L.A. Care Covered™

L.A. Care Health Plan

L.A. Care Covered™ Formulary

2023

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 All previous versions of the formulary are no longer in effect.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

For more details on how much you are required to pay for a covered service for your plan, visit our website:
http://www.lacare.org/members/welcome-la-care/member-documents/lacare-covered

lacare.org

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L.A. Care Covered & L.A. Care Covered Direct Formulary

INTRODUCTION

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Foreword

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

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

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

How to Use the Formulary

The formulary drug listing begins on Page 9. A prescription drug may be located by looking up the therapeutic category and class of the drug or the brand or generic name of the drug in the alphabetical index. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name. Drugs available in generic formulations are listed by their generic names and it's most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

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

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

Generic and Brand Name Medications

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

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the 'Medication Request Process' described on Page 6.

How Drugs Are Listed

Drugs are listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs. This formulary uses the Medispan classification system.

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

In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized.

A brand name drug is listed in all CAPITAL letters followed by the generic name in parenthesis in all ***bold and italicized lowercase*** letters.

Example: ANTICOAGULANTS
HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	1	QL= 17 days supply
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML (***dalteparin sodium***)	3	

From the above example:
Generic Drug:

- ***enoxaparin inj***

Brand Drug:

- FRAGMIN ING (***dalteparin sodium***)

Non-Formulary Medications

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

Sometimes, doctors may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from L.A. Care before the member can fill the prescription. To decide if the non-formulary drug will be covered, L.A. Care may ask the doctor and/or pharmacist for more information. This type of request for coverage may be made using the 'Medication Request Process' described on Page 6.

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

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

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

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

Benefit Coverage and Limitations

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

This formulary only applies to outpatient drugs and self-administered drugs. These would be considered to be covered under a member's outpatient drug benefit. This formulary does NOT apply to medications used in an inpatient setting or drugs that are not self-administered. These would be considered to be covered under a member's medical benefit. Any specific questions regarding their coverage should be directed to L.A. Care Health Plan Member Services at 1-855-270-2327 (TTY 711)

How to Find a Pharmacy

To find a pharmacy near you, visit the L.A. Care website at lacare.org to find a L.A. Care network pharmacy in your neighborhood. Click on each of the following:
(1) For Members
(2) Pharmacy Services
(3) “Search Now” in the *Find a Pharmacy* tab

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

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

Description of Coverage

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

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

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

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

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

We cover the following outpatient drugs, supplies, and supplements: (a) drugs that require a prescription by law and certain drugs that do not require a prescription if they are listed on our drug formulary (b) needles & syringes needed to inject covered drugs and supplements (c) inhaler spacers needed to inhale covered drugs (d) diabetic testing supplies such as blood glucose test strips, urine test strips, lancets, insulin syringes/pens covered under the formulary drug list.

How Much I Will Pay for My Drugs

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

Below is a description for each tier:

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

Cost-sharing of each tier is individualized by the type of plan. Please see the following link for the cost-sharing specific to your plan: http://www.lacare.org/members/welcome-la-care/member-documents/la-care-covered
Note: Member cost-share for oral anti-cancer drugs shall not exceed $250 for a script of up to 30 days per state law

Restrictions on Medication Coverage

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

Symbol	Restriction	Description
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
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 choice
KMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
LMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
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
CO	Carve-Out	Drugs carved out by the Department of Health Care Services
EXC	Exclusion	Plan exclusion
SF	Split Fill	Limited to two 15 day fills per month for first 3 months

Please refer to the formulary listing beginning on Page 9 for details regarding specific agents.

Medication Request Process

Some drugs have coverage rules or have limits on the amount you can get.

Formulary Agents

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

Non-Formulary Agents

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

You can ask for a Prescription Drug Prior Authorization Or Step Therapy Exception Request Form be sent to the provider by calling Member Services at 1-855-270-2327 (TTY 711), available 24 hours a day, 7 days a week.

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

A. Drugs specifically listed as not covered
B. Any drug products used for cosmetic purposes
C. Infertility agents, when used to treat infertility
D. Experimental drug products, or any drug product used in an experimental manner, unless accepted for use by professionally recognized standards of practice

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

For additional information regarding prescription drug coverage, please refer to the L.A. Care Covered Evidence of Coverage (Member Handbook).

Pharmacist and Physician Feedback

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

Definitions

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

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

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

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

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

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

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

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

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

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

"Nonformulary drug" is a prescription drug that is not listed on the health plan's formulary.

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

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

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

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

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

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

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

L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss		
AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss		
amphetamine/dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 5MG (ADDERALL XR Equiv)	1	-
amphetamine/dextroamphetamine tab 10MG, 12.5MG, 15MG, 20MG, 30MG, 5MG, 7.5MG (ADDERALL Equiv)	1	-
DEXEDRINE CAP 10MG, 15MG, 5MG ***(dextroamphetamine sulfate)***	3	-
dextroamphetamine ER cap 10MG, 15MG, 5MG (DEXEDRINE Equiv)	1	-
dextroamphetamine soln 5MG/5ML (PROCENTRA Equiv)	1	-
dextroamphetamine tab 10MG, 15MG, 20MG, 30MG, 5MG (DEXEDRINE Equiv)	1	-
VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG ***(lisdexamfetamine dimesylate)***	2	-
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG ***(lisdexamfetamine dimesylate)***	2	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
ADIPEX-P CAP 37.5MG ***(phentermine hcl)***	3	PA-QL
ADIPEX-P TAB 37.5MG ***(phentermine hcl)***	3	PA-QL

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

NC =Not Covered | **generic** =small letters | **BRANDS** =CAPITAL LETTERS

EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= $250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
phentermine cap 15MG, 30MG, 37.5MG (ADIPEX Equiv)	1	PA-QL QL= 1 cap/day
phentermine tab 37.5MG (ADIPEX Equiv)	1	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ***(phentermine hcl-topiramate)***	3	PA-QL QL= 1 cap/day
ANTI-OBESITY AGENTS - Drugs to help weight loss		
CONTRAVE TAB 8MG-90MG ***(naltrexone hcl-bupropion hcl)***	2	PA-QL QL= 4 tabs/day
IMCIVREE INJ 10MG/ML ***(setmelanotide acetate)***	4	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
SAXENDA INJ 18MG/3ML ***(liraglutide (weight management))***	2	PA-QL QL= 5 pens/30 days
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML ***(semaglutide (weight management))***	2	PA-QL QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML ***(semaglutide (weight management))***	2	PA-QL QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML ***(semaglutide (weight management))***	2	PA-QL QL= 4 pens/28 days
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG (STRATTERA Equiv)	1	-
clonidine ER tab .1MG (KAPVAY Equiv)	1	-
guanfacine ER tab 1MG, 2MG, 3MG, 4MG (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG ***(guanfacine hcl (adhd))***	3	-
KAPVAY TAB .1MG ***(clonidine hcl (adhd))***	3	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG ***(solriamfetol hcl)***	2	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG ***(pitolisant hcl)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
armodafinil tab 150MG, 200MG, 250MG, 50MG (NUVIGIL Equiv)	1	QL QL= 1 tab/day
dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (FOCALIN XR Equiv)	1	-
dexmethylphenidate tab 10MG, 2.5MG, 5MG (FOCALIN Equiv)	1	-

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FOCALIN TAB 10MG, 2.5MG, 5MG ***(dexmethylphenidate hcl)***	3	-
FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG ***(dexmethylphenidate hcl)***	3	-
METHYLIN SOLN 10MG/5ML, 5MG/5ML ***(methylphenidate hcl)***	2	-
methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (METADATE CD Equiv)	1	-
methylphenidate chew tab 10MG, 2.5MG, 5MG (METHYLIN Equiv)	1	-
methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG (RITALIN LA Equiv)	1	-
METHYLPHENIDATE ER TAB 18MG ***(methylphenidate hcl)***	2	-
methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG	1	-
methylphenidate soln 10MG/5ML, 5MG/5ML (METHYLIN Equiv)	1	-
methylphenidate tab 10MG, 20MG, 5MG (RITALIN Equiv)	1	-
modafinil tab 100MG, 200MG (PROVIGIL Equiv)	1	QL QL= 2 tabs/day
NUVIGIL TAB 150MG, 200MG, 250MG, 50MG ***(armodafinil)***	3	QL QL= 1 tab/day

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PROVIGIL TAB 100MG, 200MG ***(modafinil)***	3	QL QL= 2 tabs/day
RITALIN LA CAP 10MG, 20MG, 30MG, 40MG ***(methylphenidate hcl)***	3	-
RITALIN TAB 10MG, 20MG, 5MG ***(methylphenidate hcl)***	3	-
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
amikacin inj 1GM/4ML, 500MG/2ML (KANAMYCIN Equiv)	M	M
neomycin tab 500MG	1	-
paromomycin cap 250MG (HUMATIN Equiv)	1	-
TOBI PODHALER 28MG ***(tobramycin)***	4	LD-PA Only available through Walgreens 888-347-3416
tobramycin neb soln 300MG/4ML, 300MG/5ML (TOBI Equiv)	4	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
OLUMIANT TAB 1MG, 2MG, 4MG ***(baricitinib)***	4	LMSP-PA-QL QL= 1 tab/day
RINVOQ ER TAB 15MG, 30MG, 45MG ***(upadacitinib)***	4	LMSP-PA-QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XELJANZ SOLN 1MG/ML ***(tofacitinib citrate)***	4	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG ***(tofacitinib citrate)***	4	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ***(tofacitinib citrate)***	4	LMSP-PA-QL QL= 1 tab/day
ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system		
RHEUMATREX TAB ***(methotrexate sodium (antirheumatic))***	3	-
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
AMJEVITA AUTO-INJECTOR (1 PEN PACK) 40MG/0.8ML ***(adalimumab-atto)***	4	LMSP-PA-QL QL= 2 pens/28 days
AMJEVITA AUTO-INJECTOR (2 PEN PACK) 40MG/0.8ML ***(adalimumab-atto)***	4	LMSP-PA-QL QL= 2 pens/28 days
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 80MG 80MG/0.8ML ***(adalimumab)***	4	PA-QL-SP QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year

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HUMIRA INJ PEDIATRIC CROHNS STARTER PACK ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 pens/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML ***(golimumab)***	4	LMSP-PA-QL QL=1 inj/28 days
SIMPONI INJ 100MG 100MG/ML ***(golimumab)***	4	LMSP-PA-QL QL=1 inj/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG ***(auranofin)***	2	-
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML ***(anakinra)***	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML ***(tocilizumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML ***(tocilizumab)***	4	LMSP-PA-QL QL= 2 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ***(sarilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG ***(diclofenac w/ misoprostol)***	3	-
CELEBREX CAP 100MG, 200MG, 400MG, 50MG ***(celecoxib)***	3	-
celecoxib cap 100MG, 200MG, 400MG, 50MG (CELEBREX Equiv)	1	-
diclofenac potassium tab 50MG (CATAFLAM Equiv)	1	-
diclofenac sodium EC tab 25MG, 50MG, 75MG (VOLTAREN Equiv)	1	-
diclofenac sodium XR tab 100MG (VOLTAREN XR Equiv)	1	-
diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG (ARTHROTEC Equiv)	1	-
etodolac cap 200MG, 300MG (LODINE Equiv)	1	-
etodolac ER tab 400MG, 500MG, 600MG (LODINE XL Equiv)	1	-
etodolac tab 400MG, 500MG	1	-
FELDENE CAP 10MG, 20MG ***(piroxicam)***	3	-
FLURBIPROFEN TAB 50MG (ANSAID Equiv) ***(flurbiprofen)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
flurbiprofen tab 100MG, 50MG (ANSAID Equiv)	1	-
ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML (ADVIL, MOTRIN Equiv)	1	-
ibuprofen tab 400MG, 600MG	1	Rx covered Only
indomethacin cap 25MG, 50MG (INDOCIN Equiv)	1	-
indomethacin CR cap 75MG (INDOCIN SR Equiv)	1	-
ketorolac inj 15mg/ml 15MG/ML (TORADOL Equiv)	1	QL QL= 20ml/5 days
ketorolac inj 30mg/ml 30MG/ML (TORADOL Equiv)	1	QL QL= 20ml/5 days
ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML (TORADOL Equiv)	1	QL QL= 20ml/5 days
ketorolac tab 10MG (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
meloxicam tab 15MG, 7.5MG (MOBIC Equiv)	1	-
MOBIC TAB 15MG, 7.5MG ***(meloxicam)***	3	-
MOTRIN SUSP 100MG/5ML, 50MG/1.25ML ***(ibuprofen)***	3	-
nabumetone tab 500MG, 750MG (RELAFEN Equiv)	1	-
NAPROSYN EC TAB 375MG ***(naproxen)***	3	-
NAPROSYN TAB 500MG ***(naproxen)***	3	-
naproxen EC tab 375MG (NAPROSYN EC Equiv)	1	-
naproxen tab 250MG, 375MG, 500MG (NAPROSYN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
piroxicam cap 10MG, 20MG (FELDENE Equiv)	1	-
sulindac tab 150MG, 200MG (CLINORIL Equiv)	1	-
TOLMETIN TAB 200MG, 600MG ***(tolmetin sodium)***	3	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
OTEZLA STARTER PACK ***(apremilast)***	4	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG ***(apremilast)***	4	LMSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
leflunomide tab 10MG, 20MG (ARAVA Equiv)	1	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
ORENCIA CLICK INJ 125MG/ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		
ENBREL INJ 25MG 25MG/0.5ML ***(etanercept)***	4	LMSP-PA-QL QL= 8 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ENBREL INJ 50MG 50MG/ML ***(etanercept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ***(etanercept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG ***(etanercept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
aspirin chew tab 81mg 81MG	$0	OTC Covered for females (no age restriction)
aspirin ec tab 81mg 81MG	$0	OTC Covered for females (no age restriction)
salsalate tab 500MG, 750MG (DISALCID Equiv)	1	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
ABSTRAL SL TAB 100MCG, 200MCG, 300MCG, 400MCG, 600MCG, 800MCG ***(fentanyl citrate)***	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ***(fentanyl citrate)***	3	PA-QL QL= 120 units/30 days
CODEINE SULFATE TAB 15MG 15MG ***(codeine sulfate)***	1	QL QL= 240 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CODEINE SULFATE TAB 60MG 60MG ***(codeine sulfate)***	1	QL QL= 180 tabs/30 days
codeine sulfate tab 60mg	1	QL QL= 180 tabs/30 days
codeine sulfate tablet 15mg, 30mg 30MG	1	QL QL= 240 tabs/30 days
DILAUDID TAB 2MG 2MG ***(hydromorphone hcl)***	3	QL QL= 240 tabs/30 days
DILAUDID TAB 4MG 4MG ***(hydromorphone hcl)***	3	QL QL=180 tabs/30 days
DILAUDID TAB 8MG 8MG ***(hydromorphone hcl)***	3	QL QL=120 tabs/30 days
DOLOPHINE TAB 10MG, 5MG ***(methadone hcl)***	3	QL QL=120 tabs/30 days
DURAGESIC PATCH 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR ***(fentanyl)***	3	QL QL=10 patches/30 days
fentanyl citrate lollipop 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (ACTIQ Equiv)	1	PA-QL QL= 120 lozenges/30 days
fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (DURAGESIC Equiv)	1	QL QL=10 patches/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FENTORA TAB, FENTANYL BUCCAL TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG ***(fentanyl citrate)***	3	PA-QL QL= 120 tabs/30 days
hydromorphone tab 2mg 2MG (DILAUDID Equiv)	1	QL QL= 240 tabs/30 days
hydromorphone tab 4mg 4MG (DILAUDID Equiv)	1	QL QL=180 tabs/30 days
hydromorphone tab 8mg 8MG (DILAUDID Equiv)	1	QL QL=120 tabs/30 days
LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT ***(fentanyl citrate)***	3	PA-QL QL= 15 bottles/30 days
methadone conc 10MG/ML	1	QL QL=600ml/30 days
METHADONE SOLN 10MG/5ML 10MG/5ML ***(methadone hcl)***	1	QL QL=600ml/30 days
methadone soln 10mg/5ml 10MG/5ML	1	QL QL=600ml/30 days
METHADONE SOLN 5MG/5ML 5MG/5ML ***(methadone hcl)***	1	QL QL= 1200ml/30 days
methadone soln 5mg/5ml 5MG/5ML	1	QL QL= 1200ml/30 days
methadone tab 5MG (DOLOPHINE Equiv)	1	QL QL=120 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
methadone tab 10mg 10MG (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days
METHADOSE CONC 10MG/ML, 5MG/0.5ML ***(methadone hcl)***	3	QL QL=600ml/30 days
MORPHINE SULFATE ER BEAD CAP 120MG, 30MG, 45MG, 60MG, 75MG, 90MG ***(morphine sulfate beads)***	3	QL QL= 2 caps/day
morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG (MS CONTIN Equiv)	1	QL QL= 90 tabs/ 30 days
MORPHINE SULFATE SOLN 20MG/5ML ***(morphine sulfate)***	1	QL QL=120ml/30 days
morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML	1	QL QL=120ml/30 days
MORPHINE SULFATE TAB ***(morphine sulfate)***	1	QL QL=180 tabs/30 days
MORPHINE SULFATE TAB 15MG, 30MG ***(morphine sulfate)***	1	QL QL=180 tabs/30 days
morphine sulfate tab 15MG, 30MG	1	QL QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG ***(tapentadol hcl)***	3	QL QL= 180 tabs/30 days
oxycodone soln 5MG/5ML (ROXICODONE Equiv)	1	QL QL=240ml/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG ***(oxycodone hcl)***	3	QL QL=120 tabs/30 days
tramadol ER tab 100MG, 200MG, 300MG (ULTRAM ER Equiv)	1	QL QL= 30 tabs/30 days
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG ***(tramadol hcl)***	1	QL QL= 30 tabs/30 days
tramadol tab 50MG (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days
ULTRAM TAB 50MG ***(tramadol hcl)***	3	QL QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ***(oxycodone)***	2	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
acetaminophen/codeine soln 12MG/5ML-120MG/5ML	1	QL QL=240ml/30 days
acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG (TYLENOL/CODEINE Equiv)	1	QL QL=180 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)	1	QL QL=1800ml/30 days
hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML (HYCET Equiv)	1	QL QL=1800ml/30 days
hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG (LORTAB Equiv)	1	QL QL=120 tabs/30 days
hydrocodone/acetaminophen tab 2.5-325mg (NORCO Equiv)	1	QL QL=120 tabs/30 days
LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG ***(hydrocodone-acetaminophen)***	3	QL QL=120 tabs/30 days
LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML ***(hydrocodone-acetaminophen)***	3	QL QL=1800ml/30 days
oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCET Equiv)	1	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG ***(oxycodone-aspirin)***	1	QL QL= 120 tabs/30 days
PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG ***(oxycodone w/ acetaminophen)***	3	QL QL=120 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tramadol/acetaminophen tab 37.5MG-325MG (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB 30MG-300MG, 60MG-300MG ***(acetaminophen w/ codeine)***	3	QL QL=180 tabs/30 days
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR (BUTRANS Equiv)	1	QL QL= 4 patches/28 days
buprenorphine SL tab 2MG, 8MG (SUBUTEX Equiv)	1	-
buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (SUBOXONE Equiv)	1	-
buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG (SUBOXONE Equiv)	1	-
butorphanol nasal spray 10MG/ML (STADOL Equiv)	1	QL QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR ***(buprenorphine)***	3	QL QL= 4 patches/28 days
SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG ***(buprenorphine hcl-naloxone hcl dihydrate)***	3	-
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANABOLIC STEROIDS - Drugs used to gain weight		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANADROL TAB 50MG ***(oxymetholone)***	3	-
OXANDRIN TAB ***(oxandrolone)***	3	-
OXANDROLONE TAB 10MG, 2.5MG ***(oxandrolone)***	1	-
oxandrolone tab 10MG, 2.5MG	1	-
ANDROGENS - Drugs to treat low testosterone level		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ***(testosterone)***	2	PA-QL QL= 1 patch/day
ANDROGEL 1% 25MG 25MG/2.5GM ***(testosterone)***	3	PA-QL QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1% 1%, 50MG/5GM ***(testosterone)***	3	PA-QL QL= 2 packets/day
ANDROGEL 1.62% 1.25GM 20.25MG/1.25GM ***(testosterone)***	3	PA-QL QL= 1 packet/day
ANDROGEL 1.62% 2.5GM 40.5MG/2.5GM ***(testosterone)***	3	PA-QL QL= 2 packets/day
ANDROGEL PUMP 1% ***(testosterone)***	3	PA-QL QL= 4 bottles/30 days
ANDROGEL PUMP 1.62% 1.62% ***(testosterone)***	3	PA-QL QL= 2 bottles/30 days
danazol cap 100MG, 200MG, 50MG (DANOCRINE Equiv)	1	-
METHITEST TAB 10MG ***(methyltestosterone)***	3	PA
methyltestosterone cap 10MG	1	PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
testosterone cypionate inj 100MG/ML, 200MG/ML (DEPO-TESTOSTERONE Equiv)	1	-
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML ***(testosterone enanthate)***	2	QL QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM ***(testosterone)***	2	PA-QL QL= 1 packet/day
testosterone gel 1% 25mg 25MG/2.5GM (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
testosterone gel 1% 50mg 1%, 50MG/5GM (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
testosterone gel 1% pump 1% (ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm 20.25MG/1.25GM (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
testosterone gel 1.62% 2.5gm 40.5MG/2.5GM (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP 1% ***(testosterone)***	2	PA-QL QL= 4 bottles/30 days
testosterone gel pump 1.62% 1.62% (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days
testosterone soln 30MG/ACT (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CORTENEMA 100MG/60ML ***(hydrocortisone (intrarectal))***	3	-
hydrocortisone enema 100MG/60ML (CORTENEMA Equiv)	1	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
lidocaine/hydrocortisone cream .5%-3% (ANAMANTLE Equiv)	1	-
pramoxine/hydrocortisone cream 1%, 1%-2.5% (ANALPRAM-HC Equiv)	1	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
ANUSOL-HC CREAM 1%, 2.5% ***(hydrocortisone (rectal))***	3	-
proctosol HC cream 1%, 2.5% (ANUSOL HC Equiv)	1	-
ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
budesonide rectal foam 2MG (UCERIS RECTAL FOAM Equiv)	1	PA
UCERIS RECTAL FOAM 2MG/ACT ***(budesonide (intrarectal))***	3	PA
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
albendazole tab 200MG (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG ***(albendazole)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BENZNIDAZOLE TAB 100MG, 12.5MG ***(benznidazole)***	2	RS Restricted to Infectious Disease Specialist
BILTRICIDE TAB 600MG ***(praziquantel)***	3	-
EMVERM TAB 100MG ***(mebendazole)***	2	PA
ivermectin tab 3MG (STROMECTOL Equiv)	1	PA
praziquantel tab 600MG (BILTRICIDE Equiv)	1	-
STROMECTOL TAB 3MG ***(ivermectin)***	3	PA
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
RANEXA TAB 1000MG, 500MG ***(ranolazine)***	3	-
ranolazine tab 1000MG, 500MG (RANEXA Equiv)	1	-
NITRATES - Drugs to treat chest pain		
DILATRATE SR CAP 40MG ***(isosorbide dinitrate)***	3	-
ISORDIL TITRADOSE TAB 40MG, 5MG ***(isosorbide dinitrate)***	3	-
isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG (ISORDIL Equiv)	1	-
isosorbide dinitrate tab 40mg 40MG (ISORDIL Equiv)	1	-
isosorbide mononitrate ER tab 120MG, 30MG, 60MG (IMDUR Equiv)	1	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG (MONOKET Equiv) ***(isosorbide mononitrate)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
isosorbide mononitrate tab 10MG, 20MG (MONOKET Equiv)	1	-
NITRO-BID OINT 2% ***(nitroglycerin)***	2	-
NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR ***(nitroglycerin)***	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR ***(nitroglycerin)***	3	-
nitroglycerin lingual spray .4MG/SPRAY (NITROLINGUAL Equiv)	1	-
nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (NITRO-DUR Equiv)	1	-
nitroglycerin SL tab .3MG, .4MG, .6MG (NITROSTAT Equiv)	1	-
NITROLINGUAL PUMP SPRAY .4MG/SPRAY ***(nitroglycerin)***	3	-
NITROSTAT SL TAB .3MG, .4MG, .6MG ***(nitroglycerin)***	3	-
ANTIANXIETY AGENTS - Drugs to treat anxiety		
ANTIANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
buspirone tab 10MG, 15MG, 5MG, 7.5MG (BUSPAR Equiv)	1	-
hydroxyzine pamoate cap 25MG, 50MG (VISTARIL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HYDROXYZINE PAMOATE CAP 100MG 100MG ***(hydroxyzine pamoate)***	1	-
hydroxyzine syrup 10MG/5ML (ATARAX Equiv)	1	-
hydroxyzine tab 10MG, 25MG, 50MG (ATARAX Equiv)	1	-
VISTARIL CAP 25MG, 50MG ***(hydroxyzine pamoate)***	3	-
BENZODIAZEPINES - Drugs to treat anxiety		
alprazolam tab .25MG, .5MG, 1MG, 2MG (XANAX Equiv)	1	QL QL= 5 tabs/day
chlordiazepoxide cap 10MG, 25MG, 5MG (LIBRIUM Equiv)	1	-
diazepam conc 5MG/ML (VALIUM Equiv)	1	QL QL= 180ml/30 days
diazepam oral soln 5mg/5ml 5MG/5ML (DIAZEPAM Equiv)	1	QL QL= 180ml/30 days
diazepam tab 2mg, 10mg 10MG, 2MG (VALIUM Equiv)	1	QL QL= 4 tabs/day
diazepam tab 5mg 5MG (VALILUM Equiv)	1	QL QL= 3 tabs/day
lorazepam conc 1MG/0.5ML, 2MG/ML (ATIVAN Equiv)	1	-
lorazepam tab .5MG, 1MG, 2MG (ATIVAN Equiv)	1	-
VALIUM TAB 2MG, 10MG 10MG, 2MG ***(diazepam)***	3	QL QL= 4 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VALIUM TAB 5MG 5MG ***(diazepam)***	3	QL QL= 3 tabs/day
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
disopyramide cap 100MG, 150MG (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG ***(disopyramide phosphate)***	3	-
quinidine gluconate CR tab 324MG	1	-
quinidine sulfate tab 200MG, 300MG	1	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
mexiletine hcl cap 150MG, 200MG, 250MG	1	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
flecainide tab 100MG, 150MG, 50MG (TAMBOCOR Equiv)	1	-
propafenone ER cap 225MG, 325MG, 425MG (RYTHMOL SR Equiv)	1	-
propafenone tab 150MG, 225MG, 300MG (RYTHMOL Equiv)	1	-
RYTHMOL SR CAP 225MG, 325MG, 425MG ***(propafenone hcl)***	3	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
amiodarone tab 100MG, 200MG, 400MG (CORDARONE Equiv)	1	-
CORDARONE TAB ***(amiodarone hcl tab)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
dofetilide cap 125MCG, 250MCG, 500MCG (TIKOSYN Equiv)	1	-
MULTAQ TAB 400MG ***(dronedarone hcl)***	2	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG ***(dofetilide)***	3	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
FASENRA PEN INJ 30MG/ML ***(benralizumab)***	4	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 40MG/0.4ML ***(mepolizumab)***	4	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML ***(tezepelumab-ekko)***	4	LMSP-PA-QL QL= 1 pen/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
cromolyn neb soln 20MG/2ML (INTAL Equiv)	1	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
ATROVENT HFA INHALER 17MCG/ACT ***(ipratropium bromide hfa)***	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ***(umeclidinium bromide)***	2	-
ipratropium neb soln .02% (ATROVENT Equiv)	1	-

