-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
labetalol tab (NORMODYNE equiv)	-	F	BETA BLOCKERS
LACRISERT OPHTH INSERT	-	F	OPHTHALMIC AGENTS
lactulose soln	-	F	GASTROINTESTINAL AGENTS - MISC.
LAMICTAL CHEW TAB 2MG	-	F	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	SP	F	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	SP	F	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	SP	F	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	SP	F	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	F	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	F	ANTICONVULSANTS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
LANCET KIT	OTC	F	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	F	MEDICAL DEVICES AND SUPPLIES
lansoprazole cap (PREVACID equiv)	OTC	F	ULCER DRUGS
LANTUS INJ	-	F	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	F	ANTIDIABETICS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
leflunomide tab (ARAVA equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LETAIRIS TAB (QL= 1 tab/day)	PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	F	ANTINEOPLASTICS
LEUKERAN TAB ()	MSP	F	ANTINEOPLASTICS
LEUKINE INJ ()	MSP	F	HEMATOPOIETIC AGENTS
LEVEMIR FLEXPEN INJ	-	F	ANTIDIABETICS
LEVEMIR INJ	-	F	ANTIDIABETICS
levetiracetam soln (KEPPRA equiv)	-	F	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	F	ANTICONVULSANTS
levobunolol ophth soln (BETAGAN equiv)	-	F	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
levofloxacin ophth soln (QUIXIN equiv)	-	F	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	F	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	F	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	F	ANALGESICS - OPIOID
LEXIVA SUSP	SP	F	ANTIVIRALS
LEXIVA TAB	SP	F	ANTIVIRALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	F	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine oint	-	F	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine viscous soln	-	F	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	F	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTI-INFECTIVE AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	F	THYROID AGENTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	F	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	F	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LONSURF TAB	MSP-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loratadine ODT (CLARITIN equiv)	OTC	F	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv)	OTC	F	ANTIHISTAMINES

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
loratadine tab (CLARITIN equiv)	OTC	F	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	F	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	F	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	F	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	F	ANTIANKXIETY AGENTS
losartan tab (COZAAR equiv)	-	F	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	F	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	F	OPHTHALMIC AGENTS
lovastatin tab (MEVACOR equiv)	-	F	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
LYNPARZA CAP (Only available through Biologics 800-850-4306)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	F	ANTICONVULSANTS
LYRICA SOLN	-	F	ANTICONVULSANTS
LYSODREN TAB ()	MSP	F	ANTINEOPLASTICS
MALARONE TAB	-	F	ANTIMALARIALS
malathion lotion (OVIDE equiv)	QL	F	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	F	ANTIEMETICS
MAPROTILINE TAB	-	F	ANTIDEPRESSANTS
MARPLAN TAB	-	F	ANTIDEPRESSANTS
MATULANE CAP	-	F	ANTINEOPLASTICS
MAXIDEX OPHTH SOLN	-	F	OPHTHALMIC AGENTS
meclizine chew tab (BONINE equiv)	OTC	F	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	F	ANTIEMETICS
MECLOFENAMATE CAP	-	F	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone tab (PROVERA equiv)	-	F	PROGESTINS
mefloquine tab (LARIAM equiv)	-	F	ANTIMALARIALS
megestrol susp (MEGACE equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB	MSP-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam tab (MOBIC equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
memantine soln (NAMENDA equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meperidine tab (DEMEROL equiv)	-	F	ANALGESICS - OPIOID
MEPHYTON TAB	-	F	VITAMINS
meprobamate tab (MILTOWN equiv)	-	F	ANTIANKXIETY AGENTS
mercaptapurine tab (PURINETHOL equiv)	-	F	ANTINEOPLASTICS
mesalamine enema (ROWASA equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB ()	MSP	F	ANTINEOPLASTICS
METAPROTERENOL SYRUP	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metformin ER tab (GLUCOPHAGE XR equiv)	-	F	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	F	ANTIDIABETICS
methadone soln	-	F	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	F	ANALGESICS - OPIOID
methadose tab	-	F	ANALGESICS - OPIOID

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
methamphetamine tab (DESOXYN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	F	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	F	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	F	URINARY ANTI-INFECTIVES
methimazole tab (TAPAZOLE equiv)	-	F	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	F	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	F	DERMATOLOGICALS
METHYCLOTHIAZIDE TAB	-	F	DIURETICS
methyldopa tab (ALDOMET equiv)	-	F	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	F	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	F	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
METHYLPHENIDATE ER TAB	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate ER tab 10mg, 20mg	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate tab (RITALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	F	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	F	CORTICOSTEROIDS
METIPRANOLOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	F	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	F	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	F	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	F	ANTIHYPERTENSIVES
metronidazole cap (FLAGYL equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	F	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	F	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	F	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	F	VAGINAL PRODUCTS
mexiletine cap (MEXITIL equiv)	-	F	ANTIARRHYTHMICS
MIACALCIN INJ	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
midodrine tab (PROAMATINE equiv)	-	F	VASOPRESSORS
MIGERGOT SUPP	-	F	MIGRAINE PRODUCTS
minocycline cap (MINOCIN equiv)	-	F	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	F	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	F	ANTIHYPERTENSIVES
mirtazapine ODT (REMERON equiv)	-	F	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	F	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	F	ULCER DRUGS
moexipril tab (UNIVASC equiv)	-	F	ANTIHYPERTENSIVES

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	F	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	F	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	F	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	F	DERMATOLOGICALS
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
montelukast chew tab (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER tab (MS CONTIN equiv)	-	F	ANALGESICS - OPIOID
morphine sulfate soln	-	F	ANALGESICS - OPIOID
morphine sulfate supp	-	F	ANALGESICS - OPIOID
morphine sulfate tab	-	F	ANALGESICS - OPIOID
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	F	LAXATIVES
MOXEZA OPHTH SOLN/ VIGAMOX OPHTH SOLN	-	F	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	F	FLUOROQUINOLONES
MULTAQ TAB	-	F	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	F	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	F	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	F	HEMATOPOIETIC AGENTS
multivitamin w/ minerals tab (STROVITE equiv)	-	F	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	F	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	F	DERMATOLOGICALS
mycophenolate DR tab (MYFORTIC equiv)	SP	F	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	SP	F	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	SP	F	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	SP	F	ASSORTED CLASSES
MYLERAN TAB	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYRBETRIQ TAB	-	F	URINARY ANTISPASMODICS
nabumetone tab (RELAFEN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	F	BETA BLOCKERS
NAFTIFINE CREAM 1%	-	F	DERMATOLOGICALS
naftifine cream 2% (NAFTIN equiv)	-	F	DERMATOLOGICALS
NAFTIN GEL	-	F	DERMATOLOGICALS
NAMENDA XR CAP ()	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naproxen EC tab (NAPROSYN EC equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
NARDIL TAB	-	F	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASONEX NASAL SPRAY (QL= 2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
NATURE THROID/ARMOUR THYROID TAB	-	F	THYROID AGENTS
NEBUPENT NEB SOLN ()	MSP	F	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	F	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	\$0	CONTRACEPTIVES
necon tab 1/50 (NORYNIL equiv)	-	\$0	CONTRACEPTIVES
NEFAZODONE TAB	-	F	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	F	ANTIDEPRESSANTS
neomycin tab	-	F	AMINOGLYCOSIDES
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN equiv)	-	F	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv)	-	F	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv)	-	F	OPHTHALMIC AGENTS
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv)	-	F	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	F	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F	OTIC AGENTS
NEPHRON FA TAB	-	F	HEMATOPOIETIC AGENTS
NEULASTA INJ ()	MSP	F	HEMATOPOIETIC AGENTS
NEUMEGA INJ ()	MSP	F	HEMATOPOIETIC AGENTS
NEVANAC OPHTH SUSP	-	F	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	SP-ST	F	ANTIVIRALS
NEVIRAPINE SUSP (VIRAMUNE equiv)	SP	F	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	SP	F	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	F	ANTINEOPLASTICS
niacin cap	OTC	F	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	F	VITAMINS
niacin tab	OTC	F	VITAMINS
NIACIN TR TAB	OTC	F	VITAMINS
niacinamide tab	OTC	F	VITAMINS
NIACOR TAB	-	F	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	F	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	F	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	F	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
NILANDRON TAB	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	F	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	F	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	F	URINARY ANTI-INFECTIVES
nitroglycerin patch (NITRO-DUR equiv)	-	F	ANTIANGINAL AGENTS

NC =Not Covered	LD =Limited Distribution	generic =small letters	BRANDS =CAPITAL LETTERS
INF Infertility	MSP Mandatory Specialty Pharmacy Program		
OTC Over-the-Counter	QL Quantity Limit		
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	
SP Available through Specialty Pharmacy Program	ST Step Therapy	VAC Vaccine Program	

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
NITROSTAT SL TAB	-	F	ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	F	ULCER DRUGS
NORDITROPIN INJ ()	MSP-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	F	PROGESTINS
NORPACE CR CAP	-	F	ANTIARRHYTHMICS
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	F	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	F	ANTIDEPRESSANTS
NORVIR CAP	SP	F	ANTIVIRALS
NORVIR SOLN	SP	F	ANTIVIRALS
NORVIR TAB	SP	F	ANTIVIRALS
NOVOFINE PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES
NOVOLIN INJ	OTC	F	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	F	ANTIDIABETICS
NOVOLOG INJ	-	F	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	F	ANTIDIABETICS
NOVOLOG MIX INJ	-	F	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	F	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP	-	F	ANTIFUNGALS
np thyroid tab (NATURE THROID/ARMOUR THYROID equiv)	-	F	THYROID AGENTS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	F	ANALGESICS - OPIOID
NUDEXTA CAP (QL= 2 caps/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUVARING	-	\$0	CONTRACEPTIVES
nystatin cream (MYCOSTATIN CREAM equiv)	-	F	DERMATOLOGICALS
nystatin oint	-	F	DERMATOLOGICALS
nystatin powder	-	F	ANTIFUNGALS
nystatin susp	-	F	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	F	ANTIFUNGALS
nystatin topical powder	-	F	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	F	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	F	DERMATOLOGICALS
nystatin/triamcinolone oint	-	F	DERMATOLOGICALS
octreotide inj (SANDOSTATIN equiv) ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODOMZO CAP (QL= 1 cap/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	F	OPHTHALMIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	F	FLUOROQUINOLONES
OFLOXACIN TAB 400MG	-	F	FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/ fluoxetine cap (SYMBYAX equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
olopatadine nasal spray (PATANASE equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln (PATANOL equiv)	-	F	OPHTHALMIC AGENTS
omedia otic soln (AMERICAINE equiv)	-	F	OTIC AGENTS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	F	ULCER DRUGS
ondansetron ODT (ZOFTRAN equiv)	-	F	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	F	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	F	ANTIEMETICS
ONFI TAB	PA	F	ANTICONVULSANTS
ONGLYZA TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
oxandrolone tab (OXANDRIN equiv)	-	F	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	F	ANTIANKXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
oxiconazole nitrate cream (OXISTAT equiv)	-	F	DERMATOLOGICALS
OXISTAT LOTION	-	F	DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv)	-	F	URINARY ANTISPASMODICS
oxybutynin syrup	-	F	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	F	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	F	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	F	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	F	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	F	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	F	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	F	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	F	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL= 4 tabs/day)	QL	F	ANALGESICS - OPIOID
OXYIR CAP	-	F	ANALGESICS - OPIOID
paliperidone ER tab (INVEGA equiv)	PA	F	ANTIpsychOTICS/ANTIMANIC AGENTS
pantoprazole EC tab (PROTONIX equiv)	-	F	ULCER DRUGS
paricalcitol cap (ZEMPLAR equiv) ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	F	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	F	ANTIDEPRESSANTS
PATADAY OPHTH SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of olopatadine ophth soln)	QL-ST	F	OPHTHALMIC AGENTS
PEAK FLOW METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride soln	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	F	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
PEGANONE TAB	-	F	ANTICONVULSANTS
PEGASYS INJ (Step Therapy requires trial of PEG-INTRON)	MSP-ST	F	ANTIVIRALS
PEGASYS INJ KIT (Step Therapy requires trial of PEG-INTRON)	MSP-ST	F	ANTIVIRALS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
PEG-INTRON INJ ()	MSP	F	ANTIVIRALS
penicillin vk soln (VEETIDS equiv)	-	F	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	F	PENICILLINS
pentazocine/acetaminophen tab (TALACEN equiv)	-	F	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
perindopril tab (ACEON equiv)	-	F	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	F	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
phenazopyridine tab (PYRIDIDIUM equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	F	ANTIDEPRESSANTS
phenobarbital elixir	-	F	HYPNOTICS
phenobarbital tab	-	F	HYPNOTICS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	F	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv)	-	F	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	F	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	F	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	F	ANTICONVULSANTS
PHOSLYRA SOLN	-	F	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F	MINERALS & ELECTROLYTES
PHOSPHOLINE OPPTH SOLN	-	F	OPHTHALMIC AGENTS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	F	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
pimozide tab (ORAP equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	F	BETA BLOCKERS
pioglitazone tab (ACTOS TAB equiv)	-	F	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	F	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	F	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLEGRIDY INJ	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PODOCON SOLN	-	F	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	F	DERMATOLOGICALS
POLYETHYLENE GLYCOL 8000 GRANULES	-	F	PHARMACEUTICAL ADJUVANTS
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv)	-	F	OPHTHALMIC AGENTS
potassium bicarbonate effer tab (K-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE ER TAB	-	F	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride soln	-	F	MINERALS & ELECTROLYTES