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SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT ***(tiotropium bromide monohydrate)***	2	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
ACCOLATE TAB 10MG, 20MG ***(zafirlukast)***	3	-
montelukast chew tab 4MG, 5MG (SINGULAIR Equiv)	1	-
montelukast granule pack 4MG (SINGULAIR Equiv)	1	-
montelukast tab 10MG (SINGULAIR Equiv)	1	-
SINGULAIR CHEW TAB 4MG, 5MG ***(montelukast sodium)***	3	-
SINGULAIR GRANULE PACK 4MG ***(montelukast sodium)***	3	-
SINGULAIR TAB 10MG ***(montelukast sodium)***	3	-
zafirlukast tab 10MG, 20MG (ACCOLATE Equiv)	1	-
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
DALIRESP TAB 250MCG, 500MCG ***(roflumilast)***	3	-
roflumilast tab 250MCG, 500MCG (DALIRESP Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
STEROID INHALANTS - Drugs to treat asthma and COPD		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(fluticasone furoate (inhalation))***	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(mometasone furoate (inhalation))***	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(mometasone furoate (inhalation))***	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ***(mometasone furoate (inhalation))***	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ***(mometasone furoate (inhalation))***	2	-
budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)	1	-
FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST ***(fluticasone propionate (inhalation))***	2	-
FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT ***(fluticasone propionate hfa)***	2	-
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML ***(budesonide (inhalation))***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
ADVAIR DISKUS INHALER 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT ***(fluticasone-salmeterol)***	1	-
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ***(fluticasone-salmeterol)***	2	-
albuterol HFA inhaler 108MCG/ACT (PROAIR, PROVENTIL Equiv)	1	QL QL= 2 inhalers/30 days
albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML	1	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML, 2.5MG/0.5ML ***(albuterol sulfate)***	1	-
albuterol sulfate syrup 2MG/5ML	1	-
albuterol sulfate tab 2MG, 4MG	1	-
albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)	1	-
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH ***(umeclidinium-vilanterol)***	2	-
arformoterol tartrate neb soln 15MCG/2ML (BROVANA Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ***(fluticasone furoate-vilanterol)***	2	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT ***(budesonide-glycopyrrolate-formoterol fumarate)***	2	-
BROVANA NEB SOLN 15MCG/2ML ***(arformoterol tartrate)***	3	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ***(ipratropium-albuterol)***	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ***(mometasone furoate-formoterol fumarate dihydrate)***	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ***(mometasone furoate-formoterol fumarate dihydrate)***	2	-
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT ***(fluticasone-salmeterol)***	1	-
formoterol fumarate neb soln 20MCG/2ML (PERFOROMIST Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT ***(levalbuterol tartrate)***	3	QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML (XOPENEX Equiv)	1	-
METAPROTERENOL SYRUP 10MG/5ML ***(metaproterenol sulfate)***	1	-
PERFOROMIST NEB SOLN 20MCG/2ML ***(formoterol fumarate)***	3	-
SEREVENT DISKUS INHALER 50MCG/DOSE ***(salmeterol xinafoate)***	2	-
STIOLTO INHALER 2.5MCG/ACT ***(tiotropium bromide-olodaterol hcl)***	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT ***(olodaterol hcl)***	3	QL QL= 1 inhaler/30 days
SYMBICORT INHALER 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT ***(budesonide-formoterol fumarate dihydrate)***	2	-
terbutaline sulfate tab 2.5MG, 5MG (BRETHINE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH ***(fluticasone-umeclidinium-vilanterol)***	2	-
VENTOLIN HFA INHALER 108MCG/ACT ***(albuterol sulfate)***	1	QL QL= 2 inhalers/30 days
XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML ***(levalbuterol hcl)***	3	-
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR 80MG/15ML ***(theophylline)***	2	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG ***(theophylline)***	3	-
theophylline ER tab 400MG, 600MG (UNIPHYL Equiv)	1	-
theophylline soln 80MG/15ML	1	-
theophylline tab er 100MG, 200MG, 300MG, 450MG (THEOPHYLLINE ER Equiv)	1	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
COUMADIN TAB 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG ***(warfarin sodium)***	3	-
warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG (COUMADIN Equiv)	1	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG ***(apixaban)***	2	-
XARELTO STARTER PACK ***(rivaroxaban)***	2	-
XARELTO SUSP 1MG/ML ***(rivaroxaban)***	2	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ***(rivaroxaban)***	2	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
ARIXTRA INJ 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML ***(fondaparinux sodium)***	3	PA
enoxaparin inj 300MG/3ML (LOVENOX Equiv)	1	-
fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (ARIXTRA Equiv)	1	PA
FRAGMIN INJ 10000UNIT/4ML, 95000UNIT/3.8ML ***(dalteparin sodium)***	3	-
heparin porcine inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML	M	M
LOVENOX INJ 300MG/3ML ***(enoxaparin sodium)***	3	-
THROMBIN INHIBITORS - Drugs to thin the blood		
dabigatran etexilate mesylate cap 150MG, 75MG (PRADAXA Equiv)	1	-
PRADAXA CAP 110MG 110MG ***(dabigatran etexilate mesylate)***	3	-
PRADAXA CAP 75MG, 150MG 150MG, 75MG ***(dabigatran etexilate mesylate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
clobazam susp 2.5MG/ML (ONFI Equiv)	1	PA Members age 9 or older require Prior Authorization
clobazam tab 10MG, 20MG (ONFI Equiv)	1	PA
clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG (KLONOPIN Equiv)	1	-
clonazepam tab .5MG, 1MG, 2MG (KLONOPIN Equiv)	1	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG ***(diazepam (anticonvulsant))***	2	QL QL= 2 packs/fill
KLONOPIN TAB .5MG, 1MG, 2MG ***(clonazepam)***	3	-
NAYZILAM SPRAY 5MG/0.1ML ***(midazolam (anticonvulsant))***	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ONFI SUSP 2.5MG/ML ***(clobazam)***	3	PA Members age 9 or older require Prior Authorization
ONFI TAB 10MG, 20MG ***(clobazam)***	3	PA
VALTOCO NASAL SPRAY 10MG/0.1ML, 5MG/0.1ML ***(diazepam (anticonvulsant))***	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BANZEL SUSP 40MG/ML ***(rufinamide)***	3	PA
carbamazepine chew tab 100MG (TEGRETOL Equiv)	1	-
carbamazepine ER cap 100MG, 200MG, 300MG (CARBATROL Equiv)	1	-
carbamazepine ER tab 100MG, 200MG, 400MG (TEGRETOL XR Equiv)	1	-
carbamazepine susp 100MG/5ML, 200MG/10ML (TEGRETOL Equiv)	1	-
carbamazepine tab 200MG (TEGRETOL Equiv)	1	-
CARBATROL CAP 100MG, 200MG, 300MG ***(carbamazepine)***	3	-
DIACOMIT CAP 250MG, 500MG ***(stiripentol)***	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG ***(stiripentol)***	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML ***(cannabidiol)***	4	LD-PA Only available through Lumicera 855-847-3553
EPRONTIA SOLN 25MG/ML ***(topiramate)***	3	PA Members age 9 or older require Prior Authorization

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FINTEPLA SOLN 2.2MG/ML ***(fenfluramine hcl (anticonvulsant))***	4	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
gabapentin cap 100MG, 300MG, 400MG (NEURONTIN Equiv)	1	QL QL= 9 caps/day
gabapentin soln 250MG/5ML, 300MG/6ML (NEURONTIN Equiv)	1	QL QL= 72 mls/day
gabapentin tab 600mg 600MG (NEURONTIN Equiv)	1	QL QL= 6 tabs/day
gabapentin tab 800mg 800MG (NEURONTIN Equiv)	1	QL QL= 4.5 tabs/day
KEPPRA SOLN 100MG/ML ***(levetiracetam)***	3	-
KEPPRA TAB 1000MG, 250MG, 500MG, 750MG ***(levetiracetam)***	3	-
KEPPRA XR TAB 500MG, 750MG ***(levetiracetam)***	3	-
lacosamide oral solution 10MG/ML (VIMPAT Equiv)	1	-
lacosamide tab 100MG, 150MG, 200MG, 50MG (VIMPAT Equiv)	1	-
LAMICTAL CHEW TAB 25MG, 5MG ***(lamotrigine)***	3	-
LAMICTAL ODT 100MG, 200MG, 25MG, 50MG ***(lamotrigine)***	3	-
LAMICTAL ODT KIT ***(lamotrigine)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LAMICTAL ODT KIT, LAMICTAL XR KIT ***(lamotrigine)***	3	-
LAMICTAL STARTER KIT 25MG ***(lamotrigine)***	3	-
LAMICTAL TAB 100MG, 150MG, 200MG, 25MG ***(lamotrigine)***	3	-
LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG ***(lamotrigine)***	3	-
lamotrigine chew tab 25MG, 5MG (LAMICTAL Equiv)	1	-
lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG (LAMICTAL XR Equiv)	1	-
lamotrigine ODT 100MG, 200MG, 25MG, 50MG (LAMICTAL Equiv)	1	-
lamotrigine ODT kit 25MG (LAMICTAL ODT KIT Equiv)	1	-
lamotrigine tab 100MG, 150MG, 200MG, 25MG (LAMICTAL Equiv)	1	-
levetiracetam ER tab 500MG, 750MG (KEPPRA XR Equiv)	1	-
levetiracetam soln 100MG/ML, 500MG/5ML (KEPPRA Equiv)	1	-
levetiracetam tab 1000MG, 250MG, 500MG, 750MG (KEPPRA Equiv)	1	-
MYSOLINE TAB 250MG, 50MG ***(primidone)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NEURONTIN CAP 100MG, 300MG, 400MG ***(gabapentin)***	3	QL QL= 9 caps/day
NEURONTIN SOLN 250MG/5ML ***(gabapentin)***	3	QL QL= 72 mls/day
NEURONTIN TAB 600MG 600MG ***(gabapentin)***	3	QL QL= 6 tabs/day
NEURONTIN TAB 800MG 800MG ***(gabapentin)***	3	QL QL= 4.5 tabs/day
oxcarbazepine susp 300MG/5ML, 60MG/ML (TRILEPTAL Equiv)	1	-
oxcarbazepine tab 150MG, 300MG, 600MG (TRILEPTAL Equiv)	1	-
pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG (LYRICA Equiv)	1	QL QL= 3 caps/day
pregabalin cap 225mg 225MG (LYRICA Equiv)	1	QL QL= 2 caps/day
pregabalin cap 300mg 300MG (LYRICA Equiv)	1	QL QL= 2 caps/day
pregabalin soln 20MG/ML (LYRICA Equiv)	1	QL QL= 30ml/day
primidone tab 250MG, 50MG (MYSOLINE Equiv)	1	-
rufinamide susp 40MG/ML (BANZEL Equiv)	1	PA
rufinamide tab 200MG, 400MG (BANZEL Equiv)	1	PA
TEGRETOL SUSP 100MG/5ML ***(carbamazepine)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TEGRETOL TAB 200MG ***(carbamazepine)***	3	-
TEGRETOL XR TAB 100MG, 200MG, 400MG ***(carbamazepine)***	3	-
TOPAMAX SPRINKLE CAP 15MG, 25MG ***(topiramate)***	3	-
TOPAMAX TAB 100MG, 200MG, 25MG, 50MG ***(topiramate)***	3	-
topiramate sprinkle cap 15MG, 25MG (TOPAMAX Equiv)	1	-
topiramate tab 100MG, 200MG, 25MG, 50MG (TOPAMAX Equiv)	1	-
TRILEPTAL SUSP 300MG/5ML ***(oxcarbazepine)***	3	-
TRILEPTAL TAB 150MG, 300MG, 600MG ***(oxcarbazepine)***	3	-
ZONEGRAN CAP 100MG, 25MG ***(zonisamide)***	3	-
ZONISADE SUSP 100MG/5ML ***(zonisamide)***	3	PA PA required for members age 9 years or older
zonisamide cap 100MG, 25MG, 50MG (ZONEGRAN Equiv)	1	-
ZTALMY SUSP 50MG/ML ***(ganaxolone)***	4	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
CARBAMATES - Drugs to treat seizures		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
felbamate susp 600MG/5ML (FELBATOL Equiv)	1	-
felbamate tab 400MG, 600MG (FELBATOL Equiv)	1	-
FELBATOL SUSP 600MG/5ML ***(felbamate)***	3	-
FELBATOL TAB 400MG, 600MG ***(felbamate)***	3	-
XCOPRI PAK 100-150MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ***(cenobamate)***	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ***(cenobamate)***	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG ***(cenobamate)***	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG ***(cenobamate)***	2	QL QL= 1 tab/day
GABA MODULATORS - Drugs to treat seizures		
GABITRIL TAB 12MG, 16MG, 2MG, 4MG ***(tiagabine hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tiagabine tab 12MG, 16MG, 2MG, 4MG (GABITRIL Equiv)	1	-
vigabatrin powder pack 500MG (SABRIL POWDER Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
vigabatrin tab 500MG (SABRIL Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
vigadrone powder pack 500MG	4	LD-PA Only available through PantheRx 855-726-8479
HYDANTOINS - Drugs to treat seizures		
DILANTIN CAP 100MG 100MG, 200MG, 300MG ***(phenytoin sodium extended)***	3	-
DILANTIN CAP 30MG 30MG ***(phenytoin sodium extended)***	2	-
DILANTIN INFATABS 50MG ***(phenytoin)***	3	-
DILANTIN SUSP 125MG/5ML ***(phenytoin)***	3	-
phenytoin cap 100MG, 200MG, 300MG (DILANTIN Equiv)	1	-
phenytoin chew tab 50MG (DILANTIN Equiv)	1	-
phenytoin susp 100MG/4ML, 125MG/5ML (DILANTIN Equiv)	1	-
SUCCINIMIDES - Drugs to treat seizures		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CELONTIN CAP 300MG ***(methsuximide)***	3	-
ethosuximide cap 250MG (ZARONTIN Equiv)	1	-
ethosuximide soln 250MG/5ML (ZARONTIN Equiv)	1	-
methsuximide cap 300MG (CELONTIN Equiv)	1	-
ZARONTIN CAP 250MG ***(ethosuximide)***	3	-
ZARONTIN SOLN 250MG/5ML ***(ethosuximide)***	3	-
VALPROIC ACID - Drugs to treat seizures		
DEPAKENE CAP 250MG ***(valproic acid)***	3	-
DEPAKENE SYRUP ***(valproate sodium)***	3	-
DEPAKOTE ER TAB 250MG, 500MG ***(divalproex sodium)***	3	-
DEPAKOTE SPRINKLE CAP 125MG ***(divalproex sodium)***	3	-
DEPAKOTE TAB 125MG, 250MG, 500MG ***(divalproex sodium)***	3	-
divalproex ER tab 250MG, 500MG (DEPAKOTE ER Equiv)	1	-
divalproex sodium DR tab 125MG, 250MG, 500MG (DEPAKOTE Equiv)	1	-
divalproex sprinkle cap 125MG (DEPAKOTE Equiv)	1	-
valproic acid cap 250MG (DEPAKENE Equiv)	1	-
valproic acid syrup 250MG/5ML (DEPAKENE Equiv)	1	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
mirtazapine ODT 15MG, 30MG, 45MG (REMERON Equiv)	1	-
mirtazapine tab 15MG, 30MG, 45MG, 7.5MG (REMERON Equiv)	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG ***(mirtazapine)***	3	-
REMERON TAB 15MG, 30MG ***(mirtazapine)***	3	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		
bupropion ER tab 100MG, 150MG, 200MG (WELLBUTRIN Equiv)	1	-
bupropion tab 100MG, 75MG (WELLBUTRIN Equiv)	1	-
bupropion XL tab 150MG, 300MG (WELLBUTRIN XL Equiv)	1	-
MAPROTILINE TAB 25MG, 50MG, 75MG ***(maprotiline hcl)***	1	-
WELLBUTRIN SR TAB 100MG, 150MG, 200MG ***(bupropion hcl)***	3	-
WELLBUTRIN XL TAB 150MG, 300MG ***(bupropion hcl)***	3	-
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR ***(selegiline)***	3	-
MARPLAN TAB 10MG ***(isocarboxazid)***	2	-
NARDIL TAB 15MG 15MG ***(phenelzine sulfate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PARNATE TAB 10MG ***(tranylcypromine sulfate)***	3	-
PHENELZINE SULFATE TAB 15MG ***(phenelzine sulfate)***	1	-
phenelzine tab 15MG (NARDIL Equiv)	1	-
tranylcypromine tab 10MG (PARNATE Equiv)	1	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
CELEXA TAB 10MG, 20MG, 40MG ***(citalopram hydrobromide)***	3	-
citalopram soln 10MG/5ML (CELEXA Equiv)	1	-
citalopram tab 10MG, 20MG, 40MG (CELEXA Equiv)	1	-
escitalopram soln 5MG/5ML (LEXAPRO Equiv)	1	-
escitalopram tab 10MG, 20MG, 5MG (LEXAPRO Equiv)	1	-
fluoxetine cap 10MG, 20MG, 40MG (PROZAC Equiv)	1	-
fluoxetine soln 20MG/5ML (PROZAC Equiv)	1	-
FLUOXETINE TAB 60MG 60MG ***(fluoxetine hcl)***	3	-
fluoxetine tab 60mg 60MG	1	-
fluvoxamine ER cap 100MG, 150MG (LUVOX CR Equiv)	1	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
fluvoxamine tab 100MG, 25MG, 50MG (LUVOX Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LEXAPRO TAB 10MG, 20MG, 5MG ***(escitalopram oxalate)***	3	-
paroxetine ER tab 12.5MG, 25MG, 37.5MG (PAXIL CR Equiv)	1	-
paroxetine oral susp 10MG/5ML (PAXIL Equiv)	1	-
paroxetine tab 10MG, 20MG, 30MG, 40MG (PAXIL Equiv)	1	-
PAXIL CR TAB 12.5MG, 25MG, 37.5MG ***(paroxetine hcl)***	3	-
PAXIL ORAL SUSP 10MG/5ML ***(paroxetine hcl)***	3	-
PAXIL TAB 10MG, 20MG, 30MG, 40MG ***(paroxetine hcl)***	3	-
PROZAC CAP 10MG, 20MG, 40MG ***(fluoxetine hcl)***	3	-
sertraline conc 20MG/ML (ZOLOFT Equiv)	1	-
sertraline tab 100MG, 25MG, 50MG (ZOLOFT Equiv)	1	-
ZOLOFT CONC 20MG/ML ***(sertraline hcl)***	3	-
ZOLOFT TAB 100MG, 25MG, 50MG ***(sertraline hcl)***	3	-
SEROTONIN MODULATORS - Drugs to treat depression		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ***(nefazodone hcl)***	1	-
nefazodone tab 50mg, 250mg	1	-
trazodone tab 100MG, 150MG, 50MG (DESYREL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRINTELLIX TAB 10MG, 20MG, 5MG ***(vortioxetine hbr)***	3	PA-QL QL= 1 tab/day
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
desvenlafaxine ER tab 100MG, 25MG, 50MG (PRISTIQ Equiv)	1	-
duloxetine EC cap 20MG, 30MG, 60MG (CYMBALTA Equiv)	1	-
EFFEXOR XR CAP 150MG, 37.5MG, 75MG ***(venlafaxine hcl)***	3	-
PRISTIQ TAB 100MG, 25MG, 50MG ***(desvenlafaxine succinate)***	3	-
venlafaxine ER cap 150MG, 37.5MG, 75MG (EFFEXOR XR Equiv)	1	-
venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG (EFFEXOR Equiv)	1	-
TRICYCLIC AGENTS - Drugs to treat depression		
amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG (ELAVIL Equiv)	1	-
AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG ***(amoxapine)***	1	-
ANAFRANIL CAP 25MG, 50MG, 75MG ***(clomipramine hcl)***	3	-
clomipramine cap 25MG, 50MG, 75MG (ANAFRANIL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
desipramine tab (NORPRAMIN Equiv)	1	-
doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG (SINEQUAN Equiv)	1	-
doxepin conc 10MG/ML (SINEQUAN Equiv)	1	-
imipramine pamoate cap 100MG, 125MG, 150MG, 75MG (TOFRANIL PM Equiv)	1	-
imipramine tab 10MG, 25MG, 50MG (TOFRANIL Equiv)	1	-
NORPRAMIN TAB 10MG, 25MG ***(desipramine hcl)***	3	-
nortriptyline cap 10MG, 25MG, 50MG, 75MG (PAMELOR Equiv)	1	-
nortriptyline oral soln (NORTRIPTYLINE Equiv)	1	-
NORTRIPTYLINE SOLN 10MG/5ML ***(nortriptyline hcl)***	2	-
PAMELOR CAP 10MG, 25MG, 50MG, 75MG ***(nortriptyline hcl)***	3	-
protriptyline tab 10MG, 5MG (VIVACTIL Equiv)	1	-
SURMONTIL CAP ***(trimipramine maleate)***	3	-
TOFRANIL TAB 10MG, 25MG, 50MG ***(imipramine hcl)***	3	-
trimipramine cap 100MG, 25MG, 50MG (SURMONTIL Equiv)	1	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)	1	-
GLYSET TAB 100MG, 25MG, 50MG ***(miglitol)***	3	-
MIGLITOL TAB 100MG, 25MG, 50MG ***(miglitol)***	3	-
miglitol tab 100MG, 25MG, 50MG (MIGLITOL Equiv)	1	-
PRECOSE TAB 100MG, 25MG, 50MG ***(acarbose)***	3	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		
ACTOPLUS MET XR TAB ***(pioglitazone hcl-metformin hcl)***	3	-
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ***(alogliptin-metformin hcl)***	2	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ***(alogliptin-pioglitazone)***	2	QL QL= 1 tab/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-45MG ***(alogliptin-pioglitazone)***	2	QL QL= 1 tab/day
glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG (METAGLIP Equiv)	1	-
glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG (GLUCOVANCE Equiv)	1	-
JANUMET TAB 50MG-1000MG, 50MG-500MG ***(sitagliptin-metformin hcl)***	2	QL QL= 2 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG ***(sitagliptin-metformin hcl)***	2	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG ***(empagliflozin-metformin hcl)***	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG ***(empagliflozin-metformin hcl)***	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG ***(empagliflozin-metformin hcl)***	2	QL QL= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG, 5MG-1000MG ***(dapagliflozin-metformin hcl)***	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-1000MG, 10MG-500MG, 5MG-500MG ***(dapagliflozin-metformin hcl)***	2	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
GLUCOPHAGE TAB 500MG ***(metformin hcl)***	3	-
GLUCOPHAGE XR TAB ***(metformin hcl)***	3	-
metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)	1	-
metformin soln 500MG/5ML (RIOMET Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)	1	-
RIOMET ER SUSP 500MG/5ML ***(metformin hcl)***	3	-
RIOMET SOLN 500MG/5ML ***(metformin hcl)***	3	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE ***(glucagon)***	2	QL QL= 2 inhalations/fill
diazoxide susp 50MG/ML (PROGLYCEM Equiv)	1	-
GLUCAGEN HYPOKIT INJ 1MG ***(glucagon hcl (rdna))***	2	QL QL= 2 inj/fill
glucagon (rdna) for inj kit 1MG (GLUCAGON Equiv)	1	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML ***(glucagon hcl)***	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG ***(glucagon (rdna))***	2	QL QL= 2 inj/fill
GVOKE INJ 1MG/0.2ML ***(glucagon)***	2	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML ***(glucagon)***	2	QL QL= 2 inj/fill
GVOKE PFS INJ 1MG/0.2ML ***(glucagon)***	2	QL QL= 2 inj/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KORLYM TAB 300MG ***(mifepristone (hyperglycemia))***	4	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
PROGLYCEM SUSP 50MG/ML ***(diazoxide)***	3	-
ZEGALOGUE INJ .6MG/0.6ML ***(dasiglucagon hcl)***	2	QL QL= 2 inj/fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ***(alogliptin benzoate)***	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ***(sitagliptin phosphate)***	2	QL QL= 1 tab/day
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - Drugs to regulate blood sugar		
CYCLOSET TAB .8MG ***(bromocriptine mesylate (diabetes))***	3	-
INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar		
OZEMPIC INJ 2MG/3ML ***(semaglutide)***	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ***(exenatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BYDUREON INJ ***(exenatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG ***(exenatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 10MCG/0.04ML ***(exenatide)***	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML ***(tirzepatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 5.5MG/ML-8MG/3ML-14MG/ML ***(semaglutide)***	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG ***(semaglutide)***	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML ***(dulaglutide)***	2	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ 18MG/3ML ***(liraglutide)***	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INSULIN - Drugs to regulate blood sugar		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 100UNIT/ML, 200UNIT/ML ***(insulin lispro)***	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
FIASP FLEXTOUCH INJ 100UNIT/ML ***(insulin aspart (with niacinamide))***	2	-
FIASP INJ 100UNIT/ML ***(insulin aspart (with niacinamide))***	2	-
FIASP PENFILL INJ 20.8MG/ML-100UNIT/ML ***(insulin aspart (with niacinamide))***	2	-
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ 50UNIT/ML ***(insulin lispro protamine & lispro (human))***	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMULIN MIX INJ ***(insulin isophane & reg (human))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN N INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	3	OTC-ST Step Therapy requires trial of NOVOLIN