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
potassium citrate CR tab (UROCIT-K TAB equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL= 3 tabs/day)	QL	F	ANTICONVULSANTS
PRADAXA CAP	-	F	ANTICOAGULANTS
pramipexole tab (MIRAPEX equiv)	-	F	ANTIPARKINSON AGENTS
PRAMOSONE CREAM	-	F	DERMATOLOGICALS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	F	ANORECTAL AGENTS
PRASCION RA CREAM	-	F	DERMATOLOGICALS
pravastatin tab (PRAVACHOL equiv)	-	F	ANTIHYPERTENSIVES
prazosin cap (MINIPRESS equiv)	-	F	ANTIHYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	F	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	F	OPHTHALMIC AGENTS
prednicarbate cream (DERMATOP equiv)	-	F	DERMATOLOGICALS
prednicarbate oint (DERMATOP equiv)	-	F	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	F	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	F	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	F	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	F	CORTICOSTEROIDS
PREDNISON SOLN	-	F	CORTICOSTEROIDS
PREDNISON TAB	-	F	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	F	CORTICOSTEROIDS
PREMARIN TAB	-	F	ESTROGENS
PREMARIN VAGINAL CREAM	-	F	VAGINAL PRODUCTS
PREMPRO TAB	-	F	ESTROGENS
PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/PRENAPLUS)	-	F	MULTIVITAMINS
PREVACID OTC CAP	OTC	F	ULCER DRUGS
PREVACID SOLUTAB	-	F	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT RINSE	-	F	MOUTH/THROAT/DENTAL AGENTS
PREZCOBIX TAB	SP	F	ANTIVIRALS
PREZISTA SUSP	SP	F	ANTIVIRALS
PREZISTA TAB	SP	F	ANTIVIRALS
PRIFTIN TAB	-	F	ANTIMYCOBACTERIAL AGENTS
PRIMAQUINE TAB	-	F	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	F	ANTICONVULSANTS
probenecid tab (BENEMID equiv)	-	F	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ ()	MSP	F	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	F	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	F	ANORECTAL AGENTS
progesterone cap (PROMETRIUM equiv)	-	F	PROGESTINS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
PROLENSA OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PROLEUKIN INJ ()	MSP	F	ANTINEOPLASTICS
PROMACTA TAB ()	MSP	F	HEMATOPOIETIC AGENTS
promethazine supp (PHENERGAN equiv)	-	F	ANTIHISTAMINES
promethazine syrup	-	F	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	F	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	F	COUGH/COLD/ALLERGY
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	F	COUGH/COLD/ALLERGY
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	F	COUGH/COLD/ALLERGY
propafenone ER cap (RYTHMOL SR equiv)	-	F	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	F	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	F	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	F	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	F	BETA BLOCKERS
PROPRANOLOL SOLN	-	F	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	F	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	F	ANTIHYPERTENSIVES
propylthiouracil tab	-	F	THYROID AGENTS
PROSTIGMIN TAB	-	F	ANTIMYASTHENIC AGENTS
PULMOZYME INH SOLN ()	MSP	F	RESPIRATORY AGENTS - MISC.
pyrazinamide tab	-	F	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	F	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	F	ANTIMYASTHENIC AGENTS
quetiapine tab (SEROQUEL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quinapril tab (ACCUPRIL equiv)	-	F	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	F	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	F	ANTIARRHYTHMICS
quinidine sulfate tab	-	F	ANTIARRHYTHMICS
rabeprazole EC tab (ACIPHEX equiv)	-	F	ULCER DRUGS
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	F	ANTIHYPERTENSIVES
RANEXA TAB	-	F	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F	ULCER DRUGS
RAPAMUNE SOLN	SP	F	ASSORTED CLASSES
REBETOL SOLN ()	MSP	F	ANTIVIRALS
REGRANEX GEL (QL= 30gm/fill)	QL	F	DERMATOLOGICALS
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	F	ANTIVIRALS
RELISTOR INJ ()	MSP-PA	F	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT ()	MSP-PA	F	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	F	MULTIVITAMINS
REVELA PACKET	-	F	GASTROINTESTINAL AGENTS - MISC.
REVELA TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	F	ANTIIDIABETICS
REPATHA INJ	MSP-PA	F	ANTIHYPERLIPIDEMICS
RESCRIPTOR TAB	SP	F	ANTIVIRALS
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	F	ASSORTED CLASSES
REYATAZ CAP	SP	F	ANTIVIRALS
REYATAZ POWDER PACK	SP	F	ANTIVIRALS
RIBATAB ()	MSP	F	ANTIVIRALS
ribavirin cap (REBETOL equiv) ()	MSP	F	ANTIVIRALS
ribavirin tab (COPEGUS equiv) ()	MSP	F	ANTIVIRALS
RIDAURA CAP	-	F	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	F	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	F	NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	F	ANTIVIRALS
risperidone ODT (RISPERDAL M equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
rivastigmine cap (EXELON equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F	MIGRAINE PRODUCTS
ropinirole tab (REQUIP equiv)	-	F	ANTIPARKINSON AGENTS
ROXICET SOLN 325MG/5ML	-	F	ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	PA-QL	F	HYPNOTICS
SABRIL POWDER PACK (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD-PA	F	ANTICONVULSANTS
SABRIL TAB (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD-PA	F	ANTICONVULSANTS
salicylic acid shampoo (SALEX equiv)	-	F	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	F	ANALGESICS - NONNARCOTIC
SANDIMMUNE SOLN 100MG/ML	SP	F	ASSORTED CLASSES
SANTYL OINT	-	F	DERMATOLOGICALS
SAVELLA PAK	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SECONAL CAP	-	F	HYPNOTICS
selegiline cap (ELDEPRYL equiv)	-	F	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	F	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	F	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	F	DERMATOLOGICALS
SELZENTRY TAB	SP	F	ANTIVIRALS
SENSIPAR TAB ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sertraline conc (ZOLOFT equiv)	-	F	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	F	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil tab (REVATIO equiv)	PA	F	CARDIOVASCULAR AGENTS - MISC.

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	F	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	F	OPHTHALMIC AGENTS
SIMCOR TAB	-	F	ANTIHYPERLIPIDEMICS
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	F	ANTIHYPERLIPIDEMICS
sirolimus tab (RAPAMUNE equiv)	SP	F	ASSORTED CLASSES
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM/SEPTRA equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride neb soln (HYPER-SAL equiv)	-	F	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	F	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	F	ASSORTED CLASSES
sodium sulfacetamide wash (OVACE WASH equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	F	DERMATOLOGICALS
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SORIATANE CK KIT	-	F	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	F	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	F	BETA BLOCKERS
SOVALDI TAB (QL= 1 tab/day)	MSP-PA-QL	F	ANTIVIRALS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	F	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	F	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	F	DIURETICS
SPRYCEL TAB ()	MSP-PA-SF	F	ANTINEOPLASTICS
SSKI SOLN	-	F	MINERALS & ELECTROLYTES
stavudine cap (ZERIT equiv)	SP	F	ANTIVIRALS
stavudine soln (ZERIT equiv)	SP	F	ANTIVIRALS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
STIMATE NASAL SOLN	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRIBILD TAB (QL= 1 tab/day)	QL-SP	F	ANTIVIRALS
SUBOXONE SL FILM	-	F	ANALGESICS - OPIOID
sucralfate tab (CARAFATE equiv)	-	F	ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	F	OPHTHALMIC AGENTS
sulfacetamide sodium/ prednisolone ophth soln (VASOCIDIN equiv)	-	F	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	F	SULFONAMIDES
SULFAMYLON CREAM	-	F	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUMATRIPTAN/ IMITREX NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUSTIVA CAP	SP	F	ANTIVIRALS
SUSTIVA TAB	SP	F	ANTIVIRALS
SUTENT CAP ()	MSP-PA-SF	F	ANTINEOPLASTICS
SYNAREL NASAL SOLN ()	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNJARDY TAB (QL= 2 tabs/day)	QL	F	ANTIDIABETICS
SYNTHROID TAB	-	F	THYROID AGENTS
TABLOID TAB	-	F	ANTINEOPLASTICS
tacrolimus cap (PROGRAF equiv)	SP	F	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	F	DERMATOLOGICALS
TAFINLAR CAP (QL= 4 caps/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP (QL= 10 caps/fill)	QL	F	ANTIVIRALS
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	F	ANTIVIRALS
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	F	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS
tamsulosin cap (FLOMAX equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
TARCEVA TAB ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL ()	MSP	F	DERMATOLOGICALS
TECFIDERA CAP ()	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK ()	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
telmisartan tab (MICARDIS equiv)	-	F	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	F	HYPNOTICS
temazepam cap 30mg (RESTORIL equiv)	-	F	HYPNOTICS
temozolomide cap (TEMODAR equiv) ()	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	F	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	F	ANTIFUNGALS

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
terbutaline sulfate tab (BRETHINE equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	F	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	F	VAGINAL PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
tetrabenazine tab (XENAZINE equiv) (Only available through Xenazine Support Program 888-882-6013)	LD-PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
THALOMID CAP ()	MSP-PA	F	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thioridazine tab (MELLARIL equiv)	-	F	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	F	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
THYROLAR TAB	-	F	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	F	ANTICONVULSANTS
ticlopidine tab (TICLID equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
TIKOSYN CAP	-	F	ANTIARRHYTHMICS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	F	BETA BLOCKERS
TIVICAY TAB (QL= 2 tabs/day)	QL-SP	F	ANTIVIRALS
tizanidine tab (ZANAFLEX equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	F	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	F	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	F	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	F	OPHTHALMIC AGENTS
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv)	-	F	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	F	ANTIDIABETICS
TOLBUTAMIDE TAB	-	F	ANTIDIABETICS
tolmetin cap (TOLECTIN DS equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	F	ANALGESICS - ANTI-INFLAMMATORY
tolterodine SR cap (DETROL LA equiv)	-	F	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	F	URINARY ANTISPASMODICS
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	F	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	F	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	F	ANTICONVULSANTS
toremide tab (DEMADEX equiv)	-	F	DIURETICS
TOUJEO SOLOSTAR INJ	-	F	ANTIDIABETICS
TRACLEER TAB (QL= 2 tabs/day)	PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
tramadol tab (ULTRAM equiv)	-	F	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	F	ANTIHYPERTENSIVES

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
tranexamic acid tab (LYSTEDA equiv)	-	F	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	F	ANTIDEPRESSANTS
TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days)	QL	F	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	F	ANTIDEPRESSANTS
tretinoin cap (VESANOID equiv) ()	MSP	F	ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
triamcinolone cream	-	F	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	F	DERMATOLOGICALS
triamcinolone oint	-	F	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	F	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	F	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	F	DIURETICS
triazolam tab (HALCION equiv)	-	F	HYPNOTICS
tricitrates soln (POLYCITRA-LC equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	F	HEMATOPOIETIC AGENTS
trifluoperazine tab (STELAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	F	OPHTHALMIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	F	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	F	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	F	ANTIHYPERTENSIVES
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	F	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ TAB (QL= 1 tab/day)	QL-SP	F	ANTIVIRALS
tri-vit/iron/fluoride drop	-	F	MULTIVITAMINS
tropicamide ophth soln (MYDRIACYL equiv)	-	F	OPHTHALMIC AGENTS
TRUVADA TAB	PA-SP	F	ANTIVIRALS
TYKERB TAB ()	MSP-PA	F	ANTINEOPLASTICS
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
U-CORT CREAM	-	F	DERMATOLOGICALS
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST	F	GOUT AGENTS
ursodiol cap (ACTIGALL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	-	F	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	F	DERMATOLOGICALS
VALCYTE SOLN	SP	F	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	F	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	F	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	F	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	F	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	F	ANTIHYPERTENSIVES

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
vancomycin cap (VANCOGIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	F	ANTI-INFECTIVE AGENTS - MISC.
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0	VAGINAL PRODUCTS
VECTICAL OINT	-	F	DERMATOLOGICALS
venlafaxine ER cap (EFFEXOR XR equiv)	-	F	ANTIDEPRESSANTS
venlafaxine ER tab	-	F	ANTIDEPRESSANTS
VENLAFAXINE ER TAB 225MG	-	F	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	F	ANTIDEPRESSANTS
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY (QL= 2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
verapamil SR cap (VERELAN SR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	F	CALCIUM CHANNEL BLOCKERS
VESICARE TAB	-	F	URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	F	OPHTHALMIC AGENTS
V-GO INJ KIT (QL= 1 kit/day)	QL	F	MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB (QL= 6 tabs/30 days)	QL	F	CARDIOVASCULAR AGENTS - MISC.
VICTOZA INJ (QL= 9ml/30 days)	QL	F	ANTIDIABETICS
VIDEX SOLN	SP	F	ANTIVIRALS
VIMPAT SOLN	-	F	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	F	ANTICONVULSANTS
VIRACEPT POWDER	SP	F	ANTIVIRALS
VIRACEPT TAB	SP	F	ANTIVIRALS
VIRAMUNE SUSP	SP	F	ANTIVIRALS
VIREAD TAB	SP	F	ANTIVIRALS
vitamin D cap (RX strength only)	-	F	VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITEKTA TAB	SP	F	ANTIVIRALS
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	F	VACCINES
VOLTAREN GEL (QL= 5 tubes/fill)	QL	F	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTIFUNGALS
VOTRIENT TAB ()	MSP-PA-SF	F	ANTINEOPLASTICS
VYVANSE CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
warfarin tab (COUMADIN equiv)	-	F	ANTICOAGULANTS
WELCHOL PAK	-	F	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	F	ANTIHYPERLIPIDEMICS
wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
XALKORI CAP	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK	-	F	ANTICOAGULANTS
XARELTO TAB	-	F	ANTICOAGULANTS
XIGDUO XR TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	F	ANTIDIABETICS
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	\$0	CONTRACEPTIVES

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
Last Updated* 4/1/2016

Drug Name	Special Code	Tier	Category
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
YASMIN TAB	-	\$0	CONTRACEPTIVES
YAZ TAB	-	\$0	CONTRACEPTIVES
zaleplon cap (SONATA equiv)	-	F	HYPNOTICS
ZARXIO INJ	MSP	F	HEMATOPOIETIC AGENTS
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	F	HEMATOPOIETIC AGENTS
ZEGERID CAP OTC	OTC	F	ULCER DRUGS
ZELBORAF TAB	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZETIA TAB (QL= 1 tab/day)	QL	F	ANTIHYPERTENSIVES
zidovudine cap (RETROVIR equiv)	SP	F	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	SP	F	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	SP	F	ANTIVIRALS
zinc sulfate cap	-	F	MINERALS & ELECTROLYTES
ziprasidone cap (GEODON equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	F	OPHTHALMIC AGENTS
ZOLINZA CAP ()	MSP-PA-SF	F	ANTINEOPLASTICS
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	F	HYPNOTICS
zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day)	QL	F	HYPNOTICS
zonisamide cap (ZONEGRAN equiv)	-	F	ANTICONVULSANTS
ZORTRESS TAB ()	MSP-PA	F	ASSORTED CLASSES
ZOVIRAX OINT	-	F	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F	OPHTHALMIC AGENTS
ZYTIGA TAB ()	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL XR CAP	-	F
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F
dextroamphetamine tab (DEXEDRINE equiv)	-	F
methamphetamine tab (DESOXYN equiv)	-	F
VYVANSE CAP	-	F
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	F
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	F
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	F
ANTI-OBESITY AGENTS		
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	F
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	F
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	F
STIMULANTS - MISC.		
CONCERTA TAB	-	F
dexmethylphenidate tab (FOCALIN equiv)	-	F
methylphenidate CD cap (METADATE CD equiv)	-	F
methylphenidate ER cap (RITALIN LA equiv)	-	F
METHYLPHENIDATE ER TAB	-	F
methylphenidate ER tab 10mg, 20mg	-	F
methylphenidate soln (METHYLIN equiv)	-	F
methylphenidate tab (RITALIN equiv)	-	F
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	F
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	F
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ (QL= 2 inj/28 days)	MSP-PA-QL	F
HUMIRA PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	F
GOLD COMPOUNDS		
RIDAURA CAP	-	F
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	F
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	F
diclofenac potassium tab (CATAFLAM equiv)	-	F
diclofenac sodium EC tab (VOLTAREN equiv)	-	F
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	F
etodolac cap (LODINE equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
etodolac tab	-	F
fenoprofen calcium tab	-	F
flurbiprofen tab (ANSAID equiv)	-	F
ibuprofen susp (Rx ONLY) (ADVIL/MOTRIN equiv)	-	F
ibuprofen tab	-	F
ibuprofen tab (RX only)	-	F
INDOCIN SUPP	-	F
INDOCIN SUSP	-	F
indomethacin cap (INDOCIN equiv)	-	F
indomethacin CR cap (INDOCIN SR equiv)	-	F
ketoprofen cap (ORUDIS equiv)	-	F
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	F
MECLOFENAMATE CAP	-	F
meloxicam tab (MOBIC equiv)	-	F
nabumetone tab (RELAFEN equiv)	-	F
naproxen EC tab (NAPROSYN EC equiv)	-	F
naproxen sodium tab (ANAPROX equiv)	-	F
NAPROXEN SUSP	-	F
naproxen susp (NAPROSYN equiv)	-	F
naproxen tab (NAPROSYN equiv)	-	F
oxaprozin tab (DAYPRO equiv)	-	F
piroxicam cap (FELDENE equiv)	-	F
sulindac tab (CLINORIL equiv)	-	F
tolmetin cap (TOLECTIN DS equiv)	-	F
TOLMETIN TAB	-	F
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	F
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL= 4 inj/28 days)	MSP-PA-QL	F
ENBREL SURECLICK INJ (QL= 4 inj/28 days)	MSP-PA-QL	F
ANALGESICS - NONNARCOTIC		
SALICYLATES		
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	F
choline magnesium trisalicylate tab (TRILISATE equiv)	-	F
diflunisal tab (DOLOBID equiv)	-	F
salsalate tab (DISALCID equiv)	-	F
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	F
fentanyl patch (DURAGESIC equiv)	-	F
HYDROMORPHONE SUPP	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydromorphone tab (DILAUDID equiv)	-	F
HYSINGLA ER TAB (QL= 1 tab/day)	QL	F
LEVORPHANOL TAB	-	F
meperidine tab (DEMEROL equiv)	-	F
methadone soln	-	F
methadone tab (DOLOPHINE equiv)	-	F
methadose tab	-	F
morphine sulfate ER tab (MS CONTIN equiv)	-	F
morphine sulfate soln	-	F
morphine sulfate supp	-	F
morphine sulfate tab	-	F
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	F
oxycodone cap (OXYIR equiv)	-	F
oxycodone conc (ROXICODONE equiv)	-	F
oxycodone soln (ROXICODONE equiv)	-	F
oxycodone tab (ROXICODONE equiv)	-	F
OXYCONTIN CR TAB (QL= 4 tabs/day)	QL	F
OXYIR CAP	-	F
tramadol tab (ULTRAM equiv)	-	F
OPIOID COMBINATIONS		
acetaminophen/codeine soln	-	F
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	F
aspirin/codeine tab	-	F
hydrocodone/acetaminophen cap (LORCET equiv)	-	F
hydrocodone/acetaminophen soln (HYCET/LORTAB equiv)	-	F
hydrocodone/acetaminophen tab (LORTAB equiv)	-	F
oxycodone/acetaminophen cap (TYLOX equiv)	-	F
oxycodone/acetaminophen tab (PERCOCET equiv)	-	F
oxycodone/aspirin tab (PERCODAN equiv)	-	F
pentazocine/acetaminophen tab (TALACEN equiv)	-	F
ROXICET SOLN 325MG/5ML	-	F
OPIOID PARTIAL AGONISTS		
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	F
SUBOXONE SL FILM	-	F
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	F
ANDROGENS		
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	F
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	F
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	F
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	F
ANDROXY TAB	-	F
danazol cap (DANOCRINE equiv)	-	F
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	F
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	F
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	F
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	F
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	F
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	F
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	F
RECTAL COMBINATIONS		
hc pramoxine cream 1-1% (ANALPRAM HC equiv)	-	F
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	F
PROCTOFOAM HC FOAM	-	F
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	F
ANTHELMINTICS		
ANTHELMINTICS		
BILTRICIDE TAB	-	F
ivermectin tab (STROMECTOL equiv)	-	F
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	F
NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	F
isosorbide dinitrate SL tab	-	F
isosorbide dinitrate tab (ISORDIL equiv)	-	F
isosorbide mononitrate ER tab (IMDUR equiv)	-	F
isosorbide mononitrate tab (MONOKET equiv)	-	F
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	F
nitroglycerin patch (NITRO-DUR equiv)	-	F
NITROSTAT SL TAB	-	F
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	F
hydroxyzine pamoate cap (VISTARIL equiv)	-	F
hydroxyzine syrup (ATARAX equiv)	-	F
hydroxyzine tab (ATARAX equiv)	-	F
meprobamate tab (MILTOWN equiv)	-	F
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	F
chlordiazepoxide cap (LIBRIUM equiv)	-	F
clorazepate tab (TRANXENE-T equiv)	-	F
diazepam conc (VALIUM equiv)	-	F
DIAZEPAM SOLN	-	F
diazepam tab (VALIUM equiv)	-	F
lorazepam conc (ATIVAN equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTI-ANXIETY AGENTS Cont.		
lorazepam tab (ATIVAN equiv)	-	F
oxazepam cap (SERAX equiv)	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	F
disopyramide ER cap (NORPACE CR equiv)	-	F
NORPACE CR CAP	-	F
quinidine gluconate CR tab	-	F
quinidine sulfate tab	-	F
ANTIARRHYTHMICS TYPE I-B		
mexiletine cap (MEXITIL equiv)	-	F
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	F
propafenone ER cap (RYTHMOL SR equiv)	-	F
propafenone tab (RYTHMOL equiv)	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	F
MULTAQ TAB	-	F
TIKOSYN CAP	-	F
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
CROMOLYN NEB SOLN	-	F
cromolyn neb soln (INTAL equiv)	-	F
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA INHALER	-	F
INCRUSE ELLIPTA INHALER	-	F
ipratropium neb soln (ATROVENT equiv)	-	F
SPIRIVA HANDIHALER (For use with Handihaler device)	-	F
SPIRIVA RESPIMAT INHALER	-	F
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	F
montelukast granule pack (SINGULAIR equiv)	-	F
montelukast tab (SINGULAIR equiv)	-	F
STERIOD INHALANTS		
ARNUITY ELLIPTA INHALER	-	F
ASMANEX HFA INHALER	-	F
ASMANEX INHALER	-	F
budesonide inh susp (PULMICORT equiv)	-	F
FLOVENT DISKUS INHALER	-	F
FLOVENT HFA INHALER	-	F
SYMPATHOMIMETICS		
ADVAIR DISKUS INHALER	-	F
ADVAIR HFA INHALER	-	F
albuterol neb soln 0.083% (PROVENTIL equiv)	-	F
albuterol neb soln 0.5% (VENTOLIN equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	F
albuterol sulfate syrup	-	F
albuterol sulfate tab	-	F
albuterol/ipratropium neb soln (DUONEB equiv)	-	F
BREO ELLIPTA INHALER	-	F
COMBIVENT INHALER	-	F
COMBIVENT RESPIMAT INHALER	-	F
DULERA INHALER	-	F
FORADIL AEROLIZER	-	F
METAPROTERENOL SYRUP	-	F
SEREVENT DISKUS INHALER	-	F
STIOLTO INHALER	-	F
terbutaline sulfate tab (BRETHINE equiv)	-	F
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	F
XANTHINES		
aminophylline tab	-	F
ELIXOPHYLLIN ELIXIR	-	F
theophylline CR tab (QUIBRON-T equiv)	-	F
theophylline ER tab (UNIPHYL equiv)	-	F
theophylline soln	-	F
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	F
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB	-	F
XARELTO STARTER PACK	-	F
XARELTO TAB	-	F
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	F
fondaparinux inj (ARIXTRA equiv)	PA	F
THROMBIN INHIBITORS		
PRADAXA CAP	-	F
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam tab (KLONOPIN equiv)	-	F
ONFI TAB	PA	F
ANTICONVULSANTS - MISC.		
BANZEL SUSP	-	F
BANZEL TAB	-	F
carbamazepine chew tab (TEGRETOL equiv)	-	F
carbamazepine ER cap (CARBATROL equiv)	-	F
carbamazepine susp (TEGRETOL equiv)	-	F
carbamazepine tab (TEGRETOL equiv)	-	F
gabapentin cap (NEURONTIN equiv)	-	F
gabapentin soln (NEURONTIN equiv)	-	F
gabapentin tab (NEURONTIN equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
LAMICTAL CHEW TAB 2MG	-	F
lamotrigine chew tab (LAMICTAL equiv)	-	F
lamotrigine tab (LAMICTAL equiv)	-	F
levetiracetam soln (KEPPRA equiv)	-	F
levetiracetam tab (KEPPRA equiv)	-	F
LYRICA CAP	-	F
LYRICA SOLN	-	F
oxcarbazepine susp (TRILEPTAL equiv)	-	F
oxcarbazepine tab (TRILEPTAL equiv)	-	F
POTIGA TAB (QL= 3 tabs/day)	QL	F
primidone tab (MYSOLINE equiv)	-	F
topiramate sprinkle cap (TOPAMAX equiv)	-	F
topiramate tab (TOPAMAX equiv)	-	F
VIMPAT SOLN	-	F
VIMPAT TAB (QL= 2 tabs/day)	QL	F
zonisamide cap (ZONEGRAN equiv)	-	F
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	F
felbamate tab (FELBATOL equiv)	-	F
FELBATOL TAB	-	F
GABA MODULATORS		
GABITRIL TAB 12MG, 16MG	-	F
SABRIL POWDER PACK (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD-PA	F
SABRIL TAB (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD-PA	F
tiagabine tab (GABITRIL equiv)	-	F
HYDANTOINS		
DILANTIN CAP 30MG	-	F
PEGANONE TAB	-	F
phenytoin cap (DILANTIN equiv)	-	F
phenytoin chew tab (DILANTIN equiv)	-	F
phenytoin susp (DILANTIN equiv)	-	F
SUCCINIMIDES		
CELONTIN CAP	-	F
ethosuximide cap (ZARONTIN equiv)	-	F
ethosuximide soln (ZARONTIN equiv)	-	F
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	F
divalproex sodium DR tab (DEPAKOTE equiv)	-	F
valproic acid cap (DEPAKENE equiv)	-	F
valproic acid syrup (DEPAKENE equiv)	-	F
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	F
mirtazapine tab (REMERON equiv)	-	F
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
bupropion tab (WELLBUTRIN equiv)	-	F
bupropion XL tab (WELLBUTRIN XL equiv)	-	F
MAPROTILINE TAB	-	F
MODIFIED CYCLICS		
NEFAZODONE TAB	-	F
nefazodone tab 50mg, 250mg	-	F
trazodone tab (DESYREL equiv)	-	F
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
MARPLAN TAB	-	F
NARDIL TAB	-	F
phenelzine tab (NARDIL equiv)	-	F
tranylcypromine tab (PARNATE equiv)	-	F
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	F
citalopram tab (CELEXA equiv)	-	F
escitalopram soln (LEXAPRO equiv)	-	F
escitalopram tab (LEXAPRO equiv)	-	F
fluoxetine cap (PROZAC equiv)	-	F
fluoxetine soln (PROZAC equiv)	-	F
fluoxetine tab (PROZAC equiv)	-	F
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	F
fluvoxamine tab (LUVOX equiv)	-	F
paroxetine ER tab (PAXIL CR equiv)	-	F
paroxetine tab (PAXIL equiv)	-	F
sertraline conc (ZOLOFT equiv)	-	F
sertraline tab (ZOLOFT equiv)	-	F
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv) (QL= 2 caps/day)	QL	F
venlafaxine ER cap (EFFEXOR XR equiv)	-	F
venlafaxine ER tab	-	F
VENLAFAXINE ER TAB 225MG	-	F
venlafaxine tab (EFFEXOR equiv)	-	F
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	F
AMOXAPINE TAB	-	F
desipramine tab (NORPRAMIN equiv)	-	F
doxepin cap (SINEQUAN equiv)	-	F
doxepin conc (SINEQUAN equiv)	-	F
imipramine tab (TOFRANIL equiv)	-	F
nortriptyline cap (PAMELOR equiv)	-	F
NORTRIPTYLINE SOLN	-	F