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HUMULIN R INJ 100UNIT/ML ***(insulin regular (human))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500 500UNIT/ML ***(insulin regular (human))***	2	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ***(insulin regular (human))***	2	-
INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	2	-
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	2	-
INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ***(insulin aspart protamine & aspart (human))***	2	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ***(insulin aspart protamine & aspart (human))***	2	-
INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	2	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	2	OTC
NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	2	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NOVOLIN N FLEXPEN INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	2	OTC
NOVOLIN N INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	2	OTC
NOVOLIN R FLEXPEN INJ 100UNIT/ML ***(insulin regular (human))***	2	OTC
NOVOLIN R INJ 100UNIT/ML ***(insulin regular (human))***	2	OTC
NOVOLOG FLEXPEN INJ 100UNIT/ML ***(insulin aspart)***	2	-
NOVOLOG INJ 100UNIT/ML ***(insulin aspart)***	2	-
NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML ***(insulin aspart protamine & aspart (human))***	2	-
NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML ***(insulin aspart protamine & aspart (human))***	2	-
NOVOLOG PENFILL INJ 100UNIT/ML ***(insulin aspart)***	2	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML ***(insulin glargine-yfgn)***	2	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML ***(insulin glargine-yfgn)***	2	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
ACTOS TAB 15MG, 30MG, 45MG ***(pioglitazone hcl)***	3	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AVANDIA TAB 2MG, 4MG ***(rosiglitazone maleate)***	2	-
pioglitazone tab 15MG, 30MG, 45MG (ACTOS Equiv)	1	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
nateglinide tab 120MG, 60MG (STARLIX Equiv)	1	-
PRANDIN TAB 1MG, 2MG ***(repaglinide)***	3	-
repaglinide tab .5MG, 1MG, 2MG (PRANDIN Equiv)	1	-
STARLIX TAB 120MG, 60MG ***(nateglinide)***	3	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		
FARXIGA TAB 10MG, 5MG ***(dapagliflozin propanediol)***	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG ***(empagliflozin)***	2	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
AMARYL TAB 1MG, 2MG, 4MG ***(glimepiride)***	3	-
glimepiride tab 1MG, 2MG, 4MG (AMARYL Equiv)	1	-
glipizide ER tab 10MG, 2.5MG, 5MG (GLUCOTROL XL Equiv)	1	-
glipizide tab 10MG, 5MG (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG ***(glipizide)***	3	-
GLUCOTROL XL TAB 10MG, 2.5MG, 5MG ***(glipizide)***	3	-
glyburide micronized tab 1.5MG, 3MG, 6MG (GLYNASE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
glyburide tab 1.25MG, 2.5MG, 5MG (MICRONASE Equiv)	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG ***(glyburide micronized)***	3	-
TOLAZAMIDE TAB ***(tolazamide)***	1	-
TOLBUTAMIDE TAB 500MG ***(tolbutamide)***	2	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ***(diphenoxylate w/ atropine)***	1	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
diphenoxylate/atropine tab .025MG-2.5MG (LOMOTIL Equiv)	1	-
LOMOTIL TAB ***(diphenoxylate w/ atropine tab)***	3	-
MOTOFEN TAB .025MG-1MG ***(difenoxin w/ atropine)***	3	-
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG ***(succimer)***	2	-
FERRIPROX SOLN 100MG/ML ***(deferiprone)***	4	LD-PA Only available through Ferriprox Total Care 866-758-7071

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
naloxone inj .4MG/ML, 4MG/10ML	1	-
naltrexone tab 50MG (REVIA Equiv)	1	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
deferasirox granules packet 180MG, 360MG, 90MG (JADENU Equiv)	4	LMSP
deferasirox tab 125MG, 250MG, 500MG (EXJADE Equiv)	4	LMSP
deferasirox tab 180mg 180MG (JADENU Equiv)	4	LMSP
deferasirox tab 90mg, 360mg 360MG, 90MG (JADENU Equiv)	4	LMSP
deferiprone tab 1000MG, 500MG (FERRIPROX Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
KLOXXADO NASAL SPRAY 8MG/0.1ML ***(naloxone hcl)***	2	-
naloxone hcl nasal spray 4MG/0.1ML (NARCAN Equiv)	1	-
NALOXONE PREFILLED INJ .4MG/ML ***(naloxone hcl)***	$0	-
naloxone prefilled inj 2MG/2ML	$0	-
NARCAN NASAL SPRAY 4MG/0.1ML ***(naloxone hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ZIMHI SOLN 5MG/0.5ML ***(naloxone hcl)***	2	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
ANZEMET TAB 100MG, 50MG ***(dolasetron mesylate)***	4	QL QL= 9 tabs/fill
granisetron tab 1MG (KYTRIL Equiv)	1	QL QL= 9 tabs/fill
GRANISOL SOLN ***(granisetron hcl)***	4	QL QL= 60ml/fill
ondansetron ODT 4MG, 8MG (ZOFRAN Equiv)	1	-
ondansetron soln 4MG/5ML (ZOFRAN Equiv)	1	-
ONDANSETRON TAB 24MG (ZOFRAN Equiv) ***(ondansetron hcl)***	1	-
ondansetron tab 24MG, 4MG, 8MG (ZOFRAN Equiv)	1	-
SANCUSO PATCH 3.1MG/24HR ***(granisetron)***	4	QL QL= 4 patchs/fill
ZOFRAN ODT ***(ondansetron)***	3	-
ZOFRAN SOLN ***(ondansetron hcl)***	3	-
ZOFRAN TAB 4MG, 8MG ***(ondansetron hcl)***	3	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
meclizine chew tab 25MG (BONINE Equiv)	1	OTC
meclizine tab 12.5MG, 25MG (ANTIVERT Equiv)	1	OTC
scopolamine patch 1.5MG, 1MG/3DAYS (TRANSDERM-SCOP Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TIGAN CAP 300MG ***(trimethobenzamide hcl)***	3	-
TRANSDERM-SCOP PATCH 1.5MG, 1MG/3DAYS ***(scopolamine)***	3	-
trimethobenzamide cap 300MG (TIGAN Equiv)	1	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
AKYNZEO CAP .5MG-300MG ***(netupitant-palonosetron)***	2	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
CESAMET CAP 1MG ***(nabilone)***	3	-
dronabinol cap 10MG, 2.5MG, 5MG (MARINOL Equiv)	1	PA
MARINOL CAP 10MG, 2.5MG, 5MG ***(dronabinol)***	3	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
aprepitant pak (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
EMEND CAP 125MG, 40MG, 80MG	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG ***(rolapitant hcl)***	2	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIFUNGALS - Drugs to treat fungal infection		
ANCOBON CAP 250MG, 500MG ***(flucytosine)***	3	-
flucytosine cap 250MG, 500MG (ANCOBON Equiv)	1	-
griseofulvin micro tab 500MG (GRIFULVIN V Equiv)	1	-
griseofulvin susp 125MG/5ML (GRIFULVIN Equiv)	1	-
griseofulvin tab 125MG, 250MG (GRIS-PEG Equiv)	1	-
GRIS-PEG TAB ***(griseofulvin ultramicrosize)***	3	-
LAMISIL TAB 250MG ***(terbinafine hcl)***	3	-
nystatin powder	1	-
nystatin tab 500000UNIT	1	-
terbinafine tab 250MG (LAMISIL Equiv)	1	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
DIFLUCAN SUSP 10MG/ML, 40MG/ML ***(fluconazole)***	3	-
DIFLUCAN TAB 100MG, 150MG, 200MG, 50MG ***(fluconazole)***	3	-
fluconazole susp 10MG/ML, 40MG/ML (DIFLUCAN Equiv)	1	-
fluconazole tab 100MG, 150MG, 200MG, 50MG (DIFLUCAN Equiv)	1	-
itraconazole cap 100MG (SPORANOX Equiv)	1	-
itraconazole soln 10MG/ML (SPORANOX Equiv)	1	PA
ketoconazole tab 200MG (NIZORAL Equiv)	1	-
NOXAFIL PAK 300MG ***(posaconazole)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NOXAFIL SUSP 40MG/ML ***(posaconazole)***	3	-
NOXAFIL TAB 100MG ***(posaconazole)***	3	-
posaconazole DR tab 100MG (NOXAFIL Equiv)	1	-
posaconazole susp 40MG/ML (NOXAFIL Equiv)	1	-
SPORANOX CAP 100MG ***(itraconazole)***	3	-
SPORANOX SOLN 10MG/ML ***(itraconazole)***	3	PA
VFEND SUSP 40MG/ML ***(voriconazole)***	3	-
VFEND TAB 200MG, 50MG ***(voriconazole)***	3	-
voriconazole susp 40MG/ML (VFEND Equiv)	1	-
voriconazole tab 200MG, 50MG (VFEND Equiv)	1	-
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
CARBINOXAMINE SOLN 4MG/5ML ***(carbinoxamine maleate)***	1	-
carbinoxamine tab 4MG (PALGIC Equiv)	1	-
diphenhydramine cap 50mg 50MG (BENADRYL Equiv)	1	Only 50mg covered
diphenhydramine inj 50MG/ML (BENADRYL Equiv)	M	-
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
ALLEGRA ODT 30MG ***(fexofenadine hcl)***	EXC	OTC
CLARINEX SYRUP ***(desloratadine)***	EXC	-
CLARINEX TAB 5MG ***(desloratadine)***	EXC	-
CLARITIN CHEW TAB 10MG ***(loratadine)***	EXC	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DESLORATADINE ODT 2.5MG, 5MG ***(desloratadine)***	EXC	-
desloratadine tab 5MG (CLARINEX Equiv)	EXC	-
loratadine cap 10MG (CLARITIN Equiv)	EXC	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
promethazine supp (PHENERGAN Equiv)	1	-
promethazine syrup 6.25MG/5ML	1	-
promethazine tab 12.5MG, 25MG, 50MG (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG ***(promethazine hcl)***	1	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
cyproheptadine syrup 2MG/5ML	1	-
cyproheptadine tab 4MG	1	-
ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol		
NEXLETOL TAB 180MG ***(bempedoic acid)***	2	PA-QL QL= 1 tab/day
ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol		
NEXLIZET TAB 10MG-180MG ***(bempedoic acid-ezetimibe)***	2	PA-QL QL= 1 tab/day
ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol		
LOVAZA CAP 1GM-375MG-465MG ***(omega-3-acid ethyl esters)***	3	-
omega-3-acid ethyl esters cap 1GM-375MG-465MG (LOVAZA Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE Equiv)	1	-
cholestyramine lite powder pack 4GM (QUESTRAN LITE Equiv)	1	-
cholestyramine powder 4GM/DOSE (QUESTRAN Equiv)	1	-
cholestyramine powder pack 4GM (QUESTRAN Equiv)	1	-
colesevelam pack 3.75GM (WELCHOL Equiv)	1	-
colesevelam tab 625MG (WELCHOL Equiv)	1	-
COLESTID GRANULE 5GM ***(colestipol hcl)***	3	-
COLESTID POWDER PACK 5GM, 5GM/7.5GM ***(colestipol hcl)***	3	-
COLESTID TAB 1GM ***(colestipol hcl)***	3	-
colestipol granule 5GM (COLESTID Equiv)	1	-
colestipol powder packet 5GM (COLESTID Equiv)	1	-
colestipol tab 1GM (COLESTID Equiv)	1	-
QUESTRAN LITE POWDER 4GM/DOSE ***(cholestyramine light)***	3	-
QUESTRAN POWDER 4GM/DOSE ***(cholestyramine)***	3	-
QUESTRAN POWDER PACK 4GM ***(cholestyramine)***	3	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG (LOFIBRA Equiv)	1	-
fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG (TRICOR Equiv)	1	-
fenofibric acid DR cap 135MG, 45MG (TRILIPIX Equiv)	1	-
FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG ***(fenofibric acid)***	3	-
gemfibrozil tab 600MG (LOPID Equiv)	1	-
LOPID TAB 600MG ***(gemfibrozil)***	3	-
TRICOR TAB 145MG, 48MG ***(fenofibrate)***	3	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
ATORVALIQ SUSP 20MG/5ML ***(atorvastatin calcium)***	3	PA Members age 9 or older require Prior Authorization
atorvastatin tab 10MG, 20MG, 40MG, 80MG (LIPITOR Equiv)	$0	-
CRESTOR TAB 10MG, 20MG, 40MG, 5MG ***(rosuvastatin calcium)***	3	-
FLOLIPID SUSP 20MG/5ML, 40MG/5ML ***(simvastatin)***	3	PA Members age 9 or older require Prior Authorization
fluvastatin ER tab 80MG (LESCOL XL Equiv)	$0	-
LESCOL XL TAB 80MG ***(fluvastatin sodium)***	3	-

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LIPITOR TAB 10MG, 20MG, 40MG, 80MG ***(atorvastatin calcium)***	3	-
LIVALO TAB 1MG, 2MG, 4MG ***(pitavastatin calcium)***	3	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
lovastatin tab 10MG, 20MG, 40MG (MEVACOR Equiv)	$0	-
PRAVACHOL TAB 20MG, 40MG, 80MG ***(pravastatin sodium)***	3	-
pravastatin tab 10MG, 20MG, 40MG, 80MG (PRAVACHOL Equiv)	$0	-
rosuvastatin tab 10MG, 20MG, 40MG, 5MG (CRESTOR Equiv)	$0	-
simvastatin tab 10MG, 20MG, 40MG, 5MG (ZOCOR Equiv)	$0	80mg is Not Covered
ZOCOR TAB 10MG, 20MG, 40MG, 5MG ***(simvastatin)***	3	-
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
ezetimibe tab 10MG (ZETIA Equiv)	1	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
niacin ER tab 1000MG, 500MG, 750MG (NIASPAN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
REPATHA INJ 140MG/ML ***(evolocumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ***(evolocumab)***	4	LMSP-PA-QL QL= 1 inj/28 days
ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
ACE INHIBITORS - Drugs to treat high blood pressure		
ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG ***(quinapril hcl)***	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG ***(ramipril)***	3	-
benazepril tab (LOTENSIN Equiv)	1	-
captopril tab 100MG, 12.5MG, 25MG, 50MG (CAPOTEN Equiv)	1	-
enalapril maleate oral soln 1MG/ML (EPANED Equiv)	1	PA Prior Authorization required for members age 9 or older
enalapril tab 10MG, 2.5MG, 20MG, 5MG (VASOTEC Equiv)	1	-
fosinopril tab 10MG, 20MG, 40MG (MONOPRIL Equiv)	1	-
lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG (PRINIVIL/ZESTRIL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LOTENSIN TAB 10MG, 20MG, 40MG ***(benazepril hcl)***	3	-
PRINIVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG ***(lisinopril)***	3	-
QBRELIS SOLN 1MG/ML ***(lisinopril)***	3	PA Prior Authorization required for members age 9 or older
quinapril tab 10MG, 20MG, 40MG, 5MG (ACCUPRIL Equiv)	1	-
ramipril cap 1.25MG, 10MG, 2.5MG, 5MG (ALTACE Equiv)	1	-
VASOTEC TAB 10MG, 2.5MG, 20MG, 5MG ***(enalapril maleate)***	3	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
DIBENZYLINE CAP 10MG ***(phenoxybenzamine hcl)***	3	LMSP
phenoxybenzamine cap 10MG (DIBENZYLINE Equiv)	1	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
AVAPRO TAB 150MG, 300MG, 75MG ***(irbesartan)***	3	-
COZAAR TAB 100MG, 25MG, 50MG ***(losartan potassium)***	3	-
DIOVAN TAB 160MG, 320MG, 40MG, 80MG ***(valsartan)***	3	-
irbesartan tab 150MG, 300MG, 75MG (AVAPRO Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
losartan tab 100MG, 25MG, 50MG (COZAAR Equiv)	1	-
MICARDIS TAB 20MG, 40MG, 80MG ***(telmisartan)***	3	-
olmesartan tab 20MG, 40MG, 5MG (BENICAR Equiv)	1	-
telmisartan tab 20MG, 40MG, 80MG (MICARDIS Equiv)	1	-
valsartan tab 160MG, 320MG, 40MG, 80MG (DIOVAN Equiv)	1	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
CARDURA TAB 1MG, 2MG, 4MG, 8MG ***(doxazosin mesylate)***	3	-
CATAPRES TAB .1MG, .2MG, .3MG ***(clonidine hcl)***	3	-
CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR ***(clonidine)***	3	-
clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR (CATAPRES-TTS Equiv)	1	-
clonidine tab (CATAPRES Equiv)	1	-
doxazosin tab 1MG, 2MG, 4MG, 8MG (CARDURA Equiv)	1	-
guanfacine IR tab 1MG, 2MG (TENEX Equiv)	1	-
METHYLDOPA TAB 250MG, 500MG (ALDOMET Equiv) ***(methyldopa)***	1	-
methyldopa tab 250MG, 500MG (ALDOMET Equiv)	1	-
MINIPRESS CAP 1MG, 2MG, 5MG ***(prazosin hcl)***	3	-
prazosin cap (MINIPRESS Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
terazosin cap 10MG, 1MG, 2MG, 5MG (HYTRIN Equiv)	1	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
ACCURETIC TAB 12.5MG-20MG, 20MG-25MG ***(quinapril-hydrochlorothiazide)***	3	-
ACCURETIC TAB 10MG-12.5MG ***(quinapril-hydrochlorothiazide)***	3	-
ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG ***(quinapril-hydrochlorothiazide)***	3	-
amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG (LOTREL Equiv)	1	-
amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (AZOR TAB Equiv)	1	-
amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (EXFORGE Equiv)	1	-
atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG ***(irbesartan-hydrochlorothiazide)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG ***(amlodipine besylate-olmesartan medoxomil)***	3	-
benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG (LOTENSIN HCT Equiv)	1	-
BENICAR HCT TAB 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG ***(olmesartan medoxomil-hydrochlorothiazide)***	3	-
bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (ZIAC Equiv)	1	-
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG ***(captopril & hydrochlorothiazide)***	1	-
DIOVAN HCT TAB 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG ***(valsartan-hydrochlorothiazide)***	3	-
enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG (VASERETIC Equiv)	1	-
EXFORGE TAB 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG ***(amlodipine besylate-valsartan)***	3	-
fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG (MONOPRIL HCT Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG ***(losartan potassium & hydrochlorothiazide)***	3	-
irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)	1	-
lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)	1	-
LOPRESSOR HCT TAB 25MG-50MG ***(metoprolol & hydrochlorothiazide)***	3	-
losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)	1	-
LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ***(benazepril & hydrochlorothiazide)***	3	-
LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG ***(amlodipine besylate-benazepril hcl)***	3	-
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ***(methyldopa & hydrochlorothiazide)***	1	-
metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG (LOPRESSOR HCT Equiv)	1	-
olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG ***(propranolol & hydrochlorothiazide)***	1	-
QUINAPRIL/HCTZ TAB 12.5MG-20MG ***(quinapril-hydrochlorothiazide)***	1	-
QUINAPRIL/HCTZ TAB 20MG-25MG ***(quinapril-hydrochlorothiazide)***	1	-
quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ACCURETIC Equiv)	1	-
TEKTURNA HCT TAB 12.5MG-150MG, 12.5MG-300MG, 25MG-150MG, 25MG-300MG ***(aliskiren-hydrochlorothiazide)***	3	-
TENORETIC TAB 25MG-100MG, 25MG-50MG ***(atenolol & chlorthalidone)***	3	-
valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (DIOVAN HCT Equiv)	1	-
VASERETIC TAB 10MG-25MG ***(enalapril maleate & hydrochlorothiazide)***	3	-
ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ***(lisinopril & hydrochlorothiazide)***	3	-
ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG ***(bisoprolol & hydrochlorothiazide)***	3	-
DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
aliskiren tab 150MG, 300MG (TEKTURNA Equiv)	1	-
TEKTURNA TAB 150MG, 300MG ***(aliskiren fumarate)***	3	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
eplerenone tab 25MG, 50MG (INSPRA Equiv)	1	-
INSPRA TAB 25MG, 50MG ***(eplerenone)***	3	-
VASODILATORS - Drugs to treat high blood pressure		
hydralazine tab 100MG, 10MG, 25MG, 50MG (APRESOLINE Equiv)	1	-
minoxidil tab 10MG, 2.5MG (LONITEN Equiv)	1	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
FIRST METRONIDAZOLE SUSP 100MG/ML, 50MG/ML ***(metronidazole benzoate)***	3	-
FLAGYL TAB 500MG ***(metronidazole)***	3	-
IMPAVIDO CAP 50MG ***(miltefosine)***	4	PA
metronidazole tab 250MG, 500MG (FLAGYL Equiv)	1	-
pentamidine neb soln 300MG (NEBUPENT Equiv)	1	LMSP
PRIMSOL SOLN ***(trimethoprim hcl)***	3	-
PRIMSOL SOLN 50MG/5ML ***(trimethoprim hcl)***	3	-
TINDAMAX TAB ***(tinidazole)***	3	-
tinidazole tab 250MG, 500MG (TINDAMAX Equiv)	1	-
TRIMETHOPRIM TAB 100MG ***(trimethoprim)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
trimethoprim tab	1	-
XIFAXAN TAB 200MG 200MG ***(rifaximin)***	3	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG ***(rifaximin)***	2	QL QL= 60 tabs/30 days
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
BACTRIM DS TAB 160MG-800MG, 80MG-400MG ***(sulfamethoxazole-trimethoprim)***	3	-
smz/tmp (DS) tab 160MG-800MG, 80MG-400MG (BACTRIM DS Equiv)	1	-
smz/tmp susp 40MG/5ML-200MG/5ML (BACTRIM, SEPTRA Equiv)	1	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML ***(nitazoxanide)***	2	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG ***(nitazoxanide)***	3	PA-QL QL= 6 tabs/3 days
atovaquone susp 750MG/5ML (MEPRON Equiv)	1	-
LAMPIT TAB 120MG, 30MG ***(nifurtimox)***	2	PA
MEPRON SUSP 750MG/5ML ***(atovaquone)***	3	-
nitazoxanide tab 500MG (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
CARBAPENEMS - Drugs to treat bacterial infections		
ertapenem inj 1GM (INVANZ Equiv)	M	M

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INVANZ INJ ***(ertapenem sodium)***	M	M
INVANZ INJ 1GM ***(ertapenem sodium)***	M	M
meropenem inj 1GM, 500MG (MERREM Equiv)	M	M
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRVANQ SOLN 25MG/ML, 50MG/ML ***(vancomycin hcl)***	1	-
FIRVANQ SOLN 50MG/ML 50MG/ML ***(vancomycin hcl)***	1	-
VANCOCIN CAP 125MG, 250MG ***(vancomycin hcl)***	3	QL QL= 56 caps/fill
vancomycin cap 125MG, 250MG (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		
dapsone tab 100MG, 25MG	1	-
LINCOSAMIDES - Drugs to treat bacterial infections		
CLEOCIN CAP ***(clindamycin hcl cap)***	3	-
CLEOCIN SOLN 75MG/5ML ***(clindamycin palmitate hydrochloride)***	3	-
clindamycin cap 150MG, 300MG, 75MG (CLEOCIN Equiv)	1	-
clindamycin soln 75MG/5ML (CLEOCIN Equiv)	1	-
MONOBACTAMS - Drugs to treat bacterial infections		
CAYSTON INH SOLN 75MG ***(aztreonam lysine)***	4	KMSP-RS
OXAZOLIDINONES - Drugs to treat bacterial infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
linezolid susp 100MG/5ML (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist
linezolid tab 600MG (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ***(tedizolid phosphate)***	2	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ***(tedizolid phosphate)***	2	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
ZYVOX SUSP 100MG/5ML ***(linezolid)***	3	RS Restricted to Infectious Disease Specialist
ZYVOX TAB 600MG ***(linezolid)***	3	RS Restricted to Infectious Disease Specialist
PLEUROMUTILINS - Drugs to treat infections		
XENLETA TAB 600MG ***(lefamulin acetate)***	2	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
HIPREX TAB 1GM ***(methenamine hippurate)***	3	-