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab (PRECOSE equiv)	-	F
------------------------------	---	---

ANTIDIABETIC COMBINATIONS

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
AVANDAMET TAB	-	F
AVANDARYL TAB	-	F
glipizide/metformin tab (METAGLIP equiv)	-	F
glyburide/metformin tab (GLUCOVANCE equiv)	-	F
JANUMET TAB	-	F
JANUMET XR TAB	-	F
KOMBIGLYZE XR TAB	-	F
pioglitazone/glimepiride tab (DUETACT equiv)	-	F
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	F
SYNJARDY TAB (QL= 2 tabs/day)	QL	F
XIGDUO XR TAB (QL= 1 tab/day)	QL	F
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	F
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	F
metformin tab (GLUCOPHAGE equiv)	-	F
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ	-	F
GLUCAGON INJ KIT	-	F
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	F
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL	F
ONGLYZA TAB (QL= 1 tab/day)	QL	F
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	F
VICTOZA INJ (QL= 9ml/30 days)	QL	F
INSULIN		
HUMULIN R INJ U-500	-	F
LANTUS INJ	-	F
LANTUS SOLOSTAR INJ	-	F
LEVEMIR FLEXPEN INJ	-	F
LEVEMIR INJ	-	F
NOVOLIN INJ	OTC	F
NOVOLOG FLEXPEN INJ	-	F
NOVOLOG INJ	-	F
NOVOLOG MIX FLEXPEN INJ	-	F
NOVOLOG MIX INJ	-	F
NOVOLOG PENFILL INJ	-	F
TOUJEO SOLOSTAR INJ	-	F
INSULIN SENSITIZING AGENTS		
AVANDIA TAB	-	F
pioglitazone tab (ACTOS TAB equiv)	-	F
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	F
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	F
JARDIANCE TAB (QL= 1 tab/day)	QL	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
SULFONYLUREAS		
chlorpropamide tab (DIABINESE equiv)	-	F
glimepiride tab (AMARYL equiv)	-	F
glipizide ER tab (GLUCOTROL XL equiv)	-	F
glipizide tab (GLUCOTROL equiv)	-	F
glyburide micronized tab (GLYNASE equiv)	-	F
glyburide tab (MICRONASE equiv)	-	F
tolazamide tab (TOLINASE equiv)	-	F
TOLBUTAMIDE TAB	-	F
ANTIDIARRHEALS		
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F
ANTIDOTES		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	F
EXJADE TAB ()	MSP	F
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
JADENU TAB ()	MSP	F
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	F
ondansetron ODT (ZOFTRAN equiv)	-	F
ondansetron soln (ZOFTRAN equiv)	-	F
ondansetron tab (ZOFTRAN equiv)	-	F
ANTIEMETICS - ANTICHOLINERGIC		
maldemar tab (SCOPACE equiv)	-	F
meclizine chew tab (BONINE equiv)	OTC	F
meclizine tab (ANTIVERT equiv)	OTC	F
trimethobenzamide cap (TIGAN equiv)	-	F
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F
dronabinol cap (MARINOL equiv)	PA	F
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
EMEND CAP (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap (ANCOBON equiv)	-	F
griseofulvin micro tab (GRIFULVIN V equiv)	-	F
griseofulvin susp (GRIFULVIN equiv)	-	F
griseofulvin tab (GRIS-PEG equiv)	-	F
nystatin powder	-	F
nystatin tab	-	F
terbinafine tab (LAMISIL equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	F
fluconazole tab (DIFLUCAN equiv)	-	F
itraconazole cap (SPORANOX equiv)	PA	F
ketoconazole tab (NIZORAL equiv)	-	F
NOXAFIL SUSP	-	F
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	F
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	F
ANTIHISTAMINES - NON-SEDATING		
cetirizine cap (ZYRTEC equiv)	OTC	F
cetirizine chew tab (ZYRTEC equiv)	OTC	F
cetirizine syrup (ZYRTEC equiv)	OTC	F
cetirizine tab (ZYRTEC equiv)	OTC	F
fexofenadine susp (ALLEGRA equiv)	OTC	F
fexofenadine tab (ALLEGRA equiv)	OTC	F
loratadine ODT (CLARITIN equiv)	OTC	F
loratadine syrup (CLARITIN equiv)	OTC	F
loratadine tab (CLARITIN equiv)	OTC	F
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp (PHENERGAN equiv)	-	F
promethazine syrup	-	F
promethazine tab (PHENERGAN equiv)	-	F
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	F
cyproheptadine tab	-	F
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVES - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F
cholestyramine powder (QUESTRAN equiv)	-	F
cholestyramine powder pack (QUESTRAN equiv)	-	F
colestipol tab (COLESTID equiv)	-	F
WELCHOL PAK	-	F
WELCHOL TAB	-	F
FIBRIC ACID DERIVATIVES		
fenofibrate cap (ANTARA equiv)	-	F
fenofibrate tab (TRICOR equiv)	-	F
gemfibrozil tab (LOPID equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
TRILIPIX CAP	-	F
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	F
CRESTOR TAB (QL= 1 tab/day)	QL	F
CRESTOR TAB 20MG (QL= 1.5 tabs/day)	QL	F
fluvastatin cap (LESCOL equiv)	-	F
lovastatin tab (MEVACOR equiv)	-	F
pravastatin tab (PRAVACHOL equiv)	-	F
SIMCOR TAB	-	F
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	F
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB (QL= 1 tab/day)	QL	F
NICOTINIC ACID DERIVATIVES		
NIACOR TAB	-	F
NIASPAN ER TAB	-	F
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ	MSP-PA	F
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	F
captopril tab (CAPOTEN equiv)	-	F
enalapril tab (VASOTEC equiv)	-	F
fosinopril tab (MONOPRIL equiv)	-	F
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	F
moexipril tab (UNIVASC equiv)	-	F
perindopril tab (ACEON equiv)	-	F
quinapril tab (ACCUPRIL equiv)	-	F
ramipril cap (ALTACE equiv)	-	F
trandolapril tab (MAVIK equiv)	-	F
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLIN equiv)	-	F
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	F
losartan tab (COZAAR equiv)	-	F
telmisartan tab (MICARDIS equiv)	-	F
valsartan tab (DIOVAN equiv)	-	F
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	F
clonidine tab (CATAPRES equiv)	-	F
doxazosin tab (CARDURA equiv)	-	F
guanfacine IR tab (TENEX equiv)	-	F
methyl dopa tab (ALDOMET equiv)	-	F
prazosin cap (MINIPRESS equiv)	-	F
terazosin cap (HYTRIN equiv)	-	F
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
amlodipine/valsartan tab (EXFORGE equiv)	-	F
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	F
atenolol/chlorthalidone tab (TENORETIC equiv)	-	F
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	F
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	F
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	F
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	F
DUTOPROL TAB	-	F
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	F
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	F
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	F
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	F
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	F
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	F
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	F
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	F
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	F
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	F
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	F
minoxidil tab (LONITEN equiv)	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	F
metronidazole cap (FLAGYL equiv)	-	F
metronidazole tab (FLAGYL equiv)	-	F
NEBUPENT NEB SOLN ()	MSP	F
trimethoprim tab (PROLOPRIM equiv)	-	F
vancomycin cap (VANCOGIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	F
VANCOMYCIN SOLN KIT	-	F
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	F
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F
smz/tmp susp (BACTRIM/SEPTRA equiv)	-	F
ANTIPROTOZOAL AGENTS		
ALINIA SUSP	-	F
ALINIA TAB	-	F
atovaquone susp (MEPRON equiv)	-	F
LEPROSTATICS		
dapsone tab	-	F
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	F
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	F
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	F
MALARONE TAB	-	F
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	F
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	F
hydroxychloroquine tab (PLAQUENIL equiv)	-	F
mefloquine tab (LARIAM equiv)	-	F
PRIMAQUINE TAB	-	F
ANTIMYASTHENIC AGENTS		
ANTIMYASTHENIC AGENTS		
PROSTIGMIN TAB	-	F
pyridostigmine tab (MESTINON equiv)	-	F
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine CR tab (MESTINON equiv)	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	F
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	F
ISONIAZID SYRUP	-	F
isoniazid tab	-	F
PRIFTIN TAB	-	F
pyrazinamide tab	-	F
rifabutin cap (MYCOBUTIN equiv)	-	F
rifampin cap (RIFADIN equiv)	-	F
ANTINEOPLASTICS		
ALKYLATING AGENTS		
ALKERAN TAB	-	F
cyclophosphamide tab (CYTOXAN equiv)	-	F
HEXALEN CAP ()	MSP	F
LEUKERAN TAB ()	MSP	F
ANTIMETABOLITES		
mercaptopurine tab (PURINETHOL equiv)	-	F
methotrexate tab (TREXALL equiv)	-	F
TABLOID TAB	-	F
ANTINEOPLASTIC - HORMONAL AGENTS		
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
bicalutamide tab (CASODEX equiv)	-	F
EMCYT CAP	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTINEOPLASTICS Cont.		
FARESTON TAB	-	F
flutamide cap (EULEXIN equiv)	-	F
LYSODREN TAB ()	MSP	F
ANTINEOPLASTIC ENZYME INHIBITORS		
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
NEXAVAR TAB	MSP-PA-SF	F
SPRYCEL TAB ()	MSP-PA-SF	F
SUTENT CAP ()	MSP-PA-SF	F
TYKERB TAB ()	MSP-PA	F
VOTRIENT TAB ()	MSP-PA-SF	F
ZOLINZA CAP ()	MSP-PA-SF	F
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ	MSP	F
ALFERON-N INJ	MSP	F
hydroxyurea cap (HYDREA equiv)	-	F
INTRON-A INJ ()	MSP	F
MATULANE CAP	-	F
PROLEUKIN INJ ()	MSP	F
tretinoin cap (VESANOID equiv) ()	MSP	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	F
MESNEX TAB ()	MSP	F
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv) ()	MSP	F
TOPOISOMERASE I INHIBITORS		
HYCANTIN CAP ()	MSP-PA	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
AFINITOR TAB (QL= 1 tab/day)	MSP-PA-QL-SF	F
CEENU CAP	-	F
CYCLOPHOSPHAMIDE CAP	-	F
GLEOSTINE/LOMUSTINE CAP	-	F
MYLERAN TAB	MSP	F
temozolomide cap (TEMODAR equiv) ()	MSP	F
ANTIMETABOLITES		
capecitabine tab (XELODA equiv) ()	MSP	F
methotrexate inj	-	F
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP	MSP-PA-SF	F
ODOMZO CAP (QL= 1 cap/day)	MSP-PA-QL-SF	F
ANTINEOPLASTIC - HORMONAL AGENTS		
anastrozole tab (ARIMIDEX equiv)	-	F
exemestane tab (AROMASIN equiv)	-	F
letrozole tab (FEMARA equiv)	-	F
megestrol susp (MEGACE equiv)	-	F
megestrol tab (MEGACE equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ZYTIGA TAB ()	MSP-PA-SF	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
NILANDRON TAB	MSP	F
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	F
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB	MSP-PA	F
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ (QL= 1 tab/day)	MSP-PA-QL-SF	F
BOSULIF TAB ()	MSP-PA-SF	F
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	F
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	F
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
GLEEVEC TAB (Product is mandated through Acaria Specialty Pharmacy)	MSP-PA-SF	F
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	F
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	F
IMBRUVICA CAP (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	F
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	F
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
LYNPARZA CAP (Only available through Biologics 800-850-4306)	LD-PA-SF	F
MEKINIST TAB	MSP-PA	F
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	F
TAFINLAR CAP (QL= 4 caps/day)	MSP-PA-QL-SF	F
TARCEVA TAB ()	MSP-PA-SF	F
XALKORI CAP	MSP-PA-SF	F
ZELBORAF TAB	MSP-PA-SF	F
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv) ()	MSP-PA-SF	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	F
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	F
trihexyphenidyl elixir (ARTANE equiv)	-	F
trihexyphenidyl tab (ARTANE equiv)	-	F
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	F
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	F
amantadine syrup (SYMMETREL equiv)	-	F
APOKYN INJ (Only available through Walgreens 888-347-3416)	LD	F
bromocriptine cap (PARLODEL equiv)	-	F
bromocriptine tab (PARLODEL equiv)	-	F
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	F
carbidopa/levodopa ODT (PARCOPA equiv)	-	F
carbidopa/levodopa tab (SINEMET equiv)	-	F
pramipexole tab (MIRAPEX equiv)	-	F
ropinirole tab (REQUIP equiv)	-	F
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB	-	F
selegiline cap (ELDEPRYL equiv)	-	F
selegiline tab (ELDEPRYL equiv)	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	F
lithium carbonate ER tab (LITHOBID equiv)	-	F
lithium carbonate tab	-	F
lithium citrate soln	-	F
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP	-	F
ziprasidone cap (GEODON equiv)	-	F
BENZISOXAZOLES		
paliperidone ER tab (INVEGA equiv)	PA	F
risperidone ODT (RISPERDAL M equiv)	-	F
risperidone soln (RISPERDAL equiv)	-	F
risperidone tab (RISPERDAL equiv)	-	F
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	F
haloperidol tab (HALDOL equiv)	-	F
DIBENZAPINES		
clozapine ODT 25mg, 100mg (CLOZAPINE/FAZACLO equiv)	-	F
CLOZAPINE ODT/FAZACLO ODT	-	F
clozapine tab (CLOZARIL equiv)	-	F
loxapine cap (LOXITANE equiv)	-	F
olanzapine ODT (ZYPREXA equiv)	-	F
olanzapine tab (ZYPREXA equiv)	-	F
quetiapine tab (SEROQUEL equiv)	-	F
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	F
fluphenazine tab (PROLIXIN equiv)	-	F
perphenazine tab (TRILAFON equiv)	-	F
prochlorperazine supp (COMPAZINE equiv)	-	F
prochlorperazine tab (COMPAZINE equiv)	-	F
thioridazine tab (MELLARIL equiv)	-	F
trifluoperazine tab (STELAZINE equiv)	-	F
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv) ()	-	F
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir tab (ZIAGEN equiv)	SP	F
abacavir/ lamivudine/ zidovudine tab (TRIZIVIR equiv)	SP	F
APTIVUS CAP	SP	F
APTIVUS SOLN	SP	F
ATRIPLA TAB (QL= 1 tab/day)	QL-SP	F
COMPLERA TAB (QL= 1 tab/day)	QL-SP	F
CRIXIVAN CAP ()	MSP	F
didanosine DR cap (VIDEX EC equiv)	SP	F
EDURANT TAB	SP	F
EMTRIVA CAP	SP	F
EMTRIVA SOLN	SP	F
EPZICOM TAB	SP	F
EVOTAZ TAB	SP	F
FUZEON INJ	SP	F
GENVOYA TAB (QL= 1 tab/day)	QL-SP	F
INTELENCE TAB	SP	F
INVIRASE TAB	SP	F
ISENTRESS CHEW TAB	SP	F
ISENTRESS POWDER PACK	SP	F
ISENTRESS TAB	SP	F
KALETRA SOLN	SP	F
KALETRA TAB	SP	F
lamivudine soln (EPIVIR equiv)	SP	F
lamivudine tab (EPIVIR equiv)	SP	F
lamivudine/zidovudine tab (COMBIVIR equiv)	SP	F
LEXIVA SUSP	SP	F
LEXIVA TAB	SP	F
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	SP-ST	F
NEVIRAPINE SUSP (VIRAMUNE equiv)	SP	F
nevirapine tab (VIRAMUNE equiv)	SP	F
NORVIR CAP	SP	F
NORVIR SOLN	SP	F
NORVIR TAB	SP	F
PREZCOBIX TAB	SP	F
PREZISTA SUSP	SP	F
PREZISTA TAB	SP	F
RESCRIPTOR TAB	SP	F
REYATAZ CAP	SP	F
REYATAZ POWDER PACK	SP	F
SELZENTRY TAB	SP	F
stavudine cap (ZERIT equiv)	SP	F
stavudine soln (ZERIT equiv)	SP	F
STRIBILD TAB (QL= 1 tab/day)	QL-SP	F
SUSTIVA CAP	SP	F
SUSTIVA TAB	SP	F
TIVICAY TAB (QL= 2 tabs/day)	QL-SP	F
TRIUMEQ TAB (QL= 1 tab/day)	QL-SP	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
TRUVADA TAB	PA-SP	F
VIDEX SOLN	SP	F
VIRACEPT POWDER	SP	F
VIRACEPT TAB	SP	F
VIRAMUNE SUSP	SP	F
VIREAD TAB	SP	F
VITEKTA TAB	SP	F
zidovudine cap (RETROVIR equiv)	SP	F
zidovudine syrup (RETROVIR equiv)	SP	F
zidovudine tab (RETROVIR equiv)	SP	F
CMV AGENTS		
GANCICLOVIR CAP	SP	F
VALCYTE SOLN	SP	F
valganciclovir tab (VALCYTE equiv)	-	F
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv)	SP	F
DAKLINZA TAB (QL= 1 tab/day)	MSP-PA-QL	F
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	MSP-QL	F
EPIVIR HBV SOLN	SP	F
HARVONI TAB (QL= 1 tab/day)	MSP-PA-QL	F
INFERGEN INJ ()	MSP	F
lamivudine tab 100mg (EPIVIR HBV equiv)	SP	F
PEGASYS INJ (Step Therapy requires trial of PEG-INTRON)	MSP-ST	F
PEGASYS INJ KIT (Step Therapy requires trial of PEG-INTRON)	MSP-ST	F
PEG-INTRON INJ ()	MSP	F
REBETOL SOLN ()	MSP	F
RIBATAB ()	MSP	F
ribavirin cap (REBETOL equiv) ()	MSP	F
ribavirin tab (COPEGUS equiv) ()	MSP	F
SOVALDI TAB (QL= 1 tab/day)	MSP-PA-QL	F
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	F
acyclovir susp (ZOVIRAX equiv)	-	F
acyclovir tab (ZOVIRAX equiv)	-	F
valacyclovir tab (VALTREX equiv)	-	F
INFLUENZA AGENTS		
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	F
rimantadine tab (FLUMADINE equiv)	-	F
TAMIFLU CAP (QL= 10 caps/fill)	QL	F
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	F
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	F
ASSORTED CLASSES		
CHELATING AGENTS		
DEPEN TITRATAB	-	F
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
THALOMID CAP ()	MSP-PA	F
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	F
cyclosporine cap (SANDIMMUNE equiv)	SP	F
cyclosporine modified cap (NEORAL equiv)	SP	F
CYCLOSPORINE MODIFIED CAP 50MG	SP	F
cyclosporine modified soln (NEORAL equiv)	SP	F
mycophenolate DR tab (MYFORTIC equiv)	SP	F
mycophenolate mofetil cap (CELLCEPT equiv)	SP	F
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	SP	F
mycophenolate mofetil tab (CELLCEPT equiv)	SP	F
RAPAMUNE SOLN	SP	F
SANDIMMUNE SOLN 100MG/ML	SP	F
sirolimus tab (RAPAMUNE equiv)	SP	F
tacrolimus cap (PROGRAF equiv)	SP	F
ZORTRESS TAB ()	MSP-PA	F
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	F
sodium polystyrene susp (SPS equiv)	-	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	F
labetalol tab (NORMODYNE equiv)	-	F
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	F
atenolol tab (TENORMIN equiv)	-	F
betaxolol tab (KERLONE equiv)	-	F
bisoprolol tab (ZEBETA equiv)	-	F
BYSTOLIC TAB	-	F
metoprolol ER tab (TOPROL XL equiv)	-	F
metoprolol tab (LOPRESSOR equiv)	-	F
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	-	F
pindolol tab (VISKEN equiv)	-	F
propranolol ER cap (INDERAL LA equiv)	-	F
PROPRANOLOL SOLN	-	F
propranolol tab (INDERAL equiv)	-	F
sotalol AF tab (BETAPACE AF equiv)	-	F
sotalol tab (BETAPACE equiv)	-	F
timolol maleate tab (BLOCADREN equiv)	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	F
diltiazem ER cap (CARDIZEM CD equiv)	-	F
diltiazem ER cap (CARDIZEM SR equiv)	-	F
diltiazem ER cap (DILACOR XR equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
diltiazem ER cap (TIAZAC equiv)	-	F
diltiazem ER tab (CARDIZEM LA equiv)	-	F
diltiazem tab (CARDIZEM equiv)	-	F
isradipine cap (DYNACIRC equiv)	-	F
nicardipine cap (CARDENE equiv)	-	F
nifedipine cap (PROCARDIA equiv)	-	F
nifedipine ER tab (ADALAT CC equiv)	-	F
nisoldipine ER tab (SULAR equiv)	-	F
verapamil SR cap (VERELAN SR equiv)	-	F
verapamil tab (CALAN equiv)	-	F
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	F
digoxin tab (LANOXIN equiv)	-	F
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	F
IMPOTENCE AGENTS		
CIALIS TAB (QL= 6 tabs/30 days)	QL	F
VIAGRA TAB (QL= 6 tabs/30 days)	QL	F
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB (QL= 1 tab/day)	PA-QL	F
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
TRACLEER TAB (QL= 2 tabs/day)	PA-QL	F
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB ()	MSP-PA	F
sildenafil tab (REVATIO equiv)	PA	F
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	F
cefadroxil susp (DURICEF equiv)	-	F
cefadroxil tab (DURICEF equiv)	-	F
cephalexin cap (KEFLEX equiv)	-	F
cephalexin susp (KEFLEX equiv)	-	F
CEPHALEXIN TAB	-	F
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	F
cefprozil tab (CEFZIL equiv)	-	F
cefuroxime susp (CEFTIN equiv)	-	F
cefuroxime tab (CEFTIN equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	F
cefdinir susp (OMNICEF equiv)	-	F
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	\$0
apri tab (DESOGEN equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
BEYAZ TAB	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab (OGESTREL equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kariva tab (MIRCETTE equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0
necon tab (ORTHO-NOVUM equiv)	-	\$0
necon tab 1/50 (NORYNIL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
wymzya FE tab (FEMCON FE equiv)	-	\$0
YASMIN TAB	-	\$0
YAZ TAB	-	\$0
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
CORTEF TAB	-	F
CORTISONE ACETATE TAB	-	F
DEXAMETHASONE CONC	-	F
dexamethasone elixir	-	F
dexamethasone soln	-	F
dexamethasone tab (DECADRON equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
hydrocortisone tab (CORTEF equiv)	-	F
methylprednisolone dose pack (MEDROL equiv)	-	F
methylprednisolone tab (MEDROL equiv)	-	F
prednisolone ODT (ORAPRED equiv)	-	F
prednisolone soln (PEDIAPRED equiv)	-	F
prednisolone syrup (PRELONE equiv)	-	F
PREDNISON SOLN	-	F
PREDNISON TAB	-	F
prednisone tab (DELTASONE equiv)	-	F
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	F
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	F
hydrocodone/homatropine syrup (HYCODAN equiv)	-	F
COUGH/COLD/ALLERGY COMBINATIONS		
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	F
fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	F
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	F
guaifenesin/codeine soln (BRONTEX equiv)	OTC	F
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	F
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	F
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	F
promethazine VC syrup (PHENERGAN VC equiv)	-	F
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	F
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	F
MISC. RESPIRATORY INHALANTS		
NEBUSAL NEB SOLN	-	F
sodium chloride neb soln (HYPER-SAL equiv)	-	F
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	F
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
adapalene gel 0.1% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
AVAR GEL	-	F
clindamycin gel (CLEOCIN GEL equiv)	-	F
clindamycin lotion (CLEOCIN- T equiv)	-	F
clindamycin pad (CLEOCIN-T equiv)	-	F
clindamycin topical soln (CLEOCIN-T equiv)	-	F
EPIDUO (FORTE) GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	F
erythromycin gel	-	F
erythromycin pad	-	F
erythromycin soln	-	F
isotretinoin cap (ACUTANE equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PRASCION RA CREAM	-	F
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	F
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	F
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	F
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	F
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	F
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	F
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	F
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	F
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	F
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	F
gentamicin sulfate oint	-	F
mupirocin cream (BACTROBAN equiv)	-	F
mupirocin oint (BACTROBAN OINT equiv)	-	F
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	F
ciclopirox gel (LOPROX GEL equiv)	-	F
ciclopirox nail soln (PENLAC equiv)	-	F
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	F
ciclopirox topical susp (LOPROX SUSP equiv)	-	F
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	F
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	F
econazole cream (SPECTAZOLE CREAM equiv)	-	F
ketoconazole cream (NIZORAL CREAM equiv)	-	F
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	F
NAFTIFINE CREAM 1%	-	F
naftifine cream 2% (NAFTIN equiv)	-	F
NAFTIN GEL	-	F
nystatin cream (MYCOSTATIN CREAM equiv)	-	F
nystatin oint	-	F
nystatin topical powder	-	F
nystatin/triamcinolone cream	-	F
nystatin/triamcinolone oint	-	F
oxiconazole nitrate cream (OXISTAT equiv)	-	F
OXISTAT LOTION	-	F
ANTI-INFLAMMATORY AGENTS - TOPICAL		
VOLTAREN GEL (QL= 5 tubes/fill)	QL	F
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
CARAC CREAM	-	F
FLUOROPLEX CREAM	-	F
fluorouracil cream (EFUDEX CREAM equiv)	-	F
fluorouracil soln (EFUDEX SOLN equiv)	-	F
TARGRETIN GEL ()	MSP	F
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	F
ANTIPSORIATICS		

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
8-MOP CAP	-	F
acitretin cap (SORIATANE equiv)	-	F
calcipotriene cream (DOVONEX CREAM equiv)	-	F
calcipotriene oint	-	F
calcipotriene soln (DOVONEX SOLN equiv)	-	F
COSENTYX INJ ()	MSP-PA	F
methoxsalen cap (OXSORALEN ULTRA equiv)	-	F
SORIATANE CK KIT	-	F
VECTICAL OINT	-	F
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	F
selenium sulfide shampoo (SELSEB equiv)	-	F
sodium sulfacetamide wash (OVACE WASH equiv)	-	F
ANTIVIRALS - TOPICAL		
DENAVIR CREAM	-	F
ZOVIRAX OINT	-	F
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	F
SULFAMYLON CREAM	-	F
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	F
alclometasone oint (ACLOVATE OINT equiv)	-	F
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	F
betamethasone augmented gel (DIPROLENE GEL equiv)	-	F
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	F
betamethasone augmented oint (DIPROLENE OINT equiv)	-	F
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	F
betamethasone dipropionate lotion	-	F
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	F
betamethasone valerate cream	-	F
betamethasone valerate lotion	-	F
betamethasone valerate oint	-	F
clobetasol propionate cream (TEMOVATE equiv)	PA	F
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	F
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	F
clobetasol propionate oint (TEMOVATE equiv)	PA	F
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	F
diflorasone oint	-	F
EPIFOAM AEROSOL	-	F
fluocinolone acetonide cream	-	F
fluocinolone acetonide oint	-	F
fluocinolone acetonide soln	-	F
fluocinonide cream (LIDEX equiv)	-	F
fluocinonide emollient cream	-	F
fluocinonide gel	-	F
fluocinonide oint	-	F
fluocinonide soln	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluticasone propionate cream (CUTIVATE equiv)	-	F
fluticasone propionate oint (CUTIVATE equiv)	-	F
halobetasol propionate cream (ULTRAVATE equiv)	PA	F
halobetasol propionate oint (ULTRAVATE equiv)	PA	F
hydrocortisone cream (PROCTOCORT equiv)	-	F
hydrocortisone lotion (HYTONE equiv)	-	F
hydrocortisone oint	-	F
mometasone cream (ELOCON equiv)	-	F
mometasone oint (ELOCON equiv)	-	F
mometasone soln (ELOCON equiv)	-	F
PRAMOSONE CREAM	-	F
prednicarbate cream (DERMATOP equiv)	-	F
prednicarbate oint (DERMATOP equiv)	-	F
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	F
triamcinolone cream	-	F
triamcinolone lotion	-	F
triamcinolone oint	-	F
U-CORT CREAM	-	F
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	F
ammonium lactate lotion (LAC-HYDRIN equiv)	-	F
ENZYMES - TOPICAL		
SANTYL OINT	-	F
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	F
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREAM	-	F
tacrolimus oint (PROTOPIC OINT equiv)	-	F
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	F
podofilox soln (CONDYLOX equiv)	-	F
salicylic acid shampoo (SALEX equiv)	-	F
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	F
lidocaine gel (XYLOCAINE equiv)	-	F
lidocaine oint	-	F
lidocaine soln (XYLOCAINE equiv)	-	F
lidocaine/prilocaine cream (EMLA equiv)	-	F
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	F
DRYSOL SOLN	-	F
ROSACEA AGENTS		
FINACEA FOAM	-	F
FINACEA GEL	-	F
FINACEA PLUS KIT	-	F
metronidazole cream (METROCREAM equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
metronidazole gel (METROGEL equiv)	-	F
metronidazole lotion (METROLOTION equiv)	-	F
SCABICIDES & PEDICULICIDES		
EURAX CREAM	-	F
malathion lotion (OVIDE equiv)	QL	F
permethrin cream (ELIMITE CREAM equiv)	-	F
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	F
WOUND CARE PRODUCTS		
REGANEX GEL (QL= 30gm/fill)	QL	F
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	F
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	F
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
KETO-DIASTIX TEST STRIP	OTC	F
KETOSTIX	OTC	F
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
INFANT FOODS		
INFANT FORMULA LIQUID	OTC-PA	F
INFANT FORMULA POWDER	OTC-PA	F
NUTRITIONAL SUPPLEMENTS		
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	F
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	F
acetazolamide tab	-	F
ACETAZOLAMIDE TAB 125MG	-	F
methazolamide tab (NEPTAZANE equiv)	-	F
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	F
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	F
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	F
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	F
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	F
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
DIURETICS Cont.		
EDECIN TAB	-	F
FUROSEMIDE SOLN	-	F
furosemide soln (LASIX equiv)	-	F
furosemide tab (LASIX equiv)	-	F
torseamide tab (DEMADEX equiv)	-	F
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	F
DYRENIUM CAP	-	F
spironolactone tab (ALDACTONE equiv)	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab (DIURIL equiv)	-	F
CHLOROTHIAZIDE TAB 250MG	-	F
CHLORTHALIDONE TAB	-	F
DIURIL SUSP	-	F
hydrochlorothiazide cap (MICROZIDE equiv)	-	F
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	F
indapamide tab (LOZOL equiv)	-	F
METHYCLOTHIAZIDE TAB	-	F
metolazone tab (ZAROXOLYN equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB	-	F
alendronate tab (FOSAMAX equiv)	-	F
ALENDRONATE TAB 40MG	-	F
FORTICAL NASAL SPRAY	-	F
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
CALCIUM REGULATORS - MISC.		
FORTEO INJ ()	MSP	F
MIACALCIN INJ	MSP	F
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
GROWTH HORMONES		
NORDITROPIN INJ ()	MSP-PA	F
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ ()	MSP	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN ()	MSP	F
METABOLIC MODIFIERS		
BUPHENYL TAB	-	F
calcitriol cap (ROCALTROL equiv)	-	F
calcitriol inj (CALCIJEX equiv)	MSP	F
calcitriol soln (ROCALTROL equiv)	-	F
doxercalciferol cap (HECTOROL equiv) ()	MSP	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
KUVAN POWDER PACK	MSP-PA	F
KUVAN TAB	MSP-PA	F
levocarnitine soln (CARNITOR equiv)	-	F
levocarnitine tab (CARNITOR equiv)	-	F
paricalcitol cap (ZEMPLAR equiv) ()	MSP	F
SENSIPAR TAB ()	MSP	F
sodium phenylbutyrate powder (BUPHENYL equiv)	-	F
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	F
desmopressin acetate tab (DDAVP equiv)	-	F
desmopressin nasal soln (DDAVP equiv)	-	F
STIMATE NASAL SOLN	-	F
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	F
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv) ()	MSP	F
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
ESTROGENS		
ESTROGEN COMBINATIONS		
jinteli tab (FEMHRT equiv)	-	F
PREMPRO TAB	-	F
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	F
estradiol patch (VIVELLE-DOT equiv)	-	F
estradiol tab (ESTRACE equiv)	-	F
estropipate tab (OGEN equiv)	-	F
ESTROPIPATE TAB 3MG	-	F
PREMARIN TAB	-	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin susp (CIPRO equiv)	-	F
ciprofloxacin tab (CIPRO equiv)	-	F
levofloxacin soln (LEVAQUIN equiv)	-	F
levofloxacin tab (LEVAQUIN equiv)	-	F
moxifloxacin tab (AVELOX equiv)	-	F
ofloxacin tab (FLOXIN equiv)	-	F
OFLOXACIN TAB 400MG	-	F
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	F
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	F
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	F
GASTROINTESTINAL STIMULANTS		