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MACROBID CAP 100MG ***(nitrofurantoin monohyd macro)***	3	-
MACRODANTIN CAP 100MG, 50MG ***(nitrofurantoin macrocrystal)***	3	-
methenamine hippurate tab 1GM (HIPREX Equiv)	1	-
nitrofurantoin macrocrystals cap 100MG, 50MG (MACRODANTIN Equiv)	1	-
nitrofurantoin monohydrate cap 100MG (MACROBID Equiv)	1	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		
atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG (MALARONE Equiv)	1	-
COARTEM TAB 20MG-120MG ***(artemether-lumefantrine)***	3	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG ***(atovaquone-proguanil hcl)***	3	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
chloroquine tab (ARALEN Equiv)	1	-
hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG (PLAQUENIL Equiv)	1	-
KRINTAFEL TAB 150MG ***(tafenoquine succinate)***	2	-
mefloquine tab 250MG (LARIAM Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PLAQUENIL TAB 200MG ***(hydroxychloroquine sulfate)***	3	-
PRIMAQUINE TAB 26.3MG ***(primaquine phosphate)***	3	-
primaquine tab 26.3MG (PRIMAQUINE Equiv)	1	-
pyrimethamine tab 25MG (DARAPRIM Equiv)	4	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
FIRDAPSE TAB 10MG ***(amifampridine phosphate)***	4	LD-PA Only available through AnovoRx 844-288-5007
GUANIDINE TAB 125MG ***(guanidine hcl)***	3	-
MESTINON TAB 60MG ***(pyridostigmine bromide)***	3	-
MESTINON TIMESPAN TAB 180MG ***(pyridostigmine bromide)***	3	-
pyridostigmine CR tab 180MG (MESTINON Equiv)	1	-
pyridostigmine tab 60MG (MESTINON Equiv)	1	-
pyridstigmine soln 60MG/5ML (MESTINON Equiv)	1	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
RIFAMATE CAP 150MG-300MG ***(isoniazid & rifampin)***	2	-

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RIFATER TAB 50MG-120MG-300MG ***(isoniazid-rifampin w/ pyrazinamide)***	3	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ethambutol tab 100MG, 400MG (MYAMBUTOL Equiv)	1	-
isoniazid syrup 50MG/5ML (ISONIAZID Equiv)	1	-
ISONIAZID TAB 100MG ***(isoniazid)***	1	-
isoniazid tab 100MG, 300MG	1	-
MYAMBUTOL TAB 400MG ***(ethambutol hcl)***	3	-
MYCOBUTIN CAP 150MG ***(rifabutin)***	3	-
PRETOMANID TAB 200MG ***(pretomanid)***	2	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG ***(rifapentine)***	2	-
pyrazinamide tab 500MG	1	-
rifabutin cap 150MG (MYCOBUTIN Equiv)	1	-
RIFADIN CAP 150MG, 300MG ***(rifampin)***	3	-
rifampin cap 150MG, 300MG (RIFADIN Equiv)	1	-
TRECATOR TAB 250MG ***(ethionamide)***	3	RS Restricted to Infectious Disease Specialist
ANTINEOPLASTICS - Drugs to treat cancer		
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
tretinoin cap 10MG (VESANOID Equiv)	4	LMSP-ONC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCAMTIN CAP .25MG, 1MG ***(topotecan hcl)***	4	LMSP-ONC-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
ALKERAN TAB 2MG ***(melphalan)***	3	LMSP-ONC
busulfan inj 6MG/ML	M	M
BUSULFEX INJ 6MG/ML ***(busulfan)***	M	M
CYCLOPHOSPHAMIDE CAP 25MG, 50MG ***(cyclophosphamide)***	3	ONC
cyclophosphamide cap 25MG, 50MG	1	ONC
CYCLOPHOSPHAMIDE TAB 25MG, 50MG ***(cyclophosphamide)***	2	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG ***(lomustine)***	2	ONC
HEXALEN CAP ***(altretamine)***	4	LMSP-ONC
LEUKERAN TAB 2MG ***(chlorambucil)***	4	LMSP-ONC
melphalan inj 50MG (ALKERAN Equiv)	M	M
MELPHALAN TAB 2MG ***(melphalan)***	1	LMSP-ONC
MYLERAN TAB 2MG ***(busulfan)***	4	LMSP-ONC
temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG (TEMODAR Equiv)	4	LMSP-ONC
ZANOSAR INJ 1GM ***(streptozocin)***	M	M
ANTIMETABOLITES - Drugs to treat cancer		
capecitabine tab 150MG, 500MG (XELODA Equiv)	4	LMSP-ONC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
mercaptopurine tab 50MG (PURINETHOL Equiv)	1	ONC
methotrexate inj 1GM	1	-
methotrexate tab 2.5MG (TREXALL Equiv)	1	ONC
PURIXAN SUSP 2000MG/100ML ***(mercaptopurine)***	3	PA Members age 9 or older require Prior Authorization
TABLOID TAB 40MG ***(thioguanine)***	2	ONC
XATMEP SOLN 2.5MG/ML ***(methotrexate)***	3	PA Prior Authorization required for members age 9 or older
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
INLYTA TAB 1MG, 5MG ***(axitinib)***	4	KMSP-ONC-PA-QL-SF QL= 8 tabs/day
LENVIMA CAP 10MG, 4MG ***(lenvatinib mesylate)***	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Optum 877-445-6874
ANTINEOPLASTIC - ANTIBODIES - Drugs to treat cancer		
RITUXAN INJ 100MG/10ML, 500MG/50ML ***(rituximab)***	M	M
ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer		
TUKYSA TAB 150MG, 50MG ***(tucatinib)***	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VENCLEXTA STARTER PACK ***(venetoclax)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG ***(venetoclax)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
erlotinib tab 100MG, 150MG, 25MG (TARCEVA Equiv)	4	LMSP-ONC-PA-SF
EXKIVITY CAP 40MG ***(mobocertinib succinate)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
gefitinib tab 250MG (IRESSA Equiv)	4	LD-ONC-PA Only available through Lumicera 855-847-3553
GILOTRIF TAB 20MG, 30MG, 40MG ***(afatinib dimaleate)***	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
IRESSA TAB 250MG ***(gefitinib)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
TAGRISSO TAB 40MG, 80MG ***(osimertinib mesylate)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VIZIMPRO TAB 15MG, 30MG, 45MG ***(dacomitinib)***	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG ***(vismodegib)***	4	LMSP-ONC-PA-SF
ODOMZO CAP 200MG ***(sonidegib phosphate)***	4	LMSP-ONC-PA-SF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
abiraterone tab 250mg 250MG (ZYTIGA Equiv)	1	LMSP-ONC-QL QL= 4 tabs/day
anastrozole tab 1MG (ARIMIDEX Equiv)	$0	ONC Covered at $0 for women 35 years or older; All other members covered at generic copay
ARIMIDEX TAB 1MG ***(anastrozole)***	3	ONC
AROMASIN TAB 25MG ***(exemestane)***	3	ONC
bicalutamide tab 50MG (CASODEX Equiv)	1	ONC
CASODEX TAB 50MG ***(bicalutamide)***	3	ONC
EMCYT CAP 140MG ***(estramustine phosphate sodium)***	2	ONC
ERLEADA TAB 60MG ***(apalutamide)***	4	LMSP-ONC-PA-QL QL= 4 tabs/day
ERLEADA TAB 240MG 240MG ***(apalutamide)***	4	LMSP-ONC-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG ***(flutamide)***	2	ONC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
exemestane tab 25MG (AROMASIN Equiv)	$0	ONC Covered at $0 for women 35 years or older; All other members covered at generic copay
FARESTON TAB 60MG ***(toremifene citrate)***	3	ONC
FEMARA TAB 2.5MG ***(letrozole)***	3	ONC
FLUTAMIDE CAP 125MG ***(flutamide)***	2	ONC
flutamide cap 125MG (EULEXIN Equiv)	1	ONC
letrozole tab 2.5MG (FEMARA Equiv)	1	ONC
leuprolide inj 1MG/0.2ML (LUPRON Equiv)	M	M
LUPRON DEPOT INJ 30MG ***(leuprolide acetate (4 month))***	M	M
LYSODREN TAB 500MG ***(mitotane)***	4	LD-ONC Only available through Walgreens 888-347-3416
megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML (MEGACE Equiv)	1	ONC
megestrol tab 20MG, 40MG (MEGACE Equiv)	1	ONC
nilutamide tab 150MG (NILANDRON Equiv)	4	LMSP-ONC
NUBEQA TAB 300MG ***(darolutamide)***	4	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG ***(relugolix)***	4	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tamoxifen tab 10MG, 20MG (NOLVADEX Equiv)	$0	ONC Covered at $0 for women 35 years or older; All other members covered at generic copay
toremifene tab 60MG (FARESTON Equiv)	1	ONC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		
WELIREG TAB 40MG ***(belzutifan)***	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ***(pomalidomide)***	4	KMSP-PA-QL QL= 21 caps/28 days
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG ***(avapritinib)***	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG ***(selinexor)***	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG ***(decitabine-cedazuridine)***	4	MSP-PA-QL QL= 5 tabs/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KISQALI PAK 2.5MG-200MG ***(ribociclib succinate-letrozole)***	4	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG ***(trifluridine-tipiracil)***	4	MSP-ONC-PA
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ALECENSA CAP 150MG ***(alectinib hcl)***	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG ***(brigatinib)***	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG ***(brigatinib)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG ***(erdafitinib)***	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG ***(erdafitinib)***	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG ***(erdafitinib)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF TAB 100MG, 400MG, 500MG ***(bosutinib)***	4	KMSP-ONC-PA-SF

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BRAFTOVI CAP 75MG 75MG ***(encorafenib)***	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ***(zanubrutinib)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
CABOMETYX TAB 20MG, 40MG, 60MG ***(cabozantinib s-malate)***	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG ***(acalabrutinib)***	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CALQUENCE TAB 100MG ***(acalabrutinib maleate)***	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
CAPRELSA TAB 100MG, 300MG ***(vandetanib)***	4	LD-ONC-PA Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG ***(cabozantinib s-malate)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ***(duvelisib)***	4	LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ***(cobimetinib fumarate)***	4	LMSP-ONC-PA-QL QL= 3 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
everolimus tab 10MG, 2.5MG, 5MG, 7.5MG (AFINITOR Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
everolimus tab for oral susp 2MG, 3MG, 5MG (AFINITOR DISPERZ Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
FOTIVDA CAP .89MG, 1.34MG ***(tivozanib hcl)***	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306
GAVRETO CAP 100MG ***(pralsetinib)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ***(ponatinib hcl)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ***(enasidenib mesylate)***	4	MSP-ONC-PA-QL QL= 1 tab/day
imatinib tab 100MG, 400MG (GLEEVEC Equiv)	4	LMSP-ONC-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG ***(ibrutinib)***	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ***(ibrutinib)***	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IMBRUVICA SUSP 70MG/ML ***(ibrutinib)***	4	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG ***(ibrutinib)***	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ***(ruxolitinib phosphate)***	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day
KISQALI TAB 200MG ***(ribociclib succinate)***	4	LMSP-PA-QL QL= 63 tabs/28 days
KOSELUGO CAP 25MG ***(selumetinib sulfate)***	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG 10MG ***(selumetinib sulfate)***	4	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB 200MG ***(adagrasib)***	4	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306
lapatinib ditosylate tab 250MG (TYKERB Equiv)	4	LMSP-ONC-PA
LORBRENA TAB 100MG 100MG ***(lorlatinib)***	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG ***(lorlatinib)***	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LUMAKRAS TAB 120MG ***(sotorasib)***	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG 320MG ***(sotorasib)***	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
LYNPARZA TAB 100MG, 150MG ***(olaparib)***	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI THERAPY PACK 4MG ***(futibatinib)***	4	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633
MEKINIST TAB 0.5MG .5MG ***(trametinib dimethyl sulfoxide)***	4	LMSP-ONC-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ***(trametinib dimethyl sulfoxide)***	4	LMSP-ONC-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ***(binimetinib)***	4	MSP-ONC-PA-QL QL= 6 tabs/day
NERLYNX TAB 40MG ***(neratinib maleate)***	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NINLARO CAP 2.3MG, 3MG, 4MG ***(ixazomib citrate)***	4	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG ***(pemigatinib)***	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG ***(alpelisib)***	4	LMSP-PA-SF
QINLOCK TAB 50MG ***(ripretinib)***	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG ***(selpercatinib)***	4	LMSP-PA-QL-SF QL= 4 caps/day
REZLIDHIA CAP 150MG ***(olutasidenib)***	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306
ROZLYTREK CAP 100MG, 200MG ***(entrectinib)***	4	LMSP-PA-QL QL= 3 caps/day
RUBRACA TAB 200MG, 250MG, 300MG ***(rucaparib camsylate)***	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG ***(midostaurin)***	4	LMSP-ONC-PA-QL QL= 56 caps/28 days
sorafenib tosylate tab 200MG (NEXAVAR Equiv)	4	LMSP-ONC-PA-SF

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ***(dasatinib)***	3	LMSP-ONC-PA-SF
STIVARGA TAB 40MG ***(regorafenib)***	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG (SUTENT Equiv)	4	LMSP-ONC-PA-SF
TABRECTA TAB 150MG, 200MG ***(capmatinib hcl)***	4	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG ***(dabrafenib mesylate)***	4	LMSP-ONC-PA-QL QL= 4 caps/day
TALZENNA CAP 0.25MG .25MG ***(talazoparib tosylate)***	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG .1MG, .35MG, .5MG, .75MG, 1MG ***(talazoparib tosylate)***	4	KMSP-ONC-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ***(nilotinib hcl)***	4	LMSP-ONC-PA-SF
TAZVERIK TAB 200MG ***(tazemetostat hbr)***	4	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG ***(tepotinib hcl)***	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG ***(ivosidenib)***	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TURALIO CAP 125MG, 200MG ***(pexidartinib hcl)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ***(abemaciclib)***	4	LMSP-ONC-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ***(larotrectinib sulfate)***	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG 25MG ***(larotrectinib sulfate)***	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN 20MG/ML ***(larotrectinib sulfate)***	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP 100MG ***(pacritinib citrate)***	4	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306
VOTRIENT TAB 200MG ***(pazopanib hcl)***	4	LMSP-ONC-PA-QL-SF QL= 4 tabs/day
XALKORI CAP 200MG, 250MG ***(crizotinib)***	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day
XOSPATA TAB 40MG ***(gilteritinib fumarate)***	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ZEJULA CAP 100MG ***(niraparib tosylate)***	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG ***(niraparib tosylate)***	4	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ***(vemurafenib)***	4	LMSP-ONC-PA-QL
ZOLINZA CAP 100MG ***(vorinostat)***	4	LMSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG ***(idelalisib)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP 150MG ***(ceritinib)***	4	LMSP-ONC-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG ***(ceritinib)***	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 2000000UNIT/0.5ML ***(interferon gamma-1b)***	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ALFERON-N INJ 5000000UNIT/ML ***(interferon alfa-n3)***	4	LMSP
bexarotene cap 75MG (TARGRETIN Equiv)	4	LMSP-ONC-PA-SF
HYDREA CAP 500MG ***(hydroxyurea)***	3	ONC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydroxyurea cap 500MG (HYDREA Equiv)	1	ONC
INTRON-A INJ 10000000UNIT/ML, 6000000UNIT/ML ***(interferon alfa-2b)***	4	KMSP
MATULANE CAP 50MG ***(procarbazine hcl)***	2	ONC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
leucovorin tab 10MG, 15MG, 25MG, 5MG	1	ONC
MESNEX TAB 400MG ***(mesna)***	4	LMSP-ONC
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG ***(etoposide)***	4	LMSP-ONC
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
carbidopa tab 25MG (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG ***(carbidopa)***	3	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
benztropine tab .5MG, 1MG, 2MG	1	-
trihexyphenidyl tab 2MG, 5MG (ARTANE Equiv)	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
COMTAN TAB 200MG ***(entacapone)***	3	-
entacapone tab 200MG (COMTAN Equiv)	1	-
TASMAR TAB 100MG ***(tolcapone)***	3	-
tolcapone tab 100MG (TASMAR Equiv)	1	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
amantadine cap 100MG (SYMMETREL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amantadine syrup (SYMMETREL Equiv)	1	-
amantadine tab 100MG	1	-
bromocriptine cap 5MG (PARLODEL Equiv)	1	-
bromocriptine tab 2.5MG (PARLODEL Equiv)	1	-
carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG (SINEMET CR Equiv)	1	-
carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (PARCOPA Equiv)	1	-
carbidopa/levodopa tab (SINEMET Equiv)	1	-
MIRAPEX TAB .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG ***(pramipexole dihydrochloride)***	3	-
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR ***(rotigotine)***	3	-
PARLODEL CAP 5MG ***(bromocriptine mesylate)***	3	-
PARLODEL TAB 2.5MG ***(bromocriptine mesylate)***	3	-
pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG (MIRAPEX Equiv)	1	-
REQUIP TAB ***(ropinirole hydrochloride)***	3	-
ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG (REQUIP XL Equiv)	1	-
ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG (REQUIP Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SINEMET CR TAB 25MG-100MG, 50MG-200MG ***(carbidopa-levodopa)***	3	-
SINEMET TAB 10MG-100MG, 25MG-100MG, 25MG-250MG ***(carbidopa-levodopa)***	3	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
AZILECT TAB .5MG, 1MG ***(rasagiline mesylate)***	3	-
ELDEPYRL CAP ***(selegiline hcl)***	3	-
rasagiline tab .5MG, 1MG (AZILECT Equiv)	1	-
selegiline cap 5MG (ELDEPRYL Equiv)	1	-
selegiline tab 5MG (ELDEPRYL Equiv)	1	-
XADAGO TAB 100MG, 50MG ***(safinamide mesylate)***	3	PA-QL QL= 1 tab/day
ZELAPAR ODT 1.25MG ***(selegiline hcl)***	3	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
trihexyphenidyl elixir .4MG/ML (ARTANE Equiv)	1	-
TRIHEXYPHENIDYL SOLN .4MG/ML ***(trihexyphenidyl hcl)***	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
ONGENTYS CAP 25MG, 50MG ***(opicapone)***	2	PA-QL QL= 1 tab/day, 30 tabs per fill
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG ***(carbidopa-levodopa)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
carbidopa-levodopa-entacapone tab 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv)	1	-
INBRIJA INH POWDER 42MG ***(levodopa)***	3	PA-QL QL= 10 caps/day
STALEVO TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG ***(carbidopa-levodopa-entacapone)***	3	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (ESKALITH ER Equiv) ***(lithium carbonate)***	1	-
lithium carbonate cap (ESKALITH ER Equiv)	1	-
lithium carbonate ER tab 300MG, 450MG (LITHOBID Equiv)	1	-
lithium carbonate tab 300MG	1	-
LITHIUM CITRATE SOLN 8MEQ/5ML ***(lithium)***	1	-
LITHOBID TAB 300MG ***(lithium carbonate)***	3	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP ***(carbamazepine (antipsychotic))***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GEODON CAP 20MG, 40MG, 60MG, 80MG ***(ziprasidone hcl)***	3	-
lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG (LATUDA Equiv)	1	-
ziprasidone cap 20MG, 40MG, 60MG, 80MG (GEODON Equiv)	1	-
BENZISOXAZOLES - Drugs to treat mood disorders		
FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG ***(iloperidone)***	3	PA-QL QL= 2 tabs/day
FANAPT TITRATION PACK ***(iloperidone)***	3	PA-QL QL= 1 pack/plan year
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG ***(paliperidone)***	3	-
paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG (INVEGA Equiv)	1	-
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG ***(risperidone microspheres)***	4	MSP
RISPERDAL M ODT ***(risperidone)***	3	-
RISPERDAL SOLN 1MG/ML ***(risperidone)***	3	-
RISPERDAL TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG ***(risperidone)***	3	-
RISPERIDONE ODT .25MG ***(risperidone)***	2	-
risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL M Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
risperidone soln 1MG/ML (RISPERDAL Equiv)	1	-
risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL Equiv)	1	-
BUTYROPHENONES - Drugs to treat mood disorders		
haloperidol lactate conc 2MG/ML (HALDOL Equiv)	1	-
haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG (HALDOL Equiv)	1	-
DIBENZAPINES - Drugs to treat mood disorders		
asenapine maleate SL tab 10MG, 2.5MG, 5MG (SAPHRIS Equiv)	1	QL QL= 2 tabs/day
clozapine tab 100MG, 200MG, 25MG, 50MG (CLOZARIL Equiv)	1	-
CLOZARIL TAB 100MG, 200MG, 25MG, 50MG ***(clozapine)***	3	-
loxapine cap 10MG, 25MG, 50MG, 5MG (LOXITANE Equiv)	1	-
olanzapine ODT 10MG, 15MG, 20MG, 5MG (ZYPREXA Equiv)	1	-
olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (ZYPREXA Equiv)	1	-
quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (SEROQUEL Equiv)	1	-
quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG (SEROQUEL XR Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SAPHRIS SL TAB 10MG, 2.5MG, 5MG ***(asenapine maleate)***	3	QL QL= 2 tabs/day
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG ***(quetiapine fumarate)***	3	-
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG ***(quetiapine fumarate)***	3	-
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG ***(olanzapine)***	3	-
ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG ***(olanzapine)***	3	-
PHENOTHIAZINES - Drugs to treat mood disorders		
chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG (THORAZINE Equiv)	1	-
fluphenazine tab 10MG, 1MG, 2.5MG, 5MG (PROLIXIN Equiv)	1	-
perphenazine tab 16MG, 2MG, 4MG, 8MG (TRILAFON Equiv)	1	-
prochlorperazine supp 25MG (COMPAZINE Equiv)	1	-
prochlorperazine tab 10MG, 5MG (COMPAZINE Equiv)	1	-
thioridazine tab 100MG, 10MG, 25MG, 50MG (MELLARIL Equiv)	1	-
trifluoperazine tab 10MG, 1MG, 2MG, 5MG (STELAZINE Equiv)	1	-

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QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG ***(aripiprazole)***	3	-
aripiprazole soln 1MG/ML (ABILIFY Equiv)	1	PA
aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (ABILIFY Equiv)	1	-
THIOXANTHENES - Drugs to treat mood disorders		
thiothixene cap 10MG, 1MG, 2MG, 5MG (NAVANE Equiv)	1	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
abacavir soln 20MG/ML (ZIAGEN Equiv)	1	-
abacavir tab 300MG (ZIAGEN Equiv)	1	-
abacavir/lamivudine tab 300MG-600MG (EPZICOM Equiv)	1	-
abacavir/lamivudine/zidovudine tab 150MG-300MG (TRIZIVIR Equiv)	1	-
APTIVUS CAP 250MG ***(tipranavir)***	4	-
APTIVUS SOLN 100MG/ML ***(tipranavir)***	4	-
atazanavir cap 150MG, 200MG, 300MG (REYATAZ Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG ***(bictegravir-emtricitabine-tenofovir alafenamide fumarate)***	4	QL QL= 1 tab/ day
CIMDUO TAB 300MG ***(lamivudine-tenofovir disoproxil fumarate)***	4	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG ***(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)***	4	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG ***(indinavir sulfate)***	4	-
darunavir tab 600MG, 800MG (PREZISTA Equiv)	1	-
DELSTRIGO TAB 100MG-300MG ***(doravirine-lamivudine-tenofovir disoproxil fumarate)***	4	QL QL= 1 tab/day
DESCOVY TAB 15MG-120MG, 25MG-200MG ***(emtricitabine-tenofovir alafenamide fumarate)***	$0	-
didanosine DR cap (VIDEX EC Equiv)	1	-
DOVATO TAB 50MG-300MG ***(dolutegravir sodium-lamivudine)***	4	QL QL= 1 tab/day
EDURANT TAB 25MG ***(rilpivirine hcl)***	4	-
EFAVIRENZ CAP 200MG, 50MG ***(efavirenz)***	1	-
efavirenz tab 600MG (SUSTIVA Equiv)	1	-
efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG (ATRIPLA Equiv)	1	QL QL= 1 tab/day

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efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG (SYMFI (LO) Equiv)	1	QL QL= 1 tab/day
emtricitabine cap 200MG (EMTRIVA Equiv)	1	-
emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG (TRUVADA Equiv)	$0	-
EMTRIVA SOLN 10MG/ML ***(emtricitabine)***	4	-
etravirine tab 100MG, 200MG	1	-
EVOTAZ TAB 150MG-300MG ***(atazanavir sulfate-cobicistat)***	4	-
fosamprenavir tab 700MG (LEXIVA Equiv)	1	-
FUZEON INJ 90MG ***(enfuvirtide)***	4	-
GENVOYA TAB 10MG-150MG-200MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)***	4	-
INTELENCE TAB 25MG 25MG ***(etravirine)***	4	-
INVIRASE CAP ***(saquinavir mesylate)***	4	-
INVIRASE TAB 500MG ***(saquinavir mesylate)***	4	-
ISENTRESS (HD) TAB 400MG, 600MG ***(raltegravir potassium)***	3	-
ISENTRESS CHEW TAB 100MG, 25MG ***(raltegravir potassium)***	3	-
ISENTRESS POWDER PACK 100MG ***(raltegravir potassium)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
JULUCA TAB 25MG-50MG ***(dolutegravir sodium-rilpivirine hcl)***	4	QL QL= 1 tab/ day
lamivudine soln 10MG/ML (EPIVIR Equiv)	1	-
lamivudine tab 150MG, 300MG (EPIVIR Equiv)	1	-
lamivudine/zidovudine tab 150MG-300MG (COMBIVIR Equiv)	1	-
LEXIVA SUSP 50MG/ML ***(fosamprenavir calcium)***	4	-
lopinavir/ritonavir soln 100MG/5ML-400MG/5ML (KALETRA Equiv)	1	-
lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG (KALETRA Equiv)	1	-
maraviroc tab 150MG, 300MG (SELZENTRY Equiv)	1	-
NEVIRAPINE ER TAB 100MG (VIRAMUNE XR Equiv) ***(nevirapine)***	1	-
nevirapine ER tab 100MG, 400MG (VIRAMUNE XR Equiv)	1	-
NEVIRAPINE SUSP 50MG/5ML ***(nevirapine)***	1	-
nevirapine tab 200MG (VIRAMUNE Equiv)	1	-
NORVIR CAP ***(ritonavir)***	3	-
NORVIR POWDER PACK 100MG ***(ritonavir)***	3	-
NORVIR SOLN 80MG/ML ***(ritonavir)***	3	-
NORVIR TAB 100MG ***(ritonavir)***	3	-