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
metoclopramide soln (REGLAN equiv)	-	F
metoclopramide tab (REGLAN equiv)	-	F
INFLAMMATORY BOWEL AGENTS		
APRISO CAP	-	F
ASACOL (HD)/LIALDA TAB	-	F
balsalazide cap (COLAZAL equiv)	-	F
CANASA SUPP	-	F
DELZICOL CAP	-	F
mesalamine enema (ROWASA equiv)	-	F
sulfasalazine EC tab (AZULFIDINE equiv)	-	F
sulfasalazine tab (AZULFIDINE equiv)	-	F
INTESTINAL ACIDIFIERS		
lactulose soln	-	F
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
RELISTOR INJ ()	MSP-PA	F
RELISTOR INJ KIT ()	MSP-PA	F
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	F
FOSRENOL CHEW TAB	-	F
FOSRENOL POWDER PACK	-	F
PHOSLYRA SOLN	-	F
RENVELA PACKET	-	F
RENVELA TAB	-	F
SEVELAMER CARBONATE TAB	-	F
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3 SYRUP	-	F
ORACIT SOLN	-	F
potassium citrate CR tab (UROKIT-K TAB equiv)	-	F
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	F
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	F
sodium citrate/citric acid soln (BICITRA equiv)	-	F
tricitrates soln (POLYCITRA-LC equiv)	-	F
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through Pharmcare 800-238-7828)	LD-PA	F
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	F
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	F
dutasteride cap (AVODART equiv)	-	F
dutasteride/tamsulosin cap (JALYN equiv)	-	F
finasteride tab (PROSCAR equiv)	-	F
tamsulosin cap (FLOMAX equiv)	-	F
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	F

GOUT AGENTS

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	F
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	F
COLCHICINE TAB (COLCRYS equiv)	-	F
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST	F
URICOSURICS		
probenecid tab (BENEMID equiv)	-	F
HEMATOLOGICAL AGENTS - MISC.		
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	F
PLATELET AGGREGATION INHIBITORS		
AGGRENOX/ASPIRIN-DIPYRIDAMOLE CAP	-	F
anagrelide cap (AGRYLIN equiv)	-	F
cilostazol tab (PLETAL equiv)	-	F
clopidogrel tab 75mg (PLAVIX equiv)	-	F
dipyridamole tab (PERSANTINE equiv)	-	F
EFFIENT TAB	-	F
ticlopidine tab (TICLID equiv)	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	F
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	F
COBALAMINS		
cyanocobalamin inj	-	F
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
EPOGEN INJ ()	MSP	F
GRANIX INJ ()	MSP	F
LEUKINE INJ ()	MSP	F
NEULASTA INJ ()	MSP	F
NEUMEGA INJ ()	MSP	F
PROCRIT INJ ()	MSP	F
PROMACTA TAB ()	MSP	F
ZARXIO INJ	MSP	F
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	F
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	F
folbee tab	-	F
multigen folic tab (CHROMAGEN FA equiv)	-	F
multigen plus tab (CHROMAGEN FORTE equiv)	-	F
multigen tab (CHROMAGEN equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
NEPHRON FA TAB	-	F
tricon cap (TRINSICON equiv)	-	F
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	F
aminocaproic acid tab (AMICAR equiv)	-	F
tranexamic acid tab (LYSTEDA equiv)	-	F
HYPNOTICS		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	F
phenobarbital tab	-	F
SECONAL CAP	-	F
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	F
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	F
FLURAZEPAM CAP	-	F
temazepam cap 15mg (RESTORIL equiv)	-	F
temazepam cap 30mg (RESTORIL equiv)	-	F
triazolam tab (HALCION equiv)	-	F
zaleplon cap (SONATA equiv)	-	F
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	F
zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day)	QL	F
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ROZEREM TAB (QL= 1 tab/day)	PA-QL	F
LAXATIVES		
LAXATIVE COMBINATIONS		
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	F
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	F
azithromycin tab (ZITHROMAX equiv)	-	F
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	F
clarithromycin tab (BIAXIN equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
MACROLIDES Cont.		
ERYTHROMYCINS		
ERYPED SUSP	-	F
ERY-TAB	-	F
erythromycin DR cap (ERYC equiv)	-	F
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	F
erythromycin stearate tab	-	F
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap)	QL-ST	F
MEDICAL DEVICES		
CONTRACEPTIVES		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE INSULINX METER	OTC	\$0
FREESTYLE LITE METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
CALIBRATION LIQUID	OTC	F
LANCET KIT	OTC	F
LANCETS	OTC	F
V-GO INJ KIT (QL= 1 kit/day)	QL	F
MISC. DEVICES		
ALCOHOL SWABS	OTC	F
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	OTC	F
B-D PEN NEEDLE	OTC	F
FREESTYLE INSULIN SYRINGE	OTC	F
NOVOFINE PEN NEEDLE	OTC	F
NOVOTWIST PEN NEEDLE	OTC	F
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	F
PRECISION INSULIN SYRINGE	OTC	F
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	F
PEAK FLOW METER	OTC	F
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
MIGERGOT SUPP	-	F
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	F
SEROTONIN AGONISTS		
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
----------	--------------	------

MIGRAINE PRODUCTS Cont.

sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	F
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	F
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	F
SUMATRIPTAN/ IMITREX NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	F

MINERALS & ELECTROLYTES

FLUORIDE

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

IODINE PRODUCTS

SSKI SOLN	-	F
-----------	---	---

PHOSPHATE

K-PHOS TAB	-	F
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F

POTASSIUM

KLOR-CON M15 TAB	-	F
potassium bicarbonate effer tab (K-LYTE equiv)	-	F
potassium chloride effer tab (K-LYTE/CL equiv)	-	F
potassium chloride ER cap (MICRO-K equiv)	-	F
POTASSIUM CHLORIDE ER TAB	-	F
potassium chloride ER tab (KLOR-CON equiv)	-	F
potassium chloride micro tab (K-DUR equiv)	-	F
potassium chloride powder packet (KLOR-CON equiv)	-	F
potassium chloride soln	-	F