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ODEFSEY TAB 25MG-200MG ***(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)***	4	QL QL= 1 tab/day
PIFELTRO TAB 100MG ***(doravirine)***	4	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG ***(darunavir-cobicistat)***	4	-
PREZISTA SUSP 100MG/ML ***(darunavir)***	4	-
PREZISTA TAB 150MG, 75MG ***(darunavir)***	4	-
PREZISTA TAB 600MG, 800MG ***(darunavir)***	4	-
RESCRIPTOR TAB 200MG ***(delavirdine mesylate)***	4	-
REYATAZ POWDER PACK 50MG ***(atazanavir sulfate)***	4	-
ritonavir tab 100MG (NORVIR Equiv)	1	-
RUKOBIA ER TAB 600MG ***(fostemsavir tromethamine)***	4	-
SELZENTRY SOLN 20MG/ML ***(maraviroc)***	4	-
SELZENTRY TAB 25MG, 75MG ***(maraviroc)***	4	-
SELZENTRY TAB 150MG, 300MG ***(maraviroc)***	4	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (ZERIT Equiv) ***(stavudine)***	1	-
stavudine cap 15MG, 20MG, 30MG, 40MG (ZERIT Equiv)	1	-

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STRIBILD TAB 150MG-200MG-300MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir df)***	4	-
SYMTUZA TAB 10MG-150MG-200MG-800MG ***(darunavir-cobicistat-emtricitabine-tenofovir alafenamide)***	4	-
tenofovir disoproxil fumarate tab 300MG (VIREAD Equiv)	1	-
TIVICAY PD TAB 5MG ***(dolutegravir sodium)***	4	-
TIVICAY TAB 10MG, 25MG, 50MG ***(dolutegravir sodium)***	4	-
TRIUMEQ PD TAB 5MG-30MG-60MG ***(abacavir-dolutegravir-lamivudine)***	4	-
TRIUMEQ TAB 50MG-300MG-600MG ***(abacavir-dolutegravir-lamivudine)***	4	-
TRIZIVIR TAB 150MG-300MG ***(abacavir sulfate-lamivudine-zidovudine)***	2	-
VIDEX SOLN 2GM ***(didanosine)***	4	-
VIRACEPT TAB 250MG, 625MG ***(nelfinavir mesylate)***	4	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ***(tenofovir disoproxil fumarate)***	4	-
zidovudine cap 100MG (RETROVIR Equiv)	1	-
zidovudine syrup 50MG/5ML (RETROVIR Equiv)	1	-
zidovudine tab 300MG (RETROVIR Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIVIRAL COMBINATIONS * **		
PAXLOVID TAB 100MG-150MG ***(nirmatrelvir-ritonavir)***	$0	QL QL= 20 tabs/fill
CMV AGENTS - Drugs to treat viral infections		
foscarnet sodium inj 6000MG/250ML (FOSCAVIR Equiv)	M	M
FOSCAVIR INJ 6000MG/250ML ***(foscarnet sodium)***	M	M
LIVTENCITY TAB 200MG ***(maribavir)***	4	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS TAB 240MG, 480MG ***(letermovir)***	4	LMSP-PA-QL QL= 1 tab/day; Limit 100 tabs/6 months
VALCYTE TAB 450MG ***(valganciclovir hcl)***	3	-
valganciclovir soln 50MG/ML (VALCYTE Equiv)	1	-
valganciclovir tab 450MG (VALCYTE Equiv)	1	-
HEPATITIS AGENTS - Drugs to treat viral infections		
adefovir dipivoxil tab 10MG (HEPSERA Equiv)	4	LMSP
BARACLUDE SOLN .05MG/ML ***(entecavir)***	3	PA Members age 9 or older require Prior Authorization
entecavir tab .5MG, 1MG (BARACLUDE Equiv)	4	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ***(lamivudine (hbv))***	4	-

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lamivudine tab 100mg 100MG (EPIVIR HBV Equiv)	1	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ***(ledipasvir-sofosbuvir)***	4	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG ***(glecaprevir-pibrentasvir)***	4	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG ***(glecaprevir-pibrentasvir)***	4	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML ***(peginterferon alfa-2a)***	4	LMSP
PEG-INTRON INJ 50MCG/0.5ML ***(peginterferon alfa-2b)***	4	LMSP
REBETOL SOLN ***(ribavirin (hepatitis c))***	4	LMSP
RIBAVIRIN CAP 200MG ***(ribavirin (hepatitis c))***	1	LMSP
ribavirin cap 200MG	1	LMSP
RIBAVIRIN TAB 200MG, 400MG, 600MG ***(ribavirin (hepatitis c))***	1	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG ***(sofosbuvir-velpatasvir)***	4	LMSP-PA-QL QL= 1 tab/day
VEMLIDY TAB 25MG ***(tenofovir alafenamide fumarate)***	4	LMSP
VOSEVI TAB 100MG-400MG ***(sofosbuvir-velpatasvir-voxilaprevir)***	4	LMSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		
acyclovir cap 200MG (ZOVIRAX Equiv)	1	-

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acyclovir susp 200MG/5ML (ZOVIRAX Equiv)	1	-
acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)	1	-
famciclovir tab 125MG, 250MG, 500MG (FAMVIR Equiv)	1	-
valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)	1	-
VALTREX TAB 1GM, 500MG ***(valacyclovir hcl)***	3	-
ZOVIRAX CAP 200MG ***(acyclovir)***	3	-
ZOVIRAX SUSP 200MG/5ML ***(acyclovir)***	3	-
ZOVIRAX TAB 400MG, 800MG ***(acyclovir)***	3	-
INFLUENZA AGENTS - Drugs to treat viral infections		
FLUMADINE TAB 100MG ***(rimantadine hydrochloride)***	3	-
oseltamivir cap 45MG, 75MG (TAMIFLU Equiv)	1	QL QL= 10 caps/fill
oseltamivir cap 30mg 30MG (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
oseltamivir susp 6MG/ML (TAMIFLU Equiv)	1	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ***(zanamivir)***	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ***(rimantadine hydrochloride)***	1	-

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TAMIFLU CAP 45MG, 75MG ***(oseltamivir phosphate)***	3	QL QL= 10 caps/fill
TAMIFLU CAP 30MG 30MG ***(oseltamivir phosphate)***	3	QL QL= 20 caps/fill
MISC. ANTIVIRALS ***		
LAGEVRIO CAP 200MG ***(molnupiravir)***	$0	QL QL= 40 caps/fill
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB 125MG ***(penicillamine)***	2	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG ***(thalidomide)***	4	KMSP-PA
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
azathioprine tab 50MG (IMURAN Equiv)	1	-
cyclosporine cap 100MG, 25MG (SANDIMMUNE Equiv)	1	-
cyclosporine modified cap 100MG, 25MG, 50MG (NEORAL Equiv)	1	-
cyclosporine modified soln 100MG/ML (NEORAL Equiv)	1	-
IMURAN TAB 50MG ***(azathioprine)***	3	-
mycophenolate DR tab 180MG, 360MG (MYFORTIC Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
mycophenolate mofetil cap 250MG (CELLCEPT Equiv)	1	-
mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)	1	-
mycophenolate mofetil tab 500MG (CELLCEPT Equiv)	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML ***(cyclosporine)***	4	-
sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)	1	-
tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)	1	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
sodium polystyrene powder 100% (KAYEXALATE Equiv)	1	-
sodium polystyrene susp 15GM/60ML (SPS Equiv)	1	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		
carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG (COREG Equiv)	1	-
COREG TAB 12.5MG, 25MG, 3.125MG, 6.25MG ***(carvedilol)***	3	-
labetalol tab 100MG, 200MG, 300MG (NORMODYNE Equiv)	1	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
acebutolol cap 200MG, 400MG (SECTRAL Equiv)	1	-

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atenolol tab 100MG, 25MG, 50MG (TENORMIN Equiv)	1	-
bisoprolol tab 10MG, 5MG (ZEBETA Equiv)	1	-
LOPRESSOR TAB 100MG, 50MG ***(metoprolol tartrate)***	3	-
metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)	1	-
metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG (LOPRESSOR Equiv)	1	-
nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG (BYSTOLIC Equiv)	1	-
TENORMIN TAB 100MG, 25MG, 50MG ***(atenolol)***	3	-
TOPROL XL TAB 100MG, 200MG, 25MG, 50MG ***(metoprolol succinate)***	3	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
BETAPACE AF TAB 120MG, 160MG, 80MG ***(sotalol hcl (afib/afl))***	3	-
BETAPACE TAB 120MG, 160MG, 80MG ***(sotalol hcl)***	3	-
CORGARD TAB 20MG, 40MG, 80MG ***(nadolol)***	3	-
INDERAL LA CAP 120MG, 160MG, 60MG, 80MG ***(propranolol hcl)***	3	-
nadolol tab (CORGARD Equiv)	1	-
pindolol tab 10MG, 5MG (VISKEN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
propranolol ER cap 120MG, 160MG, 60MG, 80MG (INDERAL LA Equiv)	1	-
propranolol oral soln 20mg/5ml 20MG/5ML (PROPRANOLOL Equiv)	1	-
PROPRANOLOL SOLN 40MG/5ML ***(propranolol hcl)***	1	-
propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG (INDERAL Equiv)	1	-
sotalol AF tab 120MG, 160MG, 80MG (BETAPACE AF Equiv)	1	-
sotalol tab 120MG, 160MG, 240MG, 80MG (BETAPACE Equiv)	1	-
SOTYLIZE SOLN 5MG/ML 5MG/ML ***(sotalol hcl)***	3	PA Prior Authorization required for members age 9 or older
timolol maleate tab 10MG, 20MG, 5MG (BLOCADREN Equiv)	1	-
BIOLOGICALS MISC - Miscellaneous biological drugs		
BIOLOGICALS MISC - Miscellaneous biological drugs		
ADAGEN INJ ***(pegademase bovine)***	M	M
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
ADALAT CC TAB 30MG, 60MG, 90MG ***(nifedipine)***	3	-
amlodipine tab 10MG, 2.5MG, 5MG (NORVASC Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CALAN SR TAB 120MG, 180MG, 240MG ***(verapamil hcl)***	3	-
CALAN TAB 120MG ***(verapamil hcl)***	3	-
CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG ***(diltiazem hcl coated beads)***	3	-
CARDIZEM TAB 120MG, 30MG, 60MG ***(diltiazem hcl)***	3	-
diltiazem ER cap 120MG, 180MG, 240MG (TIAZAC Equiv)	1	-
diltiazem tab 120MG, 30MG, 60MG, 90MG (CARDIZEM Equiv)	1	-
felodipine ER tab 10MG, 2.5MG, 5MG (PLENDIL Equiv)	1	-
KATERZIA SUSP 1MG/ML ***(amlodipine benzoate)***	3	PA Prior Authorization required for members age 9 or older
nifedipine cap 10MG, 20MG (PROCARDIA Equiv)	1	-
nifedipine ER tab 30MG, 60MG, 90MG (ADALAT CC Equiv)	1	-
nimodipine cap 30MG (NIMOTOP Equiv)	1	-
NORLIQVA ORAL SOLN 1MG/ML ***(amlodipine besylate)***	3	PA Members age 9 or older require Prior Authorization

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NORVASC TAB 10MG, 2.5MG, 5MG ***(amlodipine besylate)***	3	-
PROCARDIA CAP 10MG ***(nifedipine)***	3	-
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG ***(diltiazem hcl extended release beads)***	3	-
VERAPAMIL ER CAP, VERELAN CAP 100MG, 360MG ***(verapamil hcl)***	3	-
verapamil SR cap 120MG, 180MG, 200MG, 240MG (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG ***(verapamil hcl)***	1	-
verapamil SR tab 120MG, 180MG, 240MG (CALAN SR, ISOPTIN SR Equiv)	1	-
verapamil tab 120MG, 40MG, 80MG (CALAN Equiv)	1	-
VERELAN CAP 120MG, 180MG, 240MG ***(verapamil hcl)***	3	-
VERELAN PM CAP ***(verapamil hcl)***	3	-
VERELAN PM ER CAP 200MG, 300MG 200MG, 300MG ***(verapamil hcl)***	3	-
VERELAN SR CAP 360mg 360MG ***(verapamil hcl)***	3	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
DIGOXIN SOLN ***(digoxin)***	1	-
digoxin soln .05MG/ML	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
digoxin tab .125MG, .25MG, 125MCG, 250MCG (LANOXIN Equiv)	1	-
LANOXIN TAB 125MCG, 250MCG ***(digoxin)***	3	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG ***(mavacamten)***	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		
amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG (CADUET Equiv)	1	-
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG ***(amlodipine besylate-atorvastatin calcium)***	3	-
IMPOTENCE AGENTS - Drugs to treat erectile dysfunction		
CAVERJECT INJ 20MCG, 40MCG ***(alprostadil (vasodilator))***	2	QL QL= 6 inj/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EDEX INJ 10MCG, 20MCG, 40MCG ***(alprostadil (vasodilator))***	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG ***(alprostadil (vasodilator))***	2	QL QL= 6 inj/30 days
sildenafil tab 100MG, 25MG, 50MG (VIAGRA Equiv)	1	QL QL= 6 tabs/30 days
STENDRA TAB 100MG, 200MG, 50MG ***(avanafil)***	2	QL QL= 6 tabs/30 days
tadalafil tab 10MG, 20MG (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
tadalafil tab 2.5mg, 5mg 2.5MG, 5MG (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
vardenafil ODT 10MG (STAXYN Equiv)	1	QL QL= 6 tabs/30 days
vardenafil tab 10MG, 2.5MG, 20MG, 5MG (LEVITRA Equiv)	1	QL QL= 6 tabs/30 days
PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions		
ISOXSUPRINE TAB 10MG, 20MG ***(isoxsuprine hcl)***	2	-
isoxsuprine tab 10MG, 20MG	1	-
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
ORENITRAM TAB .125MG, .25MG, 1MG, 2.5MG, 5MG ***(treprostinil diolamine)***	4	LD-PA Only available through CVS Specialty 800-237-2767

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG ***(treprostinil)***	4	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG ***(treprostinil)***	4	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG ***(treprostinil)***	4	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG ***(treprostinil)***	4	LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN .6MG/ML ***(treprostinil)***	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ***(iloprost)***	4	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
ambrisentan tab 10MG, 5MG (LETAIRIS Equiv)	4	LMSP-PA-QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
bosentan tab 125MG, 62.5MG (TRACLEER Equiv)	4	LMSP-PA-QL QL= 2 tabs/day
OPSUMIT TAB 10MG ***(macitentan)***	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TRACLEER TAB 32MG 32MG ***(bosentan)***	4	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		
REVATIO SUSP 10MG/ML ***(sildenafil citrate (pulmonary hypertension))***	3	PA Members age 9 or older require Prior Authorization
REVATIO TAB 20MG ***(sildenafil citrate (pulmonary hypertension))***	3	PA
sildenafil susp 10MG/ML (REVATIO Equiv)	1	PA Members age 9 or older require Prior Authorization
sildenafil tab 20mg 20MG (REVATIO Equiv)	1	PA
tadalafil tab (PAH) 20MG (ADCIRCA Equiv)	4	LMSP-PA
TADLIQ SUSP 20MG/5ML ***(tadalafil (pulmonary hypertension))***	4	MSP-PA Members age 9 or older require Prior Authorization

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ***(selexipag)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ***(riociguat)***	4	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
SINUS NODE INHIBITORS - Drugs to control heart rhythm		
CORLANOR TAB 5MG, 7.5MG ***(ivabradine hcl)***	3	PA
TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis		
VYNDAMAX CAP 61MG ***(tafamidis)***	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP 20MG ***(tafamidis meglumine (cardiac))***	4	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
cefazolin inj 10GM, 1GM, 500MG	M	M

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CEFAZOLIN INJ 100GM, 1GM, 20GM, 2GM, 300GM, 3GM ***(cefazolin sodium)***	M	M
cephalexin cap 250MG, 500MG (KEFLEX Equiv)	1	-
cephalexin susp 125MG/5ML, 250MG/5ML (KEFLEX Equiv)	1	-
KEFLEX CAP 250MG, 500MG ***(cephalexin)***	3	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
CEFACLOR CAP 250MG, 500MG (CECLOR Equiv) ***(cefaclor)***	1	-
cefaclor cap 250MG, 500MG (CECLOR Equiv)	1	-
CEFACLOR ER TAB 500MG ***(cefaclor monohydrate)***	3	-
CEFACLOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML ***(cefaclor)***	3	-
cefoxitin inj 10GM, 1GM, 2GM	M	M
cefuroxime tab 250MG, 500MG (CEFTIN Equiv)	1	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
cefdinir cap 300MG (OMNICEF Equiv)	1	-
cefdinir susp 125MG/5ML, 250MG/5ML (OMNICEF Equiv)	1	-
CEFDITOREN TAB 200MG, 400MG ***(cefditoren pivoxil)***	3	-
cefixime cap 400MG (SUPRAX Equiv)	1	-
cefixime susp 100MG/5ML, 200MG/5ML (SUPRAX Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CEFOTAXIME INJ 1GM, 2GM (CLAFORAN Equiv) ***(cefotaxime sodium)***	M	M
cefotaxime inj 1GM (CLAFORAN Equiv)	M	M
cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML (VANTIN Equiv)	1	-
cefpodoxime proxetil tab 100MG, 200MG (VANTIN Equiv)	1	-
ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG	M	M
OMNICEF SUSP ***(cefdinir)***	3	-
SPECTRACEF TAB ***(cefditoren pivoxil)***	3	-
SUPRAX CAP ***(cefixime)***	3	-
SUPRAX CAP 400MG ***(cefixime)***	3	-
SUPRAX CHEW TAB 100MG, 200MG ***(cefixime)***	3	-
SUPRAX SUSP 100MG/5ML, 200MG/5ML ***(cefixime)***	3	-
SUPRAX SUSP 500MG/5ML 500MG/5ML ***(cefixime)***	3	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
amethyst tab 20MCG-90MCG (LYBREL Equiv)	$0	-
aranelle tab (TRI-NORINYL Equiv)	$0	-
aviane tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG (ALESSE Equiv)	$0	-
BALCOLTRA TAB .1MG-20MCG-36.5MG ***(levonorgestrel-ethinyl estradiol-ferrous bisglycinate)***	$0	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
cesia tab (CYCLESSA Equiv)	$0	-
cryselle tab .3MG-30MCG	$0	-
drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG (BEYAZ Equiv)	$0	-
enpresse tab (TRI-LEVELEN Equiv)	$0	-
gianvi tab, ocella tab .02MG-3MG, .03MG-3MG (YASMIN, YAZ Equiv)	$0	-
isibloom tab, enskyce tab, apri tab (DESOGEN Equiv)	$0	-
jolessa tab, amethia tab .03MG-.15MG (SEASONALE, SEASONIQUE Equiv)	$0	3 copays per Rx
kelnor tab 1MG-35MCG, 1MG-50MCG (DEMULEN Equiv)	$0	-
levonorgestrel-ethinyl estradiol-fe tab .1MG-20MCG-75MG (BALCOLTRA Equiv)	$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG ***(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))***	$0	-
loestrin tab 1MG-20MCG	$0	-
NATAZIA TAB ***(estradiol valerate-dienogest)***	$0	-
NEXTSTELLIS TAB 3MG-14.2MG ***(drospirenone-estetrol)***	$0	-
norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG (TAYTULLA Equiv)	$0	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
norethindrone acetate/ethinyl estradial FE chew tab 1MG-20MCG-75MG (MINASTRIN Equiv)	$0	-
norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG (LOESTRIN Equiv)	$0	-
norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG (LOESTRIN FE Equiv)	$0	-
nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG (OVCON 35 Equiv)	$0	-
sprintec 28 tab .25MG-35MCG (ORTHO-CYCLEN Equiv)	$0	-
tri-legest tab 1MG-75MG (ESTROSTEP FE Equiv)	$0	-
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) Equiv)	$0	-
TYBLUME TAB .1MG-20MCG ***(levonorgestrel & eth estradiol)***	$0	-
VELIVET PAK ***(desogestrel-ethinyl estradiol (triphasic))***	$0	-
viorele tab, kariva tab (MIRCETTE Equiv)	$0	-
wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG (FEMCON FE Equiv)	$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR ***(levonorgestrel-ethinyl estradiol)***	$0	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
zafemy patch 35MCG/24HR-150MCG/24HR (XULANE Equiv)	$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
ANNOVERA RING .013MG/24HR-.15MG/24HR ***(segesterone acetate-ethinyl estradiol)***	$0	QL QL= 1 ring/year
NUVARING .015MG/24HR-.12MG/24HR ***(etonogestrel-ethinyl estradiol)***	$0	-
COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy		
PARAGARD IUD ***(copper (iud))***	EXC	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
ELLA TAB 30MG ***(ulipristal acetate)***	$0	-
ELLA TAB 30MG ***(ulipristal acetate)***	$0	-
levonorgestrel tab 1.5MG (PLAN B Equiv)	$0	OTC
PLAN B TAB 1.5MG ***(levonorgestrel (emergency oc))***	$0	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy		
NEXPLANON IMPLANT 68MG ***(etonogestrel)***	EXC	-
NEXPLANON IMPLANT 68MG ***(etonogestrel)***	EXC	-
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
DEPO-PROVERA INJ 150MG/ML ***(medroxyprogesterone acetate (contraceptive))***	3	--QL QL= 1 inj/90 days
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML ***(medroxyprogesterone acetate (contraceptive))***	EXC	-
medroxyprogesterone inj 150MG/ML (DEPO-PROVERA Equiv)	EXC	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy		
MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY ***(levonorgestrel (iud))***	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
norethindrone tab .35MG (NORA-QD Equiv)	$0	-
SLYND TAB 4MG ***(drospirenone)***	$0	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
ALKINDI SPRINKLE CAP 0.5MG .5MG ***(hydrocortisone)***	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG 1MG ***(hydrocortisone)***	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
budesonide ER tab 9MG (UCERIS Equiv)	1	PA-QL QL=1 tab/day
budesonide SR cap 3MG (ENTOCORT EC Equiv)	1	-
CORTEF TAB 10MG, 20MG, 5MG ***(hydrocortisone)***	3	-
DEPO-MEDROL INJ 40MG/ML, 80MG/ML ***(methylprednisolone acetate)***	3	-
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ 20MG/ML, 40MG/ML, 50MG/ML, 80MG/ML ***(methylprednisolone acetate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DEXAMETHASONE CONC 1MG/ML ***(dexamethasone)***	1	-
dexamethasone elixir .5MG/5ML	1	-
dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML	1	-
DEXAMETHASONE SOLN .5MG/5ML ***(dexamethasone)***	1	-
DEXAMETHASONE TAB .5MG, .75MG, 1MG, 2MG ***(dexamethasone)***	1	-
dexamethasone tab	1	-
hydrocortisone tab 10MG, 20MG, 5MG (CORTEF Equiv)	1	-
KENALOG INJ 40MG/ML ***(triamcinolone acetonide)***	3	-
MEDROL DOSE PACK 4MG ***(methylprednisolone)***	3	-
MEDROL TAB 2MG ***(methylprednisolone)***	2	-
MEDROL TAB 16MG, 32MG, 4MG, 8MG ***(methylprednisolone)***	3	-
methylprednisolone acetate inj 40MG/ML, 80MG/ML (DEPO-MEDROL Equiv)	1	-
methylprednisolone dose pack 4MG (MEDROL Equiv)	1	-
methylprednisolone tab 16MG, 32MG, 4MG, 8MG (MEDROL Equiv)	1	-
methylprenisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG (SOLU-MEDROL Equiv)	1	-

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ORAPRED ODT TAB 10MG, 15MG, 30MG ***(prednisolone sodium phosphate)***	3	-
ORAPRED SOLN 6.7MG/5ML ***(prednisolone sodium phosphate)***	3	-
prednisolone ODT 10MG, 15MG, 30MG (ORAPRED Equiv)	1	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG ***(prednisolone sodium phosphate)***	2	-
PREDNISOLONE SOLN 25MG/5ML ***(prednisolone sodium phosphate)***	3	-
PREDNISOLONE SOLN 15MG/5ML ***(prednisolone)***	1	-
prednisolone soln 15MG/5ML	1	-
PREDNISONE SOLN 5MG/5ML ***(prednisone)***	2	-
prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG (DELTASONE Equiv)	1	-
SOLU-CORTEF INJ 1000MG, 250MG, 500MG ***(hydrocortisone sod succinate)***	2	QL QL= 1 vial/fill
SOLU-CORTEF INJ 100MG 100MG ***(hydrocortisone sod succinate)***	2	QL QL= 2 vials/fill
SOLU-MEDROL INJ 1000MG, 500MG ***(methylprednisolone sod succ)***	3	-
SOLU-MEDROL INJ 2GM 2GM ***(methylprednisolone sod succ)***	2	-

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SOLU-MEDROL PF INJ 1000MG, 125MG, 40MG, 500MG ***(methylprednisolone sod succ)***	3	-
triamcinolone acetate inj 200MG/5ML, 400MG/10ML, 40MG/ML (KENALOG Equiv)	1	-
UCERIS TAB 9MG ***(budesonide)***	3	PA-QL QL= 1 tab/day
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
fludrocortisone tab .1MG (FLORINEF Equiv)	1	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
benzonatate cap 100mg, 200mg 100MG, 200MG (TESSALON Equiv)	1	-
HYCODAN SYRUP 1.5MG/5ML-5MG/5ML ***(hydrocodone bitartrate-homatropine methylbromide)***	3	-
hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)	1	-
TESSALON CAP 100MG ***(benzonatate)***	3	-
tussigon tab 1.5MG-5MG (HYCODAN Equiv)	1	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
BROVEX PEB LIQUID 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML ***(brompheniramine & phenyleph)***	EXC	OTC
CLARINEX-D TAB 2.5MG-120MG ***(desloratadine-pseudoephedrine)***	EXC	-

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CLARINEX-D TAB 2.5MG-120MG ***(desloratadine-pseudoephedrine)***	EXC	-
guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML (BRONTEX Equiv)	1	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv) ***(guaifenesin-codeine)***	1	OTC-QL QL= 240ml/fill
guaifenesin/codeine syrup 10MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv)	1	OTC-QL QL= 240ml/fill
hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML (TUSSIONEX Equiv)	1	QL QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO Equiv)	1	QL QL= 120ml/fill, 2 fills/30 days
lohist liquid 2MG/10ML-5MG/10ML (DECON-A Equiv)	EXC	OTC
promethazine DM syrup 6.25MG/5ML-15MG/5ML	1	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML ***(promethazine & phenylephrine)***	1	-
promethazine VC syrup 5MG/5ML-6.25MG/5ML	1	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML ***(promethazine-phenylephrine-codeine)***	1	-

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promethazine VC/codeine syrup 5MG/5ML-6.25MG/5ML-10MG/5ML	1	-
promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)	1	-
SEMPREX-D CAP 8MG-60MG ***(acrivastine & pseudoephedrine)***	EXC	-
TUSSIONEX SUSP ***(hydrocodone polistirex-chlorpheniramine polistirex)***	3	QL QL= 120ml/fill; 2 fills/30 days
ZUTRIPRO LIQUID ***(pseudoephed-cpm w/ hydrocod)***	3	QL QL= 120ml/fill, 2 fills/30 days
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
HYPER-SAL NEB SOLN 7% ***(sodium chloride (inhalant))***	3	-
NEBUSAL NEB SOLN 3.5%, 6% ***(sodium chloride (inhalant))***	2	-
sodium chloride neb soln .9%, 10%, 3%, 7% (HYPER-SAL Equiv)	1	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
acetylcysteine soln 10%, 20% (MUCOMYST Equiv)	1	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
adapalene cream .1% (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
adapalene gel .1%, .3% (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5% (EPIDUO Equiv)	1	-
adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5% (EPIDUO FORTE Equiv)	1	-
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG (ACCUTANE Equiv)	1	-
ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% ***(tretinoin)***	3	PA
BENZACLIN GEL 1%-5%, 1.2%-2.5% ***(clindamycin phosphate-benzoyl peroxide)***	3	-
BENZAMYCIN GEL 3%-5% ***(benzoyl peroxide-erythromycin)***	3	-
CLEOCIN-T LOTION 1% ***(clindamycin phosphate (topical))***	3	-
CLEOCIN-T PAD ***(clindamycin phosphate (topical))***	3	-
CLEOCIN-T SOLN ***(clindamycin phosphate (topical))***	3	-
clindamycin gel 1% (CLEOCIN GEL Equiv)	1	-

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clindamycin lotion 1% (CLEOCIN- T Equiv)	1	-
clindamycin pad 1% (CLEOCIN-T Equiv)	1	-
clindamycin topical soln 1% (CLEOCIN-T Equiv)	1	-
clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-5% (BENZACLIN Equiv)	1	-
DIFFERIN CREAM .1% ***(adapalene)***	3	PA
DIFFERIN GEL .1%, .3% ***(adapalene)***	3	PA
DUAC GEL 1.2%-5% ***(clindamycin phosphate-benzoyl peroxide (refrigerate))***	3	-
EPIDUO GEL 0.1-2.5% .1%-2.5% ***(adapalene-benzoyl peroxide)***	3	-
ERY PAD 2% ***(erythromycin (acne aid))***	2	-
erythromycin gel 2%	1	-
erythromycin pad 2%	1	-
erythromycin soln 2%	1	-
erythromycin/benzoyl peroxide gel 3%-5% (BENZAMYCIN Equiv)	1	-
KLARON LOTION 10% ***(sulfacetamide sodium (acne))***	3	-
RETIN-A CREAM .025%, .05%, .1% ***(tretinoin)***	3	PA
sodium sulfacetamide lotion 10% (KLARON Equiv)	1	-
sodium sulfacetamide/sulfur cleanser 10-5% 5%-10% (SUMAXIN Equiv)	1	-

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sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9% (SUMADAN WASH Equiv)	1	-
sodium sulfacetamide/sulfur emulsion 10-5%	1	-
SUMADAN WASH 9-4.5% 4.5%-9% ***(sulfacetamide sodium w/ sulfur)***	3	-
tretinoin cream .025%, .05%, .1%	1	PA Acne Only – members age 35 or older require Prior Authorization
tretinoin gel .04%, .1% (RETIN-A GEL Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses		
RENOVA CREAM .02%, .05% ***(tretinoin (facial wrinkles))***	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
CENTANY OINT 2% ***(mupirocin)***	3	-
CORTISPORIN CREAM ***(neomycin-polymyxin-hc)***	3	-
CORTISPORIN OINT ***(bacitracin-polymyxin-neomycin hc)***	3	-
gentamicin sulfate cream .1%	1	-
gentamicin sulfate oint .1%	1	-
mupirocin oint 2% (BACTROBAN OINT Equiv)	1	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
ciclopirox cream .77% (LOPROX CREAM Equiv)	1	-

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ciclopirox gel .77% (LOPROX GEL Equiv)	1	-
ciclopirox nail soln 8% (PENLAC Equiv)	1	-
ciclopirox shampoo 1% (LOPROX SHAMPOO Equiv)	1	-
ciclopirox topical susp .77% (LOPROX SUSP Equiv)	1	-
clotrimazole/betamethasone cream .05%-1% (LORTRISONE CREAM Equiv)	1	-
econazole cream 1% (SPECTAZOLE Equiv)	1	-
EXELDERM SOLN 1% ***(sulconazole nitrate)***	3	-
ketoconazole cream 2% (NIZORAL CREAM Equiv)	1	-
ketoconazole shampoo 2% (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% ***(ciclopirox olamine)***	3	-
LOPROX SHAMPOO 1% ***(ciclopirox)***	3	-
LOTRISONE CREAM .05%-1% ***(clotrimazole w/ betamethasone)***	3	-
MENTAX CREAM 1% ***(butenafine hcl)***	3	-
NAFTIFINE CREAM 1% ***(naftifine hcl)***	3	-
naftifine cream 1%, 2% (NAFTIN Equiv)	1	-
naftifine gel 1% (NAFTIN Equiv)	1	-
NAFTIN CREAM 2% ***(naftifine hcl)***	3	-
NAFTIN GEL 1% ***(naftifine hcl)***	3	-
NIZORAL A-D SHAMPOO 1% ***(ketoconazole (topical))***	EXC	OTC
nizoral a-d shampoo 1%	EXC	OTC

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NIZORAL SHAMPOO 2% ***(ketoconazole (topical))***	3	-
nystatin cream 100000UNIT/GM (MYCOSTATIN CREAM Equiv)	1	-
nystatin oint 100000UNIT/GM	1	-
nystatin topical powder 100000UNIT/GM	1	-
nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM	1	-
nystatin/triamcinolone oint .1%-100000UNIT/GM	1	-
oxiconazole nitrate cream 1% (OXISTAT Equiv)	1	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
diclofenac gel 1% 1% (VOLTAREN Equiv)	1	OTC-QL QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH 1.3% ***(diclofenac epolamine)***	3	QL QL= 30 patches/fill
VOLTAREN GEL 1% ***(diclofenac sodium (topical))***	3	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
bexarotene gel 1% (TARGRETIN Equiv)	4	LMSP-PA
diclofenac gel 3% (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days
EFUDEX CREAM 5% ***(fluorouracil (topical))***	3	-
fluorouracil cream 5% (EFUDEX CREAM Equiv)	1	-
FLUOROURACIL CREAM 0.5% .5% ***(fluorouracil (topical))***	3	-

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FLUOROURACIL SOLN 2%, 5% ***(fluorouracil (topical))***	2	-
PANRETIN GEL .1% ***(alitretinoin)***	4	LMSP-PA
PICATO GEL .05% ***(ingenol mebutate)***	3	QL QL= 1 box/fill
VALCHLOR GEL .016% ***(mechlorethamine hcl (topical))***	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
ANTIPRURITICS - TOPICAL - Drugs to treat itching		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM ***(doxepin hcl (antipruritic))***	3	PA
DOXEPIN HCL CREAM 5% ***(doxepin hcl (antipruritic))***	3	PA
doxepin hcl cream 5%	3	PA
ANTIPSORIATICS - Drugs to treat psoriasis		
acitretin cap 10MG, 17.5MG, 25MG (SORIATANE Equiv)	4	LMSP
calcipotriene cream .005% (DOVONEX CREAM Equiv)	1	QL QL= 120gm/30 days
calcipotriene oint .005%	1	-
calcipotriene soln .005% (DOVONEX SOLN Equiv)	1	-
CALCITRIOL OINT 3MCG/GM ***(calcitriol (topical))***	3	-
DOVONEX CREAM .005% ***(calcipotriene)***	3	-

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DRITHO-SCALP CREAM 1% ***(anthralin)***	3	-
METHOXSALEN CAP 10MG ***(methoxsalen rapid)***	2	LMSP
methoxsalen cap 10MG (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP 10MG ***(methoxsalen rapid)***	3	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML ***(risankizumab-rzaa)***	4	LMSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML ***(risankizumab-rzaa)***	4	LMSP-PA-QL QL= 2 inj/84 days
STELARA INJ 45MG/0.5ML ***(ustekinumab)***	4	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML ***(ixekizumab)***	4	LMSP-PA-QL QL= 1 inj/28 days
tazarotene cream 0.1% .1% (TAZORAC Equiv)	1	-
TAZORAC CREAM .1% ***(tazarotene)***	3	-
TAZORAC CREAM 0.05% .05% ***(tazarotene)***	3	-
TREMFYA INJ 100MG/ML ***(guselkumab)***	4	LMSP-PA-QL QL= 1 inj/56 days
ZORYVE CREAM .3% ***(roflumilast (topical))***	2	PA-QL QL= 60 grams/30 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
OVACE PLUS CREAM 10% ***(sulfacetamide sodium)***	3	-
selenium sulfide lotion 1%	EXC	OTC
selenium sulfide shampoo 2.25% (SELSEB Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
acyclovir oint 5% (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% ***(penciclovir)***	3	-
penciclovir cream 1% (DENAVIR Equiv)	1	-
BURN PRODUCTS - Drugs to treat burns		
SILVADENE CREAM 1% ***(silver sulfadiazine)***	3	-
silver sulfadiazine cream 1% (SILVADENE CREAM Equiv)	1	-
SULFAMYLON CREAM 85MG/GM ***(mafenide acetate)***	2	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
alclometasone cream .05% (ACLOVATE Equiv)	1	-
alclometasone oint .05% (ACLOVATE OINT Equiv)	1	-
betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)	1	-
BETAMETHASONE AUGMENTED GEL .05% ***(betamethasone dipropionate augmented)***	2	-
betamethasone augmented gel	1	-
betamethasone augmented lotion .05% (DIPROLENE LOTION Equiv)	1	-
betamethasone augmented oint .05% (DIPROLENE OINT Equiv)	1	-
betamethasone diproprionate cream .05% (DIPROSONE CREAM Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
betamethasone diproprionate lotion .05%	1	-
betamethasone diproprionate oint .05% (DIPROSONE OINT Equiv)	1	-
betamethasone valerate cream .1%	1	-
betamethasone valerate lotion .1%	1	-
betamethasone valerate oint .1%	1	-
clobetasol foam .05% (OLUX Equiv)	1	PA
clobetasol lotion .05% (CLOBEX Equiv)	1	PA
clobetasol propionate cream .05% (TEMOVATE Equiv)	1	-
clobetasol propionate emollient cream .05% (TEMOVATE E Equiv)	1	-
clobetasol propionate gel .05% (TEMOVATE GEL Equiv)	1	-
clobetasol propionate oint .05% (TEMOVATE Equiv)	1	-
clobetasol propionate soln .05% (TEMOVATE Equiv)	1	PA
clobetasol shampoo .05% (CLOBEX Equiv)	1	PA
clobetasol spray .05% (CLOBEX Equiv)	1	PA
CLOBEX LOTION .05% ***(clobetasol propionate)***	3	PA
CLOBEX SHAMPOO .05% ***(clobetasol propionate)***	3	PA
CLOBEX SPRAY .05% ***(clobetasol propionate)***	3	PA
DERMA-SMOOTH/FS OIL .01% ***(fluocinolone acetonide)***	2	-
desoximetasone cream .25% (TOPICORT CREAM Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
desoximetasone oint .25% (TOPICORT Equiv)	1	-
DIPROLENE AF CREAM .05% ***(betamethasone dipropionate augmented)***	3	-
DIPROLENE OINT .05% ***(betamethasone dipropionate augmented)***	3	-
ELOCON CREAM .1% ***(mometasone furoate)***	3	-
ELOCON OINT ***(mometasone furoate)***	3	-
EPIFOAM AEROSOL 1% ***(pramoxine-hc)***	2	-
fluocinolone acetonide cream .01%, .025%	1	-
fluocinolone acetonide oil .01% (DERMA-SMOOTH/FS Equiv)	1	-
fluocinolone acetonide oint .025%	1	-
fluocinolone acetonide soln .01%	1	-
fluocinonide cream 0.05% .05% (LIDEX Equiv)	1	-
fluocinonide cream 0.1% .1% (VANOS CREAM Equiv)	1	-
fluocinonide emollient cream .05%	1	-
fluocinonide gel .05%	1	-
fluocinonide oint .05%	1	-
fluocinonide soln .05%	1	-
fluticasone propionate cream .05% (CUTIVATE Equiv)	1	-
fluticasone propionate oint .005% (CUTIVATE Equiv)	1	-
halobetasol propionate cream .05% (ULTRAVATE Equiv)	1	-
halobetasol propionate oint .05% (ULTRAVATE Equiv)	1	PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydrocortisone cream .5%, 1%, 2.5% (PROCTOCORT Equiv)	1	-
hydrocortisone lotion 1%, 2.5% (HYTONE Equiv)	1	-
hydrocortisone oint .5%, 1%, 2.5%	1	-
mometasone cream .1% (ELOCON Equiv)	1	-
mometasone oint .1% (ELOCON Equiv)	1	-
mometasone soln .1% (ELOCON Equiv)	1	-
NUCORT LOTION 2% ***(hydrocortisone acetate (topical))***	3	-
OLUX FOAM .05% ***(clobetasol propionate)***	3	PA
PREDNICARBATE CREAM .1% ***(prednicarbate)***	2	-
PREDNICARBATE OIN .1% ***(prednicarbate)***	2	-
PROCTOCORT CREAM 1% ***(hydrocortisone (topical))***	3	-
TEMOVATE CREAM .05% ***(clobetasol propionate)***	3	-
TEMOVATE OINT .05% ***(clobetasol propionate)***	3	-
TOPICORT CREAM .25% ***(desoximetasone)***	3	-
TOPICORT OINT .25% ***(desoximetasone)***	3	-
triamcinolone cream .025%, .1%, .5%	1	-
triamcinolone lotion .025%, .1%	1	-
triamcinolone oint .025%, .1%, .5%	1	-
ULTRAVATE CREAM ***(halobetasol propionate)***	3	-
ULTRAVATE OINT ***(halobetasol propionate)***	3	-
ECZEMA AGENTS - Drugs to treat eczema		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADBRY INJ 150MG/ML ***(tralokinumab-ldrm)***	4	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG ***(abrocitinib)***	4	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 200MG/1.14ML ***(dupilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT INJ 100MG/0.67ML 100MG/0.67ML ***(dupilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 300MG/2ML ***(dupilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
ammonium lactate cream 12% (LAC-HYDRIN Equiv)	EXC	OTC
ammonium lactate lotion 12%, 5% (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM 12% ***(lactic acid (ammonium lactate))***	3	-
LAC-HYDRIN LOTION 12% ***(lactic acid (ammonium lactate))***	3	-
LACTIC ACID LOTION 10%, 5% ***(lactic acid (ammonium lactate))***	1	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM ***(collagenase)***	2	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - Drugs to grow hair		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
bimatoprost ophth soln .03%	EXC	-
finasteride tab 1MG (PROPECIA Equiv)	EXC	-
HAIR REDUCTION AGENTS - Drugs to remove hair		
VANIQA CREAM 13.9% ***(eflornithine hcl)***	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ALDARA CREAM 5% ***(imiquimod)***	3	-
imiquimod cream 5% (ALDARA Equiv)	1	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ELIDEL CREAM 1% ***(pimecrolimus)***	3	Covered for members 2 years or older
HYFTOR GEL .2% ***(sirolimus (topical))***	4	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
pimecrolimus cream 1% (ELIDEL Equiv)	1	Covered for members 2 years or older
PROTOPIC OINT .03%, .1% ***(tacrolimus (topical))***	3	-
tacrolimus oint .03%, .1% (PROTOPIC OINT Equiv)	1	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOCON SOLN 25% ***(podophyllum resin)***	2	-
PODOFILOX SOLN .5% ***(podofilox)***	1	-
podofilox soln	1	-
SALEX SHAMPOO 2%, 3% ***(salicylic acid)***	3	-
SALEX SHAMPOO 6% ***(salicylic acid)***	3	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
lidocaine cream 3% 3%, 4% (LIDAMANTLE Equiv)	1	-
lidocaine gel 2% (GLYDO Equiv)	1	-

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lidocaine oint	1	QL QL= 107gm/30 days
lidocaine patch 4% (LIDODERM Equiv)	1	QL QL= 3 patches/day
lidocaine patch 5% 5% (LIDODERM Equiv)	1	QL QL= 3 patches/day
lidocaine soln 4% (XYLOCAINE Equiv)	1	-
lidocaine/prilocaine cream 2.5% (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% ***(lidocaine)***	3	QL QL= 3 patches/day
SYNERA PATCH 70MG ***(lidocaine-tetracaine)***	3	-
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% ***(aluminum chloride)***	1	-
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
hydroquinone cream 4% (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ***(fluocinolone-hydroquinone-tretinoin)***	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
azelaic acid gel 15% (FINACEA Equiv)	1	-
brimonidine tartrate gel .33% (MIRVASO Equiv)	EXC	-
FINACEA GEL 15% ***(azelaic acid)***	3	-
METROCREAM .75% ***(metronidazole (topical))***	3	-
METROGEL 1% 1% ***(metronidazole (topical))***	3	-
METROLOTION .75% ***(metronidazole (topical))***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
metronidazole cream .75% (METROCREAM Equiv)	1	-
metronidazole gel 1% (METROGEL Equiv)	1	-
metronidazole gel 0.75% .75% (METROGEL Equiv)	1	-
metronidazole lotion .75% (METROLOTION Equiv)	1	-
MIRVASO GEL .33% ***(brimonidine tartrate (topical))***	EXC	-
RHOFADE CREAM 1% ***(oxymetazoline hcl (topical))***	EXC	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
ELIMITE CREAM 5% ***(permethrin)***	3	-
LINDANE SHAMPOO 1% ***(lindane)***	1	-
malathion lotion .5% (OVIDE Equiv)	1	QL QL= 2 bottles/fill
NATROBA SUSP .9% ***(spinosad)***	3	QL QL= 1 bottle/fill
OVIDE LOTION .5% ***(malathion)***	3	QL QL= 2 bottles/fill
permethrin cream 5% (ELIMITE CREAM Equiv)	1	-
SPINOSAD SUSP .9% ***(spinosad)***	2	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% ***(becaplermin)***	2	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM ***(balsam peru-castor oil)***	2	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
ACCU-CHEK AVIVA PLUS TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK GUIDE TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
COVID-19 TEST ***(covid-19 at home test)***	$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 TEST CARTRID ***(covid-19 at home test)***	$0	OTC-QL QL= 8 cartridges/30 days
CUE HEALTH MONITOR ***(covid-19 at home test)***	$0	OTC-QL QL= 1 kit/year
KETO-DIASTIX TEST STRIP ***(urine glucose-ketones test)***	1	OTC
KETOSTIX ***(acetone (urine) test)***	1	OTC
ONETOUCH TEST STRIP ***(glucose blood)***	2	OTC
ONETOUCH VERIO TEST STRIP ***(glucose blood)***	2	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
ASTAMED MYO CAP ***(astaxanthin-tocotrienol-zinc-cholecalciferol)***	EXC	-
DEPLIN CAP ***(l-methylfolate-algae)***	EXC	-
ELIGEN B12 TAB ***(cyanocobalamin-salcaprozate sodium)***	EXC	-
FALESSA TAB ***(levomefolate glucosamine)***	EXC	-
FOLTANX TAB ***(l-methylfolate w/ vitamin b6-vitamin b12)***	EXC	-
GLYGEST PAK ***(2-fucosyllactose & lacto-n-neotetraose)***	EXC	-
L-METHYLFOLATE TAB ***(l-methylfolate)***	EXC	-
LUVIRA CAP ***(omega-3-acid ethyl esters (dietary management))***	EXC	-
METANX CAP ***(l-methylfolate w/ algae-vitamin b12-vitamin b6)***	EXC	-
OLLIZAC POWDER ***(2-fucosyllactose & lacto-n-neotetraose)***	EXC	-
PODIAPN CAP ***(l-methylfolate w/ vitamin b6-vitamin b12)***	EXC	-
XAQUIL XR TAB ***(levomefolate glucosamine)***	EXC	-
XYZBAC TAB ***(dietary management product)***	EXC	-
INFANT FOODS		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INFANT FORMULA LIQUID ***(infant foods)***	2	OTC-PA
INFANT FORMULA POWDER ***(infant foods)***	2	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID ***(nutritional supplements)***	2	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER ***(nutritional supplements)***	2	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
acetazolamide ER cap 500MG (DIAMOX SEQUEL Equiv)	1	-
acetazolamide tab 125MG, 250MG	1	-
methazolamide tab 25MG, 50MG (NEPTAZANE Equiv)	1	-
NEPTAZANE TAB ***(methazolamide)***	3	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALDACTAZIDE TAB 25MG ***(spironolactone & hydrochlorothiazide)***	3	-
ALDACTAZIDE TAB 50-50MG 50MG ***(spironolactone & hydrochlorothiazide)***	3	-
AMILORIDE/HCTZ TAB 5MG-50MG ***(amiloride & hydrochlorothiazide)***	1	-
amiloride/hydrochlorothiazide tab 5MG-50MG (MODURETIC Equiv)	1	-
MAXZIDE TAB 25MG-37.5MG, 50MG-75MG ***(triamterene & hydrochlorothiazide)***	3	-
spironolactone/hydrochlorothiazide tab 25MG (ALDACTAZIDE Equiv)	1	-
triamterene/hydrochlorothiazide cap 25MG-37.5MG (DYAZIDE Equiv)	1	-
triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG (MAXZIDE Equiv)	1	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
bumetanide tab .5MG, 1MG, 2MG (BUMEX Equiv)	1	-
DEMADEX TAB ***(torsemide)***	3	-
EDECRIN TAB 25MG ***(ethacrynic acid)***	3	-
ethacrynic tab 25MG (EDECRIN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FUROSCIX KIT 80MG/10ML ***(furosemide)***	4	LD-QL QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679
FUROSEMIDE SOLN 40MG/5ML, 8MG/ML (LASIX Equiv) ***(furosemide)***	1	-
furosemide soln 10MG/ML (LASIX Equiv)	1	-
furosemide tab 20MG, 40MG, 80MG (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG ***(furosemide)***	3	-
torsemide tab 100MG, 10MG, 20MG, 5MG (DEMADEX Equiv)	1	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTONE TAB 100MG, 25MG, 50MG ***(spironolactone)***	3	-
amiloride tab 5MG (MIDAMOR Equiv)	1	-
CAROSPIR SUSP 25MG/5ML ***(spironolactone)***	3	PA Prior Authorization required for members age 9 or older
spironolactone tab 100MG, 25MG, 50MG (ALDACTONE Equiv)	1	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB 250MG, 500MG ***(chlorothiazide)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
chlorothiazide tab 500MG	1	-
chlorthalidone tab 25MG, 50MG	1	-
DIURIL SUSP 250MG/5ML ***(chlorothiazide)***	2	-
hydrochlorothiazide cap 12.5MG (MICROZIDE Equiv)	1	-
hydrochlorothiazide tab 12.5MG, 25MG, 50MG (HYDRODIURIL Equiv)	1	-
indapamide tab 1.25MG, 2.5MG (LOZOL Equiv)	1	-
metolazone tab 10MG, 2.5MG, 5MG (ZAROXOLYN Equiv)	1	-
MICROZIDE CAP ***(hydrochlorothiazide)***	3	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
ACTONEL TAB 150MG, 35MG, 5MG ***(risedronate sodium)***	3	ST Step Therapy requires trial of alendronate
alendronate sodium oral soln 70MG/75ML (FOSAMAX Equiv)	1	-
alendronate tab 10MG, 35MG, 70MG (FOSAMAX Equiv)	1	-
ALENDRONATE TAB 40MG 40MG, 5MG ***(alendronate sodium)***	2	-
ATELVIA TAB 35MG ***(risedronate sodium)***	3	ST Step Therapy requires trial of alendronate