ZINC

GALZIN CAP	-	F
zinc sulfate cap	-	F

MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL

lidocaine viscous soln	-	F
------------------------	---	---

ANTIALLERGY AGENTS - MOUTH/THROAT

APHTHASOL PASTE	-	F
-----------------	---	---

ANTI-INFECTIVES - THROAT

clotrimazole troches (MYCELEX TROCHES equiv)	-	F
nystatin susp	-	F

ANTISEPTICS - MOUTH/THROAT

chlorhexidine gluconate soln (PERIDEX equiv)	-	F
--	---	---

DENTAL PRODUCTS

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
PREVIDENT RINSE	-	F
sodium fluoride gel (PREVIDENT equiv)	-	F
sodium fluoride paste (PREVIDENT equiv)	-	F
sodium fluoride rinse (PREVIDENT equiv)	-	F
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	F
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	F
pilocarpine tab (SALAGEN equiv)	-	F
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	F
dialyvite tab (NEPHRO-VITE equiv)	-	F
DIALYVITE/IRON TAB	-	F
DIALYVITE/ZINC TAB	-	F
folbee plus CZ tab (DIATX ZN equiv)	-	F
FOLBEE PLUS TAB	-	F
renaphro cap (NEPHROCAP equiv)	-	F
MULTIPLE VITAMINS W/ MINERALS		
multivitamin w/ minerals tab (STROVITE equiv)	-	F
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	F
tri-vit/iron/fluoride drop	-	F
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride soln	-	F
PRENATAL VITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/PRENAPLUS)	-	F
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab	-	F
carisoprodol tab (SOMA equiv)	-	F
chlorzoxazone tab (PARAFON FORTE equiv)	-	F
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F
methocarbamol tab (ROBAXIN equiv)	-	F
orphenadrine citrate ER tab (NORFLEX equiv)	-	F
tizanidine tab (ZANAFLEX equiv)	-	F
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	F
MUSCLE RELAXANT COMBINATIONS		
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
azelastine nasal spray (ASTELIN/ASTEPRO equiv)	-	F
olopatadine nasal spray (PATANASE equiv)	-	F
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	F
NASAL STEROIDS		
flunisolide nasal spray (NASAREL equiv) (QL= 2 bottles/fill)	QL	F
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	F
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	F
NASONEX NASAL SPRAY (QL= 2 bottles/fill)	QL	F
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	F
VERAMYST NASAL SPRAY (QL= 2 bottles/fill)	QL	F
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	F
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	F
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	F
BETIMOL OPHTH SOLN	-	F
BETOPTIC-S OPHTH SOLN	-	F
carteolol ophth soln (OCUPRESS equiv)	-	F
COMBIGAN OPHTH SOLN	-	F
COSOPT PF OPHTH SOLN	-	F
dorzolamide/ timolol ophth soln (COSOPT equiv)	-	F
ISTALOL OPHTH SOLN	-	F
levobunolol ophth soln (BETAGAN equiv)	-	F
METIPRANOLOL OPHTH SOLN	-	F
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	F
timolol maleate ophth soln (TIMOPTIC equiv)	-	F
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	F
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F
CYCLOMYDRIL OPHTH SOLN	-	F
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	F
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	F
ISOPTO HYOSCINE OPHTH SOLN	-	F
tropicamide ophth soln (MYDRIACYL equiv)	-	F
MIOTICS		
ISOPTO CARBACHOL OPHTH SOLN	-	F
PHOSPHOLINE OPHTH SOLN	-	F
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P OPHTH SOLN 0.1%	-	F
apraclonidine ophth soln (IOPIDINE equiv)	-	F
brimonidine ophth soln (ALPHAGAN P equiv)	-	F
IOPIDINE OPHTH SOLN 1%	-	F
SIMBRINZA OPHTH SUSP	-	F
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOLN	-	F
BACITRACIN OPHTH OINT	-	F
bacitracin/ neomycin/ polymyxin b ophth oint (NEOSPORIN equiv)	-	F
bacitracin/ polymyxin b ophth oint (POLYSPORIN equiv)	-	F
ciprofloxacin ophth soln (CILOXAN equiv)	-	F
erythromycin ophth oint	-	F
gentamicin ophth oint (GARAMYCIN equiv)	-	F
gentamicin ophth soln (GARAMYCIN equiv)	-	F
levofloxacin ophth soln (QUIXIN equiv)	-	F
MOXEZA OPHTH SOLN/ VIGAMOX OPHTH SOLN	-	F
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN equiv)	-	F
ofloxacin ophth soln (OCUFLOX equiv)	-	F
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv)	-	F
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	F
tobramycin ophth soln (TOBEX equiv)	-	F
trifluridine ophth soln (VIROPTIC equiv)	-	F
ZIRGAN OPHTH GEL	-	F
OPHTHALMIC DECONGESTANTS		
phenylephrine ophth soln (MYDFRIN equiv)	-	F
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	F
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	F
OPHTHALMIC STEROIDS		
ALREX OPHTH SUSP/ LOTEMAX OPHTH SUSP	-	F
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint (CORTISPORIN equiv)	-	F
BLEPHAMIDE OPHTH SOLN	-	F
dexamethasone ophth soln	-	F
DUREZOL OPHTH EMULSION	-	F
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	F
LOTEMAX OPHTH GEL	-	F
LOTEMAX OPHTH OINT	-	F
MAXIDEX OPHTH SOLN	-	F
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv)	-	F
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv)	-	F
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv)	-	F
PRED MILD OPHTH SOLN	-	F
PRED-G OPHTH SOLN	-	F
prednisolone ophth soln (PRED FORTE equiv)	-	F
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
sulfacetamide sodium/ prednisolone ophth soln (VASOCIDIN equiv)	-	F
TOBRADEX OPHTH OINT	-	F
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv)	-	F
VEXOL OPHTH SUSP	-	F
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F
OPHTHALMICS - MISC.		
ALAMAST OPHTH SOLN	-	F
ALOCRIAL OPHTH SOLN	-	F
ALOMIDE OPHTH SOLN	-	F
AZOPT OPHTH SUSP	-	F
bromfenac ophth soln (BROMDAY equiv)	-	F
cromolyn ophth soln (CROLOM equiv)	-	F
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days)	MSP-PA-QL	F
diclofenac sodium ophth soln (VOLTAREN equiv)	-	F
dorzolamide ophth soln (TRUSOPT equiv)	-	F
flurbiprofen ophth soln (OCUFEN equiv)	-	F
ILEVRO OPHTH SUSP	-	F
ketorolac ophth soln (ACULAR (LS) equiv)	-	F
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	F
NEVANAC OPHTH SUSP	-	F
olopatadine ophth soln (PATANOL equiv)	-	F
PATADAY OPHTH SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of olopatadine ophth soln)	QL-ST	F
PROLENSA OPHTH SOLN	-	F
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	F
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	F
TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days)	QL	F
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	F
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	F
OTIC ANALGESICS		
omedia otic soln (AMERICAINE equiv)	-	F
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	F
OTIC COMBINATIONS		
CIPRODEX OTIC SUSP	-	F
COLY-MYCIN S OTIC SUSP	-	F
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	F
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F
fluocinolone otic oil (DERMOTIC equiv)	-	F
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ ()	MSP	F
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	F
amoxicillin chew tab (AMOXIL equiv)	-	F
AMOXICILLIN CHEW TAB 250MG	-	F
amoxicillin susp (TRIMOX equiv)	-	F
amoxicillin tab (AMOXIL equiv)	-	F
ampicillin cap (PRINCIPEN equiv)	-	F
ampicillin susp (PRINCIPEN equiv)	-	F
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	F
penicillin vk tab (VEETIDS equiv)	-	F
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	F
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	F
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	F
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	F
norethindrone tab (AYGESTIN equiv)	-	F
progesterone cap (PROMETRIUM equiv)	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprostate calcium DR tab (CAMPRAL equiv)	-	F
disulfiram tab (ANTABUSE equiv)	-	F
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	F
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	F
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F
EXELON SOLN	-	F
galantamine ER cap (RAZADYNE ER equiv)	-	F
GALANTAMINE SOLN	-	F
galantamine tab (RAZADYNE equiv)	-	F
memantine soln (NAMENDA equiv)	-	F
memantine tab (NAMENDA equiv)	-	F
NAMENDA XR CAP ()	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
----------	--------------	------

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.

NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	F
rivastigmine cap (EXELON equiv)	-	F
rivastigmine patch (EXELON equiv)	-	F

COMBINATION PSYCHOTHERAPEUTICS

chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	F
olanzapine/ fluoxetine cap (SYMBYAX equiv)	-	F
PERPHENAZINE/ AMITRIPTYLINE TAB	-	F

FIBROMYALGIA AGENTS

SAVELLA PAK	-	F
SAVELLA TAB (QL= 2 tabs/day)	QL	F

MOVEMENT DISORDER DRUG THERAPY

tetrabenazine tab (XENAZINE equiv) (Only available through Xenazine Support Program 888-882-6013)	LD-PA	F
---	-------	---

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB (QL= 2 tabs/day)	MSP-PA-QL	F
AVONEX INJ ()	MSP	F
COPAXONE INJ 20MG/ML ()	MSP	F
COPAXONE INJ 40MG/ML ()	MSP	F
EXTAVIA INJ (Step Therapy requires trial of 2: AVONEX, COPAXONE, or PLEGRIDY)	MSP-ST	F
PLEGRIDY INJ	MSP	F
PLEGRIDY PEN INJ	MSP	F
TECFIDERA CAP ()	MSP	F
TECFIDERA STARTER PACK ()	MSP	F

PSEUDOBULBAR AFFECT (PBA) AGENTS

NUDEXTA CAP (QL= 2 caps/day)	QL	F
------------------------------	----	---

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

pimozide tab (ORAP equiv)	-	F
---------------------------	---	---

SMOKING DETERRENENTS

bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL	F
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL	F
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	F
PULMOZYME INH SOLN ()	MSP	F

PULMONARY FIBROSIS AGENTS

ESBRIET CAP (QL= 9 caps/day)	MSP-PA-QL-SF	F
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	F

SULFONAMIDES

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
SULFONAMIDES		
SULFADIAZINE TAB	-	F
TETRACYCLINES		
TETRACYCLINES		
demeclocycline tab (DECLOMYCIN equiv)	-	F
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	F
doxycycline hyclate tab (VIBRATAB equiv)	-	F
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	F
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	F
doxycycline monohydrate tab (ADOXA equiv)	-	F
doxycycline susp (VIBRAMYCIN equiv)	-	F
minocycline cap (MINOCIN equiv)	-	F
minocycline tab (DYNACIN equiv)	-	F
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	F
propylthiouracil tab	-	F
THYROID HORMONES		
liothyronine tab (CYTOMEL equiv)	-	F
NATURE THROID/ARMOUR THYROID TAB	-	F
np thyroid tab (NATURE THROID/ARMOUR THYROID equiv)	-	F
SYNTHROID TAB	-	F
THYROLAR TAB	-	F
ULCER DRUGS		
ANTISPASMODICS		
BELLADONNA ALKALOID/OPIUM SUPP	-	F
dicyclomine cap (BENTYL equiv)	-	F
dicyclomine soln (BENTYL equiv)	-	F
dicyclomine tab (BENTYL equiv)	-	F
glycopyrrolate tab (ROBINUL equiv)	-	F
hyoscyamine sulfate CR tab (LEVBID equiv)	-	F
hyoscyamine sulfate elixir (LEVSIN equiv)	-	F
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F
hyoscyamine sulfate soln (LEVSIN equiv)	-	F
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	F
hyoscyamine tab (LEVSIN equiv)	-	F
PROPANTHELINE TAB	-	F
H-2 ANTAGONISTS		
cimetidine soln (TAGAMET equiv)	-	F
cimetidine tab (TAGAMET equiv)	-	F
famotidine susp (PEPCID equiv)	-	F
famotidine tab (PEPCID equiv)	-	F
nizatidine cap (AXID equiv)	-	F
ranitidine cap (ZANTAC equiv)	-	F
ranitidine syrup (ZANTAC equiv)	-	F
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
MISC. ANTI-ULCER		
CARAFATE SUSP	-	F
sucralfate tab (CARAFATE equiv)	-	F
PROTON PUMP INHIBITORS		
DEXILANT CAP (QL= 1 cap/day; Step Therapy requires trial of lansoprazole, omeprazole, or pantoprazole)	QL-ST	F
lansoprazole cap (PREVACID equiv)	OTC	F
omeprazole DR cap (PRILOSEC equiv)	-	F
pantoprazole EC tab (PROTONIX equiv)	-	F
PREVACID OTC CAP	OTC	F
PREVACID SOLUTAB	-	F
rabeprazole EC tab (ACIPHEX equiv)	-	F
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	F
ULCER THERAPY COMBINATIONS		
ZEGERID CAP OTC	OTC	F
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	F
methenamine mandelate tab	-	F
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	F
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F
nitrofurantoin susp (FURADANTIN equiv)	-	F
URINARY ANTISPASMODICS		
BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	F
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	F
oxybutynin syrup	-	F
oxybutynin tab (DITROPAN equiv)	-	F
tolterodine tab (DETROL equiv)	-	F
VESICARE TAB	-	F
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
tolterodine SR cap (DETROL LA equiv)	-	F
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	F
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS (NEW)		
bethanechol tab (URECHOLINE equiv)	-	F
VACCINES		
BACTERIAL VACCINES		
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	F
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	F
SPERMICIDES		

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

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 4/1/2016

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
TODAY SPONGE	OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0
VAGINAL ANTI-INFECTIVES		
AVC VAGINAL CREAM	-	F
clindamycin vaginal cream (CLEOCIN equiv)	-	F
metronidazole vaginal gel (METROGEL equiv)	-	F
NYSTATIN VAGINAL TAB	-	F
terconazole cream (TERAZOL equiv)	-	F
terconazole supp (TERAZOL equiv)	-	F
VAGINAL ESTROGENS		
ESTRING (3 copays per Rx)	-	F
PREMARIN VAGINAL CREAM	-	F
VAGINAL PROGESTINS		
CRINONE GEL	PA	F
ENDOMETRIN INSERT	PA	F
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN INJ (QL= 2 inj/fill)	QL	F
EPIPEN-JR INJ (QL= 2 inj/fill)	QL	F
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	F
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
MEPHYTON TAB	-	F
vitamin D cap (RX strength only)	-	F
WATER SOLUBLE VITAMINS		
niacin cap	OTC	F
niacin CR tab (SLO-NIACIN equiv)	OTC	F
niacin tab	OTC	F
NIACIN TR TAB	OTC	F
niacinamide tab	OTC	F

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

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary
Prior Authorization Drug List
Last Updated* 4/1/2016

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
adapalene cream	F
adapalene gel 0.1%	F
ADAPALENE LOTION	F
ADCIRCA TAB	F
ADEMPAS TAB	F
AFINITOR DISPERZ	F
AFINITOR TAB	F
AMPYRA TAB	F
ANDRODERM PATCH	F
ANDROGEL 1.62% 1.25GM	F
ANDROGEL 1.62% 2.5GM	F
ANDROGEL PUMP 1.62%	F
BELVIQ TAB	F
bexarotene cap	F
BOSULIF TAB	F
CAPRELSA TAB	F
CHOLBAM CAP	F
clobetasol propionate cream	F
clobetasol propionate emollient cream	F
clobetasol propionate gel	F
clobetasol propionate oint	F
COMETRIQ KIT	F
CONTRACE TAB	F
COSENTYX INJ	F
CRINONE GEL	F
CYSTAGON CAP	F
CYSTARAN OPHTH SOLN	F
DAKLINZA TAB	F
DARAPRIM TAB	F
dronabinol cap	F
ENBREL INJ	F
ENBREL SURECLICK INJ	F
ENDOMETRIN INSERT	F
EPIDUO (FORTE) GEL	F
ERIVEDGE CAP	F
ESBRIET CAP	F
FARYDAK CAP	F
FERRIPROX SOLN	F
FERRIPROX TAB	F
fondaparinux inj	F
GILOTRIF TAB	F
GLEEVEC TAB	F
halobetasol propionate cream	F
halobetasol propionate oint	F
HARVONI TAB	F

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

L.A. Care PASC-SEIU Homecare Workers Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2016