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BONIVA TAB 150MG 150MG ***(ibandronate sodium)***	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
calcitonin nasal spray 200UNIT/ACT (MIACALCIN Equiv)	1	-
FOSAMAX TAB 70MG ***(alendronate sodium)***	3	-
ibandronate tab 150mg 150MG (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ***(parathyroid hormone (recombinant))***	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
PROLIA INJ 60MG/ML ***(denosumab)***	M	M
risedronate DR tab 35MG (ATELVIA Equiv)	1	ST Step Therapy requires trial of alendronate
risedronate tab 150MG, 30MG, 35MG, 5MG (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate
TERIPARATIDE INJ 620MCG/2.48ML ***(teriparatide (recombinant))***	4	LMSP
TYMLOS INJ 3120MCG/1.56ML ***(abaloparatide)***	4	LMSP
CORTICOTROPIN ***		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACTHAR GEL INJ 80UNIT/ML ***(corticotropin)***	4	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
ORILISSA TAB 150MG 150MG ***(elagolix sodium)***	2	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG ***(elagolix sodium)***	2	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ***(pegvisomant)***	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 1MG, 2MG ***(tesamorelin acetate)***	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ 12MG, 5MG ***(somatropin)***	4	LMSP-PA
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG ***(lonapegsomatropin-tcgd)***	4	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
EVISTA TAB 60MG ***(raloxifene hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
raloxifene tab 60MG (EVISTA Equiv)	$0	Covered at $0 for women 35 years or older; All other members covered at generic copay
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		
INCRELEX INJ 40MG/4ML ***(mecasermin)***	4	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
LUPRON DEPOT PED INJ 11.25MG, 30MG ***(leuprolide acetate (cpp) (3 month))***	M	M
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG ***(leuprolide acetate (cpp))***	M	M
SYNAREL NASAL SOLN 2MG/ML ***(nafarelin acetate)***	4	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
ALDURAZYME INJ 2.9MG/5ML ***(laronidase)***	M	M
calcitriol cap .25MCG, .5MCG (ROCALTROL Equiv)	1	-
calcitriol soln 1MCG/ML (ROCALTROL Equiv)	1	-
carglumic acid tab 200MG (CARBAGLU Equiv)	4	LD-PA Only available through Accredo 888-773-7376
CARNITOR SOLN 1GM/10ML ***(levocarnitine (metabolic modifiers))***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CARNITOR TAB 330MG ***(levocarnitine (metabolic modifiers))***	3	-
cinacalcet tab 30MG, 60MG, 90MG (SENSIPAR Equiv)	4	LMSP
doxercalciferol cap .5MCG, 1MCG, 2.5MCG (HECTOROL Equiv)	1	-
FABRAZYME INJ 35MG, 5MG ***(agalsidase beta)***	M	M
HECTOROL CAP ***(doxercalciferol)***	3	-
levocarnitine soln 1GM/10ML (CARNITOR Equiv)	1	-
levocarnitine tab 330MG (CARNITOR Equiv)	1	-
PALYNZIQ INJ 20MG/ML ***(pegvaliase-pqpz)***	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
paricalcitol cap 1MCG, 2MCG, 4MCG (ZEMPLAR Equiv)	1	-
PHEBURANE ORAL PELLETS 483MG/GM ***(sodium phenylbutyrate)***	4	LD Only available through Accredo 800-803-2523
ROCALTROL CAP .25MCG, .5MCG ***(calcitriol)***	3	-
ROCALTROL SOLN 1MCG/ML ***(calcitriol)***	3	-
sapropterin dihydrochloride powder packet 100MG, 500MG (KUVAN Equiv)	4	LMSP-PA
sapropterin dihydrochloride soluble tab 100MG (KUVAN Equiv)	4	LMSP-PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ***(asfotase alfa)***	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
ZEMPLAR CAP 1MCG, 2MCG ***(paricalcitol)***	3	-
NATRIURETIC PEPTIDES ***		
VOXZOGO INJ .4MG, .56MG, 1.2MG ***(vosoritide)***	4	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
DDAVP INJ 4MCG/ML ***(desmopressin acetate)***	3	-
DDAVP NASAL SOLN .01% ***(desmopressin acetate refrigerated)***	3	-
DDAVP NASAL SPRAY .01% ***(desmopressin acetate spray)***	3	-
DDAVP TAB .1MG, .2MG ***(desmopressin acetate)***	3	-
desmopressin acetate inj 4MCG/ML (DDAVP Equiv)	1	-
desmopressin acetate nasal spray .01%, .1MG/ML (DDAVP Equiv)	1	-
desmopressin acetate tab .1MG, .2MG (DDAVP Equiv)	1	-
STIMATE NASAL SOLN 1.5MG/ML ***(desmopressin acetate)***	2	LMSP
PROGESTERONE RECEPTOR ANTAGONISTS ***		
mifepristone tab 200MG (MIFIPREX Equiv)	$0	-
MIFIPREX TAB 200MG ***(mifepristone)***	EXC	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROLACTIN INHIBITORS - Drugs to regulate hormones		
cabergoline tab .5MG (DOSTINEX Equiv)	1	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		
octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)	4	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML ***(octreotide acetate)***	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ***(pasireotide diaspartate)***	4	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG ***(tolvaptan)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ***(tolvaptan)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		
ACTIVELLA TAB .1MG-.5MG, .5MG-1MG ***(estradiol & norethindrone acetate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG (ACTIVELLA Equiv)	1	-
FEMHRT TAB .5MG-2.5MCG ***(norethindrone acetate-ethinyl estradiol)***	3	-
jinteli tab .5MG-2.5MCG, 1MG-5MCG (FEMHRT Equiv)	1	-
MYFEMBREE TAB .5MG-1MG-40MG ***(relugolix-estradiol-norethindrone acetate)***	2	PA-QL QL= 1 tab/day
ORIAHNN CAP .5MG-1MG-300MG ***(elagolix sodium-estradiol-norethindrone acetate)***	2	PA-QL QL= 2 caps/day
PREFEST TAB ***(estradiol-norgestimate)***	3	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ***(conjugated estrogens-medroxyprogesterone acetate)***	2	-
ESTROGENS - Drugs used for contraception		
ALORA PATCH .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ***(estradiol)***	3	-
CLIMARA PATCH .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR ***(estradiol)***	3	-
DELESTROGEN INJ 10MG/ML, 20MG/ML, 40MG/ML ***(estradiol valerate)***	3	QL QL= 5ml/fill
ESTRACE TAB .5MG, 1MG, 2MG ***(estradiol)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR (CLIMARA Equiv)	1	-
estradiol tab .5MG, 1MG, 2MG (ESTRACE Equiv)	1	-
estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML (DELESTROGEN Equiv)	1	QL QL= 5ml/fill
MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG ***(esterified estrogens)***	3	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ***(estrogens, conjugated)***	2	-
VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ***(estradiol)***	3	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		
FLUOROQUINOLONES - Drugs to treat bacterial infections		
AVELOX TAB ***(moxifloxacin hcl)***	3	-
CIPRO SUSP 500MG/5ML, 5GM/100ML ***(ciprofloxacin)***	3	-
CIPRO TAB 250MG, 500MG ***(ciprofloxacin hcl)***	3	-
CIPROFLOXACIN 100MG TAB 100MG ***(ciprofloxacin hcl)***	3	-
ciprofloxacin susp 500MG/5ML, 5GM/100ML (CIPRO Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ciprofloxacin tab 250MG, 500MG, 750MG (CIPRO Equiv)	1	-
LEVAQUIN TAB 250MG, 500MG, 750MG ***(levofloxacin)***	3	-
levofloxacin soln 25MG/ML (LEVAQUIN Equiv)	1	-
LEVOFLOXACIN SOLN 25MG/ML 25MG/ML ***(levofloxacin)***	1	-
levofloxacin tab 250MG, 500MG, 750MG (LEVAQUIN Equiv)	1	-
moxifloxacin tab 400MG (AVELOX Equiv)	1	-
ofloxacin tab 400MG (FLOXIN Equiv)	1	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation		
TRULANCE TAB 3MG ***(plecanatide)***	2	PA
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG ***(cholic acid)***	4	LD-PA Only available through Dohmen LSS 844-246-5226
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG ***(obeticholic acid)***	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACTIGALL CAP 300MG ***(ursodiol)***	3	-
URSO FORTE TAB 250MG, 500MG ***(ursodiol)***	3	-
ursodiol cap 300MG (ACTIGALL Equiv)	1	-
ursodiol tab 250MG, 500MG (URSO (FORTE) Equiv)	1	-
GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
cromolyn conc 100MG/5ML (GASTROCROM Equiv)	1	-
GASTROCROM CONC 100MG/5ML ***(cromolyn sodium (mastocytosis))***	3	-
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation		
lubiprostone cap 24MCG, 8MCG (AMITIZA Equiv)	1	PA-QL QL= 2 caps/day
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
metoclopramide soln 10MG/10ML, 5MG/5ML (REGLAN Equiv)	1	-
metoclopramide tab 10MG, 5MG (REGLAN Equiv)	1	-
REGLAN TAB 10MG, 5MG ***(metoclopramide hcl)***	3	-
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		
BYLVAY CAP 1200MCG 1200MCG ***(odevixibat)***	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BYLVAY CAP 400MCG 400MCG ***(odevixibat)***	4	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG ***(odevixibat)***	4	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG ***(odevixibat)***	4	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML ***(maralixibat chloride)***	4	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
AZULFIDINE EN TAB 500MG ***(sulfasalazine)***	3	-
AZULFIDINE TAB 500MG ***(sulfasalazine)***	3	-
balsalazide cap 750MG (COLAZAL Equiv)	1	-
CIMZIA INJ 200MG ***(certolizumab pegol)***	4	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML ***(certolizumab pegol)***	4	LMSP-PA-QL QL= 1 kit/plan year
COLAZAL CAP 750MG ***(balsalazide disodium)***	3	-
DIPENTUM CAP 250MG ***(olsalazine sodium)***	3	-
mesalamine DR tab 1.2GM (LIALDA Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
mesalamine enema 4GM (ROWASA Equiv)	1	-
mesalamine ER cap .375GM (APRISO Equiv)	1	-
mesalamine supp 1000MG (CANASA Equiv)	1	-
MESALAMINE TAB DR 800MG ***(mesalamine)***	1	-
SFROWASA ENEMA 4GM/60ML ***(mesalamine)***	3	-
SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML ***(risankizumab-rzaa (crohn's))***	4	LMSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML ***(risankizumab-rzaa (crohn's))***	4	LMSP-PA-QL QL= 1 inj/56 days
sulfasalazine EC tab 500MG (AZULFIDINE Equiv)	1	-
sulfasalazine tab 500MG (AZULFIDINE Equiv)	1	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
lactulose soln 10GM/15ML	1	-
IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system		
alosetron tab .5MG, 1MG (LOTRONEX Equiv)	1	-
LINZESS CAP 145MCG, 290MCG, 72MCG ***(linaclotide)***	3	PA-QL QL= 1 cap/day
LOTRONEX TAB .5MG, 1MG ***(alosetron hcl)***	3	-
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
MOVANTIK TAB 12.5MG, 25MG ***(naloxegol oxalate)***	2	PA
SYMPROIC TAB ***(naldemedine tosylate)***	2	PA
SYMPROIC TAB .2MG ***(naldemedine tosylate)***	2	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
AURYXIA TAB 210MG ***(ferric citrate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
calcium acetate cap 667MG (PHOSLO Equiv)	1	-
FOSRENOL CHEW TAB 1000MG, 500MG, 750MG ***(lanthanum carbonate)***	3	-
FOSRENOL POWDER PACK 1000MG, 750MG ***(lanthanum carbonate)***	2	-
lanthanum carbonate chew tab 1000MG, 500MG, 750MG (FOSRENOL Equiv)	1	-
PHOSLO CAP 667MG ***(calcium acetate (phosphate binder))***	3	-
PHOSLYRA SOLN 667MG/5ML ***(calcium acetate (phosphate binder))***	2	-
RENAGEL TAB 800MG 800MG ***(sevelamer hcl)***	3	-
RENVELA TAB 800MG ***(sevelamer carbonate)***	3	-
sevelamer hydrochloride tab 800MG (RENAGEL Equiv)	1	-
sevelamer powder pak .8GM, 2.4GM (RENVELA Equiv)	1	-
sevelamer tab 800MG (RENVELA TAB Equiv)	1	-
VELPHORO CHEW TAB 500MG ***(sucroferric oxyhydroxide)***	3	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
CYTRA K CRYSTALS 1002MG-3300MG ***(potassium citrate-citric acid)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ***(pot & sod citrates w/citric ac)***	1	-
ORACIT SOLN 490MG/5ML-640MG/5ML ***(sodium citrate & citric acid)***	1	-
potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG (UROCIT-K TAB Equiv)	1	-
potassium citrate/citric acid powder pack 1002MG-3300MG (POLYCITRA Equiv)	1	-
potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML (POLYCITRA-K Equiv)	1	-
sodium citrate/citric acid soln 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML (BICITRA Equiv)	1	-
tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML (POLYCITRA-LC Equiv)	1	-
UROCIT-K TAB 1080MG, 15MEQ, 540MG ***(potassium citrate (alkalinizer))***	3	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG ***(cysteamine bitartrate)***	4	LD-PA Only available through CVS Specialty 800-238-7828
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ELMIRON CAP 100MG ***(pentosan polysulfate sodium)***	2	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
alfuzosin SR tab 10MG (UROXATRAL Equiv)	1	-
AVODART CAP .5MG ***(dutasteride)***	3	-
dutasteride cap .5MG (AVODART Equiv)	1	-
finasteride tab 5MG (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG ***(tamsulosin hcl)***	3	-
PROSCAR TAB ***(finasteride tab)***	3	-
tamsulosin cap .4MG (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG ***(alfuzosin hcl)***	3	-
URINARY ANALGESICS - Drugs to treat urinary pain		
phenazopyridine tab 100MG, 200MG (PYRIDIUM Equiv)	1	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
LITHOSTAT TAB 250MG ***(acetohydroxamic acid)***	3	-
tiopronin tab 100MG (THIOLA Equiv)	4	LMSP-PA
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
colchicine/probenecid tab .5MG-500MG (COL-BENEMID Equiv)	1	-
GOUT AGENTS - Drugs to treat gout		
allopurinol tab 100MG, 300MG (ZYLOPRIM Equiv)	1	-
colchicine tab .6MG (COLCRYS Equiv)	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
febuxostat tab 40MG, 80MG (ULORIC Equiv)	1	ST Step Therapy requires trial of allopurinol
GLOPERBA SOLN .6MG/5ML ***(colchicine)***	3	PA Prior Authorization required for members age 9 or older
ULORIC TAB 40MG, 80MG ***(febuxostat)***	3	ST Step Therapy requires trial of allopurinol
ZYLOPRIM TAB 100MG, 300MG ***(allopurinol)***	3	-
URICOSURICS - Drugs to treat gout		
probenecid tab 500MG (BENEMID Equiv)	1	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML ***(emicizumab-kxwh)***	4	LMSP-PA
BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions		
icatibant inj 30MG/3ML (FIRAZYR Equiv)	M	M
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
CINRYZE INJ 500UNIT ***(c1 esterase inhibitor (human))***	M	M
EMPAVELI INJ 1080MG/20ML ***(pegcetacoplan)***	4	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TAVNEOS CAP 10MG ***(avacopan)***	4	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders		
TAVALISSE TAB 100MG, 150MG ***(fostamatinib disodium)***	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
pentoxifylline ER tab 400MG (TRENTAL Equiv)	1	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		
TAKHZYRO INJ 300MG/2ML ***(lanadelumab-flyo)***	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML 150MG/ML ***(lanadelumab-flyo)***	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
AGRYLIN CAP .5MG ***(anagrelide hcl)***	3	-
anagrelide cap .5MG, 1MG (AGRYLIN Equiv)	1	-
BRILINTA TAB 60MG, 90MG ***(ticagrelor)***	2	-
CABLIVI INJ KIT 11MG ***(caplacizumab-yhdp)***	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
cilostazol tab 100MG, 50MG (PLETAL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
clopidogrel tab 75mg 75MG (PLAVIX Equiv)	1	-
dipyridamole tab (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG ***(prasugrel hcl)***	3	-
PLAVIX TAB 75MG 75MG ***(clopidogrel bisulfate)***	3	-
prasugrel tab 10MG, 5MG (EFFIENT Equiv)	1	-
ZONTIVITY TAB 2.08MG ***(vorapaxar sulfate)***	3	RS Restricted to Cardiology Specialist
HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency		
PYRUKYND TAB 20MG, 50MG, 5MG ***(mitapivat sulfate)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK 5MG ***(mitapivat sulfate)***	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG ***(eliglustat tartrate)***	4	MSP-PA
CEREZYME INJ 400UNIT ***(imiglucerase)***	M	M
miglustat cap 100MG (ZAVESCA Equiv)	4	LD-PA Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DROXIA CAP 200MG, 300MG, 400MG ***(hydroxyurea (sickle cell disease))***	2	-
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
ENDARI POWDER PACK 5GM ***(glutamine (sickle cell))***	4	LMSP-PA-QL QL= 6 packets/day
OXBRYTA TAB FOR ORAL SUSP 300MG ***(voxelotor)***	4	LD-PA-QL QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767
COBALAMINS - Drugs to treat vitamin deficiency		
cyanocobalamin inj 1000MCG/ML	1	-
NASCOBAL NASAL SPRAY 500MCG/0.1ML ***(cyanocobalamin)***	3	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
folic acid tab 1mg 1MG	$0	Covered at $0 for females only; All other members covered at generic copay
folic acid tab 400mcg 400MCG	$0	OTC Covered for females only
folic acid tab 800mcg 800MCG	$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG ***(avatrombopag maleate)***	4	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML ***(pegfilgrastim-jmdb)***	4	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML ***(filgrastim-aafi)***	4	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG ***(eltrombopag olamine)***	4	LMSP-PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML ***(epoetin alfa-epbx)***	4	LMSP
RETACRIT INJ 40000UNIT/ML ***(epoetin alfa-epbx)***	4	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ***(filgrastim-sndz)***	4	LMSP
ZIEXTENZO INJ 6MG/0.6ML ***(pegfilgrastim-bmez)***	4	LMSP
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
ferrex 150 forte cap 1MG-25MCG-150MG	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG ***(fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid)***	3	-
folbee tab 1MG-2.5MG-25MG	1	-
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG ***(fe asp gly-fe polysaccharide-succ acd-c-threonic acid-b12-fa)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ***(fe asparto gly-succinic acd-vit c-threonic acd-vit b12-fa)***	1	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ***(fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa)***	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ***(fe asparto gly-succin ac-c-threonic ac-b12-des stom subst)***	1	-
MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG ***(iron-vitamin c-vitamin b12-folic acid)***	3	-
multivitamin tab 1MG-25MCG-100MG-250MG	1	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75 MG-200MG-300MCG ***(ferrous fumarate w/ fa-dss-b complex-vit c)***	2	-
tricon cap .5MG-15MCG-75MG-110MG-240MG (TRINSICON Equiv)	1	-
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
AMICAR SOLN .25GM/ML ***(aminocaproic acid)***	3	-
AMICAR TAB 1000MG, 500MG ***(aminocaproic acid)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
aminocaproic acid soln .25GM/ML (AMICAR Equiv)	1	-
aminocaproic acid tab 1000MG, 500MG (AMICAR Equiv)	1	-
CYKLOKAPRON INJ 1000MG/10ML ***(tranexamic acid)***	M	M
LYSTEDA TAB 650MG ***(tranexamic acid)***	3	-
tranexamic acid inj 1000MG/10ML (CYKLOKAPRON Equiv)	M	M
tranexamic acid tab 650MG (LYSTEDA Equiv)	1	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
zolpidem tab 10MG, 5MG (AMBIEN Equiv)	1	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia		
diphenhydramine cap 50mg 50MG (BENADRYL Equiv)	1	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
BUTISOL TAB 30MG ***(butabarbital sodium)***	3	-
phenobarbital elixir 20MG/5ML	1	-
phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG	1	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AMBIEN CR TAB 12.5MG, 6.25MG ***(zolpidem tartrate)***	3	QL QL= 1 tab/day
AMBIEN TAB ***(zolpidem tartrate tab)***	3	QL QL= 1 tab/day
estazolam tab 1MG, 2MG (PROSOM Equiv)	1	-
eszopiclone tab 1MG, 2MG, 3MG (LUNESTA Equiv)	1	QL QL= 1 tab/day
FLURAZEPAM CAP 15MG, 30MG ***(flurazepam hcl)***	1	-
HALCION TAB .25MG ***(triazolam)***	3	-
LUNESTA TAB 1MG, 2MG, 3MG ***(eszopiclone)***	3	QL QL= 1 tab/day
midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML (MIDAZOLAM Equiv)	1	RS Restricted to Neurology Specialist
RESTORIL CAP 15MG 15MG ***(temazepam)***	3	-
RESTORIL CAP 22.5MG 22.5MG ***(temazepam)***	3	-
RESTORIL CAP 30MG 30MG ***(temazepam)***	3	-
RESTORIL CAP 7.5MG 7.5MG ***(temazepam)***	3	-
temazepam cap 15mg 15MG (RESTORIL Equiv)	1	-
temazepam cap 22.5mg 22.5MG (RESTORIL Equiv)	1	-
temazepam cap 30mg 30MG (RESTORIL Equiv)	1	-
temazepam cap 7.5mg 7.5MG (RESTORIL Equiv)	1	-
triazolam tab .125MG, .25MG (HALCION Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
zaleplon cap 10MG, 5MG (SONATA Equiv)	1	QL QL= 1 cap/day
zolpidem ER tab 12.5MG, 6.25MG (AMBIEN CR Equiv)	1	QL QL= 1 tab/day
SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia		
ramelteon tab 8MG (ROZEREM Equiv)	1	QL QL= 1 tab/day
ROZEREM TAB 8MG ***(ramelteon)***	3	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	$0	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	$0	QL Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM ***(peg 3350-potassium chloride-sod bicarbonate-sod chloride)***	$0	QL Covered at $0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
peg 3350 soln (100 gram Moviprep equiv) 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM (MOVIPREP Equiv)	$0	QL QL= 2 fills/year; $0 for members 45-75 years, all other members covered at generic copay
peg 3350/electrolytes soln 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (NULYTELY Equiv)	$0	QL Covered at $0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
sodium/magnesium/potassium soln 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP Equiv)	$0	QL QL= 2 fills/calendar year; $0 for members 45-75 years, all other members covered at generic copay
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
lactulose soln	1	-
MIRALAX 17GM/SCOOP ***(polyethylene glycol 3350)***	EXC	OTC
polyethylene glycol 3350 powder 17GM/SCOOP (MIRALAX Equiv)	EXC	OTC
MACROLIDES - Drugs to treat bacterial infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AZITHROMYCIN - Drugs to treat bacterial infections		
azithromycin susp 100MG/5ML, 200MG/5ML (ZITHROMAX Equiv)	1	-
azithromycin tab 250MG, 500MG, 600MG (ZITHROMAX Equiv)	1	-
ZITHROMAX POWDER PACK 1GM ***(azithromycin)***	3	-
ZITHROMAX SUSP 100MG/5ML, 200MG/5ML ***(azithromycin)***	3	-
ZITHROMAX TAB 250MG, 500MG, 600MG ***(azithromycin)***	3	-
CLARITHROMYCIN - Drugs to treat bacterial infections		
BIAXIN TAB ***(clarithromycin)***	3	-
clarithromycin ER tab 500MG (BIAXIN XL Equiv)	1	-
CLARITHROMYCIN SUSP 125MG/5ML, 250MG/5ML ***(clarithromycin)***	2	-
clarithromycin tab 250MG, 500MG (BIAXIN Equiv)	1	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN EC CAP 250MG ***(erythromycin base)***	2	-
erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML (ERYPED Equiv)	1	-
erythromycin tab 250MG, 500MG (ERYTHROMYCIN Equiv)	1	all forms except PCE
PCE TAB ***(erythromycin base (coated))***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FIDAXOMICIN - Drugs to treat infections		
DIFICID SUSP 40MG/ML ***(fidaxomicin)***	2	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB 200MG ***(fidaxomicin)***	2	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
CERVICAL CAP ***(cervical caps)***	$0	-
DIAPHRAGM 2% ***(diaphragm wide seal)***	$0	-
FEMALE CONDOMS ***(condoms - female)***	$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS ***(condoms latex non-lubricated - male)***	$0	OTC-QL QL= 12 condoms/fill
DIABETIC SUPPLIES - Devices to assist with diabetes		
ACCU-CHEK AVIVA PLUS METER ***(blood glucose monitoring supplies)***	$0	OTC
ACCU-CHEK GUIDE CARE METER ***(blood glucose monitoring supplies)***	$0	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACCU-CHEK GUIDE ME KIT ***(blood glucose monitoring supplies)***	$0	OTC
ACCU-CHEK NANO METER ***(blood glucose monitoring supplies)***	$0	OTC
CALIBRATION LIQUID ***(blood glucose calibration)***	1	OTC
DEXCOM G6 RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER ***(continuous blood glucose system transmitter)***	2	PA-QL QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
DEXCOM G7 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FREESTYLE LIBRE SENSOR (14-DAY) ***(continuous blood glucose system sensor)***	2	PA-QL QL= 2 sensors/28 days
LANCET DEVICE ***(lancet devices)***	1	OTC
LANCET KIT ***(lancets misc.)***	1	OTC
LANCETS ***(lancets)***	1	OTC
OMNIPOD 5 INTRO KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS ***(insulin infusion disposable pump)***	2	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/year
OMNIPOD DASH PODS ***(insulin infusion disposable pump)***	2	QL QL= 10 pods/month
OMNIPOD GO KIT ***(insulin infusion disposable pump)***	2	QL QL= 10 pods/month
OMNIPOD STARTER KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/year
ONETOUCH DELICA LANCETS ***(lancets)***	2	OTC
ONETOUCH DELICA PLUS LANCETS ***(lancets)***	2	OTC
ONETOUCH DELICA ULTRASOFT LANCETS ***(lancets)***	2	OTC
ONETOUCH METER ***(blood glucose monitoring supplies)***	$0	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ONETOUCH VERIO FLEX METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO IQ METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO REFLECT METER ***(blood glucose monitoring supplies)***	$0	OTC
V-GO INJ KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% ***(alcohol swabs)***	1	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
B-D AUTOSHIELD DUO PEN NEEDLE ***(insulin pen needle)***	1	OTC
B-D INSULIN SYRINGE U-500 ***(insulin syringe/needle u-500)***	1	-
CARETOUCH MIS ***(needle (disp) 27 g)***	1	OTC
TECHLITE INSULIN SYRINGE ***(insulin syringe/needle u-100)***	1	OTC
TECHLITE PEN NEEDLE ***(insulin pen needle)***	1	OTC
TRUEPLUS INSULIN SYRINGE ***(insulin syringe/needle u-100)***	1	OTC
TRUEPLUS PEN NEEDLE ***(insulin pen needle)***	1	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER ***(respiratory therapy supplies)***	2	OTC
AEROCHAMBER SUPPLIES ***(spacer/aerosol-holding chamber supplies - bags)***	2	-
PEAK FLOW METER ***(peak flow meter)***	1	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		
AJOVY INJ 225MG/1.5ML ***(fremanezumab-vfrm)***	2	PA-QL QL= 1 pack/28 days
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
ergotamine tartrate/caffeine tab 1MG-100MG (CAFERGOT Equiv)	1	-
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
dihydroergotamine mesylate inj 1MG/ML (D.H.E. Equiv)	1	QL QL= 10 inj/14 days
ERGOMAR SL TAB ***(ergotamine tartrate sl tab)***	3	-
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ 140MG/ML, 70MG/ML ***(erenumab-aooe)***	2	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML ***(fremanezumab-vfrm)***	2	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML ***(galcanezumab-gnlm)***	2	PA-QL QL= 1 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EMGALITY INJ 100MG/ML 100MG/ML ***(galcanezumab-gnlm)***	2	PA-QL QL= 3 inj/fill, 6 fills/year
UBRELVY TAB 100MG, 50MG ***(ubrogepant)***	2	PA-QL QL= 10 tabs/30 days, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
IMITREX INJ 4MG/0.5ML ***(sumatriptan succinate)***	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML, 6MG/0.5ML ***(sumatriptan succinate)***	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB 100MG, 25MG, 50MG ***(sumatriptan succinate)***	3	QL QL= 9 tabs/fill, 2 fills/30 days
MAXALT MLT TAB 10MG, 5MG ***(rizatriptan benzoate)***	3	QL QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB 10MG ***(rizatriptan benzoate)***	3	QL QL= 12 tabs/fill, 3 fills/60 days
REYVOW TAB 100MG, 50MG ***(lasmiditan succinate)***	2	PA-QL QL= 8 tabs/30 days, 6 fills/year
rizatriptan ODT 10MG, 5MG (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab 10MG, 5MG (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (IMITREX Equiv) ***(sumatriptan succinate)***	1	QL QL= 4 inj/fill, 2 fills/30 days