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
HUMIRA INJ	F
HUMIRA PEN INJ	F
HYCAMTIN CAP	F
IBRANCE CAP	F
ICLUSIG TAB	F
IMBRUVICA CAP	F
INFANT FORMULA LIQUID	F
INFANT FORMULA POWDER	F
INLYTA TAB	F
IRESSA TAB	F
itraconazole cap	F
JAKAFI TAB	F
KALYDECO PAK	F
KALYDECO TAB	F
KINERET INJ	F
KORLYM TAB	F
KUVAN POWDER PACK	F
KUVAN TAB	F
LENVIMA CAP	F
LETAIRIS TAB	F
LONSURF TAB	F
LYNPARZA CAP	F
MEKINIST TAB	F
NATPARA INJ	F
NEXAVAR TAB	F
NORDITROPIN INJ	F
NUTRITIONAL SUPPLEMENT LIQUID	F
NUTRITIONAL SUPPLEMENT POWDER	F
ODOMZO CAP	F
OFEV CAP	F
ONFI TAB	F
OPSUMIT TAB	F
ORKAMBI TAB	F
paliperidone ER tab	F
phentermine cap	F
phentermine tab	F
RELISTOR INJ	F
RELISTOR INJ KIT	F
REPATHA INJ	F
RETIN-A MICRO GEL 0.04%, 0.1%	F
REVLIMID CAP	F
ROZEREM TAB	F
SABRIL POWDER PACK	F
SABRIL TAB	F
SIGNIFOR INJ	F

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

L.A. Care PASC-SEIU Homecare Workers Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2016

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
sildenafil tab	F
SOMAVERT INJ	F
SOVALDI TAB	F
SPRYCEL TAB	F
STIVARGA TAB	F
SUTENT CAP	F
TAFINLAR CAP	F
TARCEVA TAB	F
TESTOSTERONE GEL 1% 25MG	F
testosterone gel 1% 50mg	F
testosterone gel 1% pump	F
TESTOSTERONE GEL PUMP	F
tetrabenazine tab	F
THALOMID CAP	F
TRACLEER TAB	F
tretinoin cream	F
tretinoin gel	F
TRUVADA TAB	F
TYKERB TAB	F
TYVASO INH SOLN	F
VALCHLOR GEL	F
VENTAVIS INH SOLN	F
VOTRIENT TAB	F
XALKORI CAP	F
XTANDI CAP	F
XYREM SOLN	F
ZAVESCA CAP	F
ZELBORAF TAB	F
ZOLINZA CAP	F
ZORTRESS TAB	F
ZYDELIG TAB	F
ZYTIGA TAB	F

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

L.A. Care PASC-SEIU Homecare Workers Formulary
Last Updated* 4/1/2016
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

AEROCHAMBER aspirin ec tab 325mg B-D INSULIN SYRINGE cetirizine chew tab	ALCOHOL SWABS aspirin ec tab 81mg B-D PEN NEEDLE cetirizine syrup	ASPIRIN CHEW TAB 75MG aspirin tab 325mg CALIBRATION LIQUID cetirizine tab	aspirin chew tab 81mg aspirin tab 81mg cetirizine cap cetirizine/pseudoephedrine 12-hour tab CONTRACEPTIVE GEL ferrous sulfate soln
CLINISTIX TEST STRIP FEMALE CONDOMS	CONTRACEPTIVE FILM ferrous sulfate elixir	CONTRACEPTIVE FOAM FERROUS SULFATE LIQUID	ferrous sulfate soln
FERROUS SULFATE SYRUP fexofenadine/pseudoephedrine 24-hour tab FREESTYLE INSULIN SYRINGE FREESTYLE LITE TEST STRIP INFANT FORMULA LIQUID	fexofenadine susp folic acid tab 400mcg FREESTYLE INSULINX METER FREESTYLE TEST STRIP	fexofenadine tab folic acid tab 800mcg FREESTYLE INSULINX TEST STRIP guaifenesin/codeine soln	fexofenadine/pseudoephedrine 12-hour tab FREESTYLE FREEDOM LITE METER FREESTYLE LITE METER guaifenesin/codeine syrup
KETOSTIX lansoprazole cap loratadine tab meclizine tab niacin tab NICOTINE KIT NOVOLIN INJ	INFANT FORMULA POWDER ketotifen ophth soln levonorgestrel tab loratadine/pseudoephedrine 12-hour tab NASACORT OTC NASAL SPRAY NIACIN TR TAB nicotine lozenge NOVOTWIST PEN NEEDLE	IRON SUSP LANCET KIT loratadine ODT loratadine/pseudoephedrine 24-hour tab niacin cap niacinamide tab nicotine patch NOVOTWIST/NOVOFINE PEN NEEDLE PLAN B TAB	KETO-DIASTIX TEST STRIP LANCETS loratadine syrup meclizine chew tab niacin CR tab nicotine gum NOVOFINE PEN NEEDLE NUTRITIONAL SUPPLEMENT LIQUID PRECISION INSULIN SYRINGE TODAY SPONGE
NUTRITIONAL SUPPLEMENT POWDER PRECISION XTRA METER triamcinolone OTC nasal spray VITAMIN D TAB 400UNIT	PEAK FLOW METER PRECISION XTRA TEST STRIP vcf vaginal gel ZEGERID CAP OTC	PREVACID OTC CAP vitamin D cap 1000unit	vitamin D cap 400unit

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

L.A. Care PASC-SEIU Homecare Workers Formulary
Last Updated* 4/1/2016
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ACTIMMUNE INJ	ADCIRCA TAB	ADEMPAS TAB	AFINITOR DISPERZ
AFINITOR TAB	ALFERON-N INJ	AMPYRA TAB	APOKYN INJ
AVONEX INJ	bexarotene cap	BOSULIF TAB	calcitriol inj
capecitabine tab	CAPRELSA TAB	CAYSTON INH SOLN	CHOLBAM CAP
COMETRIQ KIT	COPAXONE INJ 20MG/ML	COPAXONE INJ 40MG/ML	COSENTYX INJ
CRIXIVAN CAP	CYSTAGON CAP	CYSTARAN OPHTH SOLN	DAKLINZA TAB
DARAPRIM TAB	doxercalciferol cap	ENBREL INJ	ENBREL SURECLICK INJ
entecavir tab	EPOGEN INJ	ERIVEDGE CAP	ESBRIET CAP
etoposide cap	EXJADE TAB	EXTAVIA INJ	FARYDAK CAP
FERRIPROX SOLN	FERRIPROX TAB	FORTEO INJ	GILOTRIF TAB
GLEEVEC TAB	GRANIX INJ	HARVONI TAB	HEXALEN CAP
HIZENTRA INJ	HUMIRA INJ	HUMIRA PEN INJ	HYCAMTIN CAP
IBRANCE CAP	ICLUSIG TAB	IMBRUVICA CAP	INCRELEX INJ
INFERGEN INJ	INLYTA TAB	INTRON-A INJ	IRESSA TAB
JADENU TAB	JAKAFI TAB	KALYDECO PAK	KALYDECO TAB
KINERET INJ	KORLYM TAB	KUVAN POWDER PACK	KUVAN TAB
LENVIMA CAP	LEUKERAN TAB	LEUKINE INJ	LONSURF TAB
LYNPARZA CAP	LYSODREN TAB	MEKINIST TAB	MESNEX TAB
MIACALCIN INJ	MYLERAN TAB	NATPARA INJ	NEBUPENT NEB SOLN
NEULASTA INJ	NEUMEGA INJ	NEXAVAR TAB	NILANDRON TAB
NORDITROPIN INJ	octreotide inj	ODOMZO CAP	OFEV CAP
OPSUMIT TAB	ORKAMBI TAB	paricalcitol cap	PEGASYS INJ
PEGASYS INJ KIT	PEG-INTRON INJ	PLEGRIDY INJ	PLEGRIDY PEN INJ
PROCRIT INJ	PROLEUKIN INJ	PROMACTA TAB	PULMOZYME INH SOLN
REBETOL SOLN	RELISTOR INJ	RELISTOR INJ KIT	REPATHA INJ
REVLIMID CAP	RIBATAB	ribavirin cap	ribavirin tab
SABRIL POWDER PACK	SABRIL TAB	SENSIPAR TAB	SIGNIFOR INJ
SOMAVERT INJ	SOVALDI TAB	SPRYCEL TAB	STIVARGA TAB
SUTENT CAP	SYNAREL NASAL SOLN	TAFINLAR CAP	TARCEVA TAB
TARGRETIN GEL	TECFIDERA CAP	TECFIDERA STARTER PACK	temozolomide cap
tetrabenazine tab	THALOMID CAP	TOBI PODHALER	tobramycin neb soln
tretinoin cap	TYKERB TAB	TYVASO INH SOLN	VALCHLOR GEL
VENTAVIS INH SOLN	VOTRIENT TAB	XALKORI CAP	XTANDI CAP
XYREM SOLN	ZARXIO INJ	ZAVESCA CAP	ZELBORAF TAB
ZOLINZA CAP	ZORTRESS TAB	ZYDELIG TAB	ZYTIGA TAB

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

L.A. Care PASC-SEIU Homecare Workers Formulary
Last Updated* 4/1/2016
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DEXILANT CAP	QL= 1 cap/day; Step Therapy requires trial of lansoprazole, omeprazole, or pantoprazole
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
EXTAVIA INJ	Step Therapy requires trial of 2: AVONEX, COPAXONE, or PLEGRIDY
fluvoxamine ER cap	Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine
NAMZARIC CAP	Step Therapy requires trial of donepezil and memantine
nevirapine ER tab	Step Therapy requires trial of nevirapine
PATADAY OPHTH SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of olopatadine ophth soln
PEGASYS INJ	Step Therapy requires trial of PEG-INTRON
PEGASYS INJ KIT	Step Therapy requires trial of PEG-INTRON
ULORIC TAB	Step Therapy requires trial of allopurinol
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln

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

L.A. Care PASC-SEIU Homecare Workers Formulary
Smoking Cessation Agents
Last Updated* 4/1/2016

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	\$0
CHANTIX PAK(Limited to 180 days/plan year)	\$0
CHANTIX TAB(Limited to 180 days/plan year)	\$0
nicotine gum(Limited to 180 days/plan year)	\$0
NICOTINE KIT	\$0
nicotine lozenge(Limited to 180 days/plan year)	\$0
nicotine patch(Limited to 180 days/plan year)	\$0
NICOTROL INHALER(Limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	\$0

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

L.A. Care PASC-SEIU Homecare Workers Formulary
Last Updated* 4/1/2016
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
AMPYRA TAB	QL= 2 tabs/day
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
ATRIPLA TAB	QL= 1 tab/day
BELVIQ TAB	QL= 2 tabs/day
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON PEN INJ	QL= 4 inj/28 days
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CIALIS TAB	QL= 6 tabs/30 days
COMPLERA TAB	QL= 1 tab/day
CONTRAVE TAB	QL= 4 tabs/day
CRESTOR TAB	QL= 1 tab/day
CRESTOR TAB 20MG	QL= 1.5 tabs/day
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days
DAKLINZA TAB	QL= 1 tab/day
DEXILANT CAP	QL= 1 cap/day; Step Therapy requires trial of lansoprazole, omeprazole, or pantoprazole
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
duloxetine EC cap	QL= 2 caps/day
EMEND CAP	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
ENBREL INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ	QL= 4 inj/28 days
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
EPIPEN INJ	QL= 2 inj/fill
EPIPEN-JR INJ	QL= 2 inj/fill
ESBRIET CAP	QL= 9 caps/day
eszopiclone tab	QL= 1 tab/day
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
flunisolide nasal spray	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
GENVOYA TAB	QL= 1 tab/day

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Last Updated* 4/1/2016
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
granisetron tab	QL= 9 tabs/fill
guaifenesin/codeine syrup	QL= 240ml/fill
HARVONI TAB	QL= 1 tab/day
HUMIRA INJ	QL= 2 inj/28 days
HUMIRA PEN INJ	QL= 2 inj/28 days
HYSINGLA ER TAB	QL= 1 tab/day
IBRANCE CAP	QL= 21 caps/28 days
IMBRUVICA CAP	QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days
KINERET INJ	QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644
latanoprost ophth soln	QL= 2.5ml/30 days
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
LETAIRIS TAB	QL= 1 tab/day
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
malathion lotion	
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
MOVIPREP SOLN	QL= 1 bottle/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NASONEX NASAL SPRAY	QL= 2 bottles/fill
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NUCYNTA ER TAB	QL= 2 tabs/day
NUDEXTA CAP	QL= 2 caps/day
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 caps/day
ONGLYZA TAB	QL= 1 tab/day
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day
OXYCONTIN CR TAB	QL= 4 tabs/day
PATADAY OPHTH SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of olopatadine ophth soln
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
phentermine cap	QL= 1 cap/day

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Last Updated* 4/1/2016
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
phentermine tab	QL= 1 tab/day
POTIGA TAB	QL= 3 tabs/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REVLIMID CAP	QL= 1 cap/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
ROZEREM TAB	QL= 1 tab/day
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SOVALDI TAB	QL= 1 tab/day
SPINOSAD SUSP	QL= 1 bottle/fill
STIVARGA TAB	QL= 4 tabs/day
STRIBILD TAB	QL= 1 tab/day
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SUMATRIPTAN/ IMITREX NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
SYNJARDY TAB	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAMIFLU CAP	QL= 10 caps/fill
TAMIFLU CAP 30MG	QL= 20 caps/fill
TAMIFLU SUSP 6MG/ML	QL= 250ml/fill
testosterone gel 1% 25mg	QL= 1 packet/day
TESTOSTERONE GEL 1% 50MG	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
TIVICAY TAB	QL= 2 tabs/day
TRACLEER TAB	QL= 2 tabs/day
TRAVATAN Z OPHTH SOLN	QL= 5ml/30 days
triamcinolone OTC nasal spray	QL= 2 bottles/fill
trilyte soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
TRIUMEQ TAB	QL= 1 tab/day
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln
VENTOLIN HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days
VERAMYST NASAL SPRAY	QL= 2 bottles/fill
V-GO INJ KIT	QL= 1 kit/day
VIAGRA TAB	QL= 6 tabs/30 days
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VIVOTIF CAP	QL= 4 caps/fill

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

L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Last Updated* 4/1/2016
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VOLTAREN GEL	QL= 5 tubes/fill
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XTANDI CAP	QL= 4 caps/day
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZETIA TAB	QL= 1 tab/day
zolpidem tab 10mg	Male QL= 1 tab/day; Female QL= 0.5 tab/day
zolpidem tab 5mg	QL= 1 tab/day
ZYLET OPTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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