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sumatriptan inj 4MG/0.5ML, 6MG/0.5ML (IMITREX Equiv)	1	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ***(sumatriptan succinate)***	2	QL QL= 4 inj/fill, 2 fills/30 days
sumatriptan tab 100MG, 25MG, 50MG (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab 2.5MG, 5MG (ZOMIG Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		
sodium fluoride soln .125MG/DROP, .5MG/ML (LURIDE Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG ***(sodium fluoride)***	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
sodium fluoride tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
MAGNESIUM - Drugs to treat electrolyte disorders		
magnesium sulfate inj 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML, 50%	M	M
PHOSPHATE - Drugs to treat electrolyte deficiency		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
K-PHOS NEUTRAL TAB 130MG-155MG-852MG ***(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)***	3	-
K-PHOS TAB 500MG ***(potassium phosphate monobasic)***	2	-
phospha 250 neutral tab 130MG-155MG-852MG (K-PHOS NEUTRAL Equiv)	1	-
potassium phosphate monobasic tab 500MG (K-PHOS Equiv)	1	-
POTASSIUM - Drugs to treat electrolyte disorders		
K-TAB 8MEQ ***(potassium chloride)***	3	-
K-TAB 10MEQ, 20MEQ ***(potassium chloride)***	3	-
potassium bicarbonate effer tab 25MEQ (K-LYTE Equiv)	1	-
potassium chloride ER cap 10MEQ, 8MEQ (MICRO-K Equiv)	1	-
potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ (K-TAB Equiv)	1	-
potassium chloride micro tab 10MEQ, 15MEQ, 20MEQ (K-DUR Equiv)	1	-
potassium chloride powder packet 20MEQ (KLOR-CON Equiv)	1	-
potassium chloride soln 10%, 20%	1	-

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POTASSIUM CHLORIDE TAB ER 8MEQ ***(potassium chloride)***	3	-
SODIUM - Drugs to treat electrolyte disorders		
SOD CHLORIDE INJ .9%, 4MEQ/ML ***(sodium chloride)***	M	M
sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%	M	M
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG ***(zinc acetate (oral))***	2	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
DEPEN TITRATAB 250MG ***(penicillamine)***	3	-
penicillamine tab 250MG (DEPEN TITRATAB Equiv)	1	-
trientine cap 250MG (SYPRINE Equiv)	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG (REVLIMID Equiv)	4	LD-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ***(lenalidomide)***	3	LD-PA-QL QL= 1 cap/day; Only available through Walgreens 888-347-3416
REZUROCK TAB 200MG ***(belumosudil mesylate)***	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
ENSPRYNG INJ 120MG/ML ***(satralizumab-mwge)***	4	LMSP-PA-QL
everolimus tab .25MG, .5MG, .75MG, 1MG (ZORTRESS Equiv)	4	LMSP-PA
LUPKYNIS CAP 7.9MG ***(voclosporin)***	4	LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
sirolimus soln 1MG/ML (RAPAMUNE Equiv)	1	-
MISCELLANEOUS THERAPEUTIC CLASSES - PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS- Drugs to treat PIK3CA-Related OverGrowth Spectrum (PROS)		
VIJOICE TAB 125MG, 50MG ***(alpelisib (pros agents))***	4	MSP-PA-QL QL= 1 tab/day
VIJOICE TAB 250MG ***(alpelisib (pros agents))***	4	MSP-PA-QL QL= 2 tabs/day
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM ***(sodium zirconium cyclosilicate)***	4	LMSP-PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SPS SUSP 15GM/60ML ***(sodium polystyrene sulfonate)***	1	-
PROGERIA TREATMENT AGENTS * **		
ZOKINVY CAP 50MG, 75MG ***(lonafarnib)***	4	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML ***(belimumab)***	4	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ***(belimumab)***	4	LMSP-PA-QL QL= 4 inj/28 day
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM /119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15G M/237ML ***(diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth)***	3	-
lidocaine viscous soln 2% (LIDOCAINE HCL (MOUTH-THROAT) Equiv)	1	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
clotrimazole troches 10MG (MYCELEX TROCHES Equiv)	1	-

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nystatin susp 100000UNIT/ML	1	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
chlorhexidine gluconate soln .12% (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% ***(chlorhexidine gluconate (mouth-throat))***	3	-
DENTAL PRODUCTS - Drugs to prevent cavities		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% ***(sodium fluoride-potassium nitrate)***	1	-
PREVIDENT SOLN .2% ***(sodium fluoride (dental))***	2	-
sodium fluoride cream 1.1% (PREVIDENT Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
sodium fluoride gel 1.1% (PREVIDENT Equiv)	1	-
sodium fluoride paste 1.1% (PREVIDENT Equiv)	1	-
sodium fluoride rinse .02%, .022%, .05%, .2% (PREVIDENT Equiv)	1	-
sodium fluoride/potassium nitrate paste 1.1%-5% (PREVIDENT Equiv)	1	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
triamcinolone in orabase paste .1% (KENALOG/ORABASE Equiv)	1	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
cevimeline cap 30MG (EVOXAC Equiv)	1	-
EVOXAC CAP 30MG ***(cevimeline hcl)***	3	-

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pilocarpine tab 5MG, 7.5MG (SALAGEN Equiv)	1	-
SALAGEN TAB 5MG, 7.5MG ***(pilocarpine hcl (oral))***	3	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
DIALYVITE TAB ***(b-complex w/ c-biotin-e-minerals & folic acid)***	1	-
DIALYVITE/ZINC TAB ***(b-complex w/ c-zn & folic acid)***	1	-
FOLBEE PLUS CZ TAB ***(b-complex w/ c-biotin-minerals & folic acid)***	1	-
NEPHROCAP ***(b-complex w/ c & folic acid)***	3	-
renaphro cap (NEPHROCAP Equiv)	1	-
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
multivitamin/minerals tab (STROVITE Equiv)	1	-
V-C FORTE CAP ***(multiple vitamins w/ minerals)***	3	-
v-c forte cap (V-C FORTE Equiv)	1	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
ESCAVITE CHEW TAB ***(ped multivitamins w/fl & iron)***	3	-
pediatric multiple vitamins/fluoride/iron soln	1	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
FLORIVA PLUS DROPS ***(pediatric multivitamins w/fl)***	2	-

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MULTIVITAMIN/FLOURIDE CHEW 0.25MG ***(pediatric multivitamins w/fl)***	1	-
MULTIVITAMIN/FLOURIDE CHEW 1MG ***(pediatric multivitamins w/fl)***	1	-
MULTIVITAMIN/FLUORIDE CHEW TAB ***(pediatric multivitamins w/fl)***	1	-
pediatric multiple vitamins/fluoride chew tab	1	-
pediatric multiple vitamins/fluoride soln	1	-
QUFLORA PEDIATRIC CHEW TAB ***(pediatric multivitamins w/fl)***	3	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
CONCEPT DHA CAP ***(prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)***	3	-
MYNATAL-Z TAB ***(prenatal vit w/ ferrous fumarate-folic acid)***	3	-
NEONATAL 19 TAB ***(prenatal vitamin-folic acid)***	3	-
NEONATAL FE TAB ***(prenatal multivitamins w/ iron-folic acid)***	3	-
PRENATABS RX TAB ***(prenatal vit w/ iron carbonyl-folic acid)***	3	-
PRENATAL 19 CHEW TAB ***(prenatal vit w/ ferrous fumarate-folic acid)***	3	-
PRENATAL 19 TAB ***(prenatal vit w/ docusate-fe fumarate-folic acid)***	3	-

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PRENATAL VITAMINS (NON-PREFERRED) ***(prenatal vit w/fe carbonyl-fe bisglyc-methylfol-dss & dha)***	3	-
VITAFOL STRIPS ***(prenatal w/ vit b6-b12-cholecalciferol-folic acid)***	3	-
VP-PNV-DHA CAP ***(prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)***	3	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
BACLOFEN SUSP 25MG/5ML (BACLOFEN Equiv) ***(baclofen)***	1	PA Prior Authorization Required for members age 9 or older
baclofen susp 25MG/5ML (BACLOFEN Equiv)	1	PA Prior Authorization Required for members age 9 or older
baclofen tab 10MG, 20MG, 5MG (BACLOFEN Equiv)	1	-
carisoprodol tab 350MG (SOMA Equiv)	1	QL QL=120 tabs/30 days
chlorzoxazone tab 500mg 500MG	1	-
cyclobenzaprine tab 10mg 10MG (FLEXERIL Equiv)	1	-
cyclobenzaprine tab 5mg 5MG (FLEXERIL Equiv)	1	-
FLEQSUVY SUSP 1MG/ML, 5MG/ML ***(baclofen)***	3	PA Prior Authorization required for members age 9 or older

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LYVISPAH GRANULE PACKET 10MG, 20MG, 5MG ***(baclofen)***	3	PA Members age 9 or older require Prior Authorization
metaxalone tab 400MG, 800MG (SKELAXIN Equiv)	1	-
METAXALONE TAB 400MG ***(metaxalone)***	3	-
methocarbamol tab (ROBAXIN Equiv)	1	-
ROBAXIN TAB 750MG ***(methocarbamol)***	3	-
SKELAXIN TAB 800MG ***(metaxalone)***	3	-
SOMA TAB 350MG ***(carisoprodol)***	3	QL QL=120 tabs/30 days
tizanidine tab 2MG, 4MG (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG ***(tizanidine hcl)***	3	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
DANTRIUM CAP 25MG, 50MG ***(dantrolene sodium)***	3	-
dantrolene cap 100MG, 25MG, 50MG (DANTRIUM Equiv)	1	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL AGENTS - MISC. - Miscellaneous nasal agents		
ALCOHOL SWABS 62% ***(alcohol (nasal))***	1	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
azelastine nasal spray 0.1% .1%, 137MCG/SPRAY (ASTELIN Equiv)	1	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		

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ipratropium nasal spray .03%, .06% (ATROVENT Equiv)	1	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
BECONASE AQ NASAL SPRAY 42MCG/SPRAY ***(beclomethasone diprop monohyd)***	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
fluticasone nasal spray 50MCG/ACT (FLONASE Equiv)	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT ***(triamcinolone acetonide (nasal))***	3	OTC-QL QL= 2 bottles/fill
triamcinolone OTC nasal spray 55MCG/ACT (NASACORT Equiv)	1	OTC-QL QL= 2 bottles/fill
ZETONNA NASAL SPRAY 37MCG/ACT ***(ciclesonide (nasal))***	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
RADICAVA ORS STARTER KIT 105MG/5ML ***(edaravone)***	4	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523

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RADICAVA ORS SUSP 105MG/5ML ***(edaravone)***	4	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
RELYVRIO PAK 1GM-3GM ***(sodium phenylbutyrate-taurursodiol)***	4	LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523
riluzole tab 50MG (RILUTEK Equiv)	1	-
SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		
EVRYSDI SOLN .75MG/ML ***(risdiplam)***	4	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
NUTRIENTS - Drugs to treat nutrient disorders		
LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN ***(medium chain triglycerides)***	2	OTC-PA
MCT OIL ***(medium chain triglycerides)***	2	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG ***(creatine)***	2	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET ***(citrulline)***	2	OTC-PA
phlexy-10 tab	1	OTC-PA
pro-stat liquid	1	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
BETAGAN OPHTH SOLN ***(levobunolol hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
brimonidine/timolol ophth soln .2%-.5% (COMBIGAN Equiv)	1	-
COSOPT OPHTH SOLN 6.8MG/ML-22.3MG/ML ***(dorzolamide hcl-timolol maleate)***	3	-
dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML (COSOPT Equiv)	1	-
LEVOBUNOLOL OPHTH SOLN .5% ***(levobunolol hcl)***	1	-
levobunolol ophth soln .5%	1	-
timolol maleate ophth gel .25%, .5% (TIMOPTIC-XE Equiv)	1	-
timolol maleate ophth soln .25%, .5% (TIMOPTIC Equiv)	1	-
TIMOPTIC OPHTH SOLN .25%, .5% ***(timolol maleate (ophth))***	3	-
TIMOPTIC-XE OPHTH GEL .25%, .5% ***(timolol maleate (ophth))***	3	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
atropine ophth oint 1%	1	-
atropine ophth soln 1% (ISOPTO ATROPINE Equiv)	1	-
ATROPINE SUL SOLN 1% OPHTH 1% ***(atropine sulfate (ophthalmic))***	1	-
CYCLOGYL OPHTH SOLN .5%, 2% ***(cyclopentolate hcl)***	3	-

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CYCLOGYL OPHTH SOLN 1% ***(cyclopentolate hcl)***	3	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ***(cyclopentolate w/ phenylephrine)***	2	-
cyclopentolate ophth soln .5%, 1%, 2% (CYCLOGYL Equiv)	1	-
HOMATROPINE OPHTH SOLN 5% ***(homatropine hbr)***	2	-
MYDRIACYL OPHTH SOLN ***(tropicamide ophth soln)***	3	-
phenylephrine ophth soln 10%, 2.5% (MYDFRIN Equiv)	1	-
tropicamide ophth soln .5%, 1% (MYDRIACYL Equiv)	1	-
MIOTICS - Drugs to treat eye conditions		
ISOPTO CARBACHOL OPHTH SOLN ***(carbachol (ophth))***	2	-
ISOPTO CARPINE OPHTH SOLN 1%, 2%, 4% ***(pilocarpine hcl)***	3	-
pilocarpine ophth soln 1%, 2%, 4% (ISOPTO CARPINE Equiv)	1	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
ALPHAGAN P OPHTH SOLN 0.15% .15% ***(brimonidine tartrate)***	3	-
APRACLONIDINE OPHTH SOLN .5% ***(apraclonidine hcl)***	2	-

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apraclonidine ophth soln .5% (IOPIDINE Equiv)	1	-
brimonidine ophth soln 0.15% .15% (ALPHAGAN P 0.15% Equiv)	1	-
brimonidine ophth soln 0.2% .2%	1	-
IOPIDINE OPHTH SOLN 1% ***(apraclonidine hcl)***	2	-
IOPIDINE OPHTH SOLN ***(apraclonidine hcl)***	3	-
SIMBRINZA OPHTH SUSP .2%-1% ***(brinzolamide-brimonidine tartrate)***	2	-
OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections		
AZASITE SOLN 1% ***(azithromycin (ophth))***	2	-
BACITRACIN OPHTH OINT 500UNIT/GM ***(bacitracin (ophthalmic))***	2	-
bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM (NEOSPORIN Equiv)	1	-
bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM (POLYSPORIN Equiv)	1	-
BLEPH-10 OPHTH SOLN 10% ***(sulfacetamide sodium (ophth))***	3	-
CILOXAN OPHTH OINT .3% ***(ciprofloxacin hcl (ophth))***	3	-
CILOXAN OPHTH SOLN .3% ***(ciprofloxacin hcl (ophth))***	3	-

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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= $250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ciprofloxacin ophth soln .3% (CILOXAN Equiv)	1	-
erythromycin ophth oint 5MG/GM	1	-
gatifloxacin ophth soln .5% (ZYMAXID Equiv)	1	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
GENTAK OPHTH OINT .3% ***(gentamicin sulfate (ophth))***	1	-
gentamicin ophth soln .3% (GARAMYCIN Equiv)	1	-
levofloxacin ophth soln .5% (QUIXIN Equiv)	1	-
LEVOFLOXACIN OPHTH SOLN 0.5% .5% ***(levofloxacin (ophth))***	1	-
moxifloxacin ophth soln .5% (VIGAMOX OPHTH SOLN Equiv)	1	-
NATACYN OPHTH SUSP 5% ***(natamycin)***	2	QL QL= 15ml/fill
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ***(neomycin-polymyxin-gramicidin)***	1	-
NEOSPORIN OPHTH SOLN ***(neomycin-polymyxin-gramicidin)***	3	-
OCUFLOX OPHTH SOLN .3% ***(ofloxacin (ophth))***	3	-
ofloxacin ophth soln .3% (OCUFLOX Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML (POLYTRIM Equiv)	1	-
POLYTRIM OPHTH SOLN .1%-10000UNIT/ML ***(polymyxin b-trimethoprim)***	3	-
sulfacetamide sodium ophth soln 10% (BLEPH-10 Equiv)	1	-
tobramycin ophth soln .3% (TOBREX Equiv)	1	-
TOBREX OPHTH OINT .3% ***(tobramycin (ophth))***	3	-
TOBREX OPHTH SOLN .3% ***(tobramycin (ophth))***	3	-
TRIFLURIDINE OPHTH SOLN 1% ***(trifluridine)***	1	-
VIGAMOX OPHTH SOLN .5% ***(moxifloxacin hcl (ophth))***	3	-
ZIRGAN OPHTH GEL .15% ***(ganciclovir ophthalmic)***	2	-
ZYMAXID OPHTH SOLN .5% ***(gatifloxacin (ophth))***	3	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
RESTASIS OPHTH EMULSION .05% ***(cyclosporine (ophth))***	1	RS Restricted to Ophthalmology or Optometry Specialist
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
ALCAINE OPHTH SOLN .5% ***(proparacaine hcl)***	3	-
proparacaine ophth soln .5% (ALCAINE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)	1	-
BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% ***(sulfacetamide sod-prednisolone)***	3	-
DEXAMETHASONE OPHTH SOLN .1% ***(dexamethasone sodium phosphate (ophth))***	2	-
difluprednate ophth emulsion .05% (DUREZOL Equiv)	1	-
DUREZOL OPHTH EMULSION .05% ***(difluprednate)***	3	-
FLAREX OPHTH SUSP .1% ***(fluorometholone acetate)***	3	-
fluorometholone ophth soln .1% (FML LIQUIFILM Equiv)	1	-
FML FORTE OPHTH SUSP .25% ***(fluorometholone (ophth))***	3	-
FML LIQUIFLIM OPHTH SUSP .1% ***(fluorometholone (ophth))***	3	-
FML S.O.P. OPHTH OINT .1% ***(fluorometholone (ophth))***	3	-
LOTEMAX OPHTH OINT .5% ***(loteprednol etabonate)***	2	-
LOTEMAX OPHTH SUSP .5% ***(loteprednol etabonate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
loteprednol etabonate ophth gel .5% (LOTEMAX Equiv)	1	-
loteprednol ophth susp .5% (LOTEMAX Equiv)	1	-
MAXIDEX OPHTH SOLN .1%, 9% ***(dexamethasone (ophth))***	2	-
MAXITROL OPHTH OINT .1%-3.5MG/GM-10000UNIT/GM ***(neomycin-polymy-dexameth)***	3	-
MAXITROL OPHTH SUSP .1%-3.5MG/ML-10000UNIT/ML ***(neomycin-polymy-dexameth)***	3	-
neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	1	-
neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML ***(neomycin-polymyxin-hc (ophth))***	1	-
PRED FORTE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	3	-
PRED FORTE OPHTH SUSP ***(prednisolone acetate (ophth))***	3	-
PRED MILD OPHTH SOLN .12% ***(prednisolone acetate (ophth))***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRED-G OPHTH SOLN .3%-1% ***(gentamicin-prednisolone acetate)***	2	-
PREDNISOLONE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	1	-
PREDNISOLONE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	1	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ***(prednisolone sodium phosphate (ophth))***	2	-
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% ***(sulfacetamide sod-prednisolone)***	1	-
TOBRADEX OPHTH OINT .1%-.3% ***(tobramycin-dexamethasone)***	2	-
TOBRADEX OPHTH SOLN .1%-.3% ***(tobramycin-dexamethasone)***	3	-
TOBRADEX ST OPHTH SUSP .05%-.3% ***(tobramycin-dexamethasone)***	3	-
tobramycin/dexamethasone ophth soln .1%-.3% (TOBRADEX Equiv)	1	-
ZYLET OPHTH SUSP .3%-.5% ***(loteprednol etabonate-tobramycin)***	2	QL QL= 5ml/fill (10ml bottle is Not Covered)
OPHTHALMICS - MISC. - Miscellaneous eye agents		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACULAR (LS) OPHTH SOLN .4%, .5% ***(ketorolac tromethamine (ophth))***	3	-
ACUVAIL OPHTH SOLN .45% ***(ketorolac tromethamine (ophth))***	3	-
ALOCRIL OPHTH SOLN 2% ***(nedocromil sodium (ophth))***	2	-
ALOMIDE OPHTH SOLN .1% ***(lodoxamide tromethamine)***	2	-
azelastine ophth soln .05% (OPTIVAR Equiv)	1	-
AZOPT OPHTH SUSP 1% ***(brinzolamide)***	3	-
bepotastine ophth soln 1.5% (BEPREVE Equiv)	1	-
BEPREVE OPHTH SOLN 1.5% ***(bepotastine besilate)***	3	-
brinzolamide ophth susp 1% (AZOPT Equiv)	1	-
bromfenac ophth soln .09% (BROMDAY Equiv)	1	-
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) ***(bromfenac sodium (ophth))***	1	-
cromolyn ophth soln 4% (CROLOM Equiv)	1	-
CROMOLYN SODIUM OPHTH SOLN 4% ***(cromolyn sodium (ophth))***	1	-
CYSTADROPS SOLN .37% ***(cysteamine hcl)***	4	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYSTARAN OPHTH SOLN .44% ***(cysteamine hcl)***	4	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
diclofenac sodium ophth soln .1% (VOLTAREN Equiv)	1	-
dorzolamide ophth soln 2% (TRUSOPT Equiv)	1	-
ELESTAT OPHTH SOLN ***(epinastine hcl (ophth))***	3	-
EMADINE OPHTH SOLN ***(emedastine difumarate)***	3	-
epinastine opthth soln .05% (ELESTAT Equiv)	1	-
FLURBIPROFEN OPHTH SOLN .03% ***(flurbiprofen sodium)***	2	-
ILEVRO OPHTH SUSP .3% ***(nepafenac)***	2	-
ketorolac ophth soln .4%, .5% (ACULAR (LS) Equiv)	1	-
ketotifen ophth soln .025% (ZADITOR Equiv)	1	OTC OTC covered only
LASTACAFT OPHTH SOLN .25% ***(alcaftadine)***	3	QL QL= 3ml/30 days
NEVANAC OPHTH SUSP .1% ***(nepafenac)***	2	-
olopatadine ophth soln 0.1% .1% (PATANOL Equiv)	1	OTC
olopatadine ophth soln 0.2% .2% (PATADAY Equiv)	1	OTC-QL QL= 2.5ml/30 days
PATANOL OPHTH SOLN .1% ***(olopatadine hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROLENSA OPHTH SOLN .07% ***(bromfenac sodium (ophth))***	2	-
TRUSOPT OPHTH SOLN 2% ***(dorzolamide hcl)***	3	-
UPNEEQ SOLN .1% ***(oxymetazoline hcl (blepharoptosis))***	EXC	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
bimatoprost ophth soln .03%	1	QL QL= 2.5ml/30 days
latanoprost ophth soln .005% (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% ***(bimatoprost)***	2	QL QL= 2.5ml/30 days
TRAVATAN Z DROPS .004% ***(travoprost)***	3	QL QL= 2.5ml/30 days
travoprost ophth soln .004% (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days
XALATAN OPHTH SOLN .005% ***(latanoprost)***	3	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
acetic acid otic soln 2% (VOSOL Equiv)	1	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
CIPROFLOXACIN OTIC SOLN .2% ***(ciprofloxacin hcl (otic))***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ofloxacin otic soln .3% (FLOXIN Equiv)	1	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
CIPRO HC OTIC SUSP .2%-1% ***(ciprofloxacin-hydrocortisone)***	3	-
CIPRODEX OTIC SUSP .1%-.3% ***(ciprofloxacin-dexamethasone)***	3	-
ciprofloxacin/dexamethasone otic susp .1%-.3% (CIPRODEX Equiv)	1	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ***(neomycin-colistin-hc-thonzonium)***	2	-
neomycin/polymixin/hydrocoritisone otic soln 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	1	-
neomycin/polymixin/hydrocoritisone otic susp 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	1	-
OTIC STEROIDS - Drugs to treat ear swelling		
ACETASOL HC OTIC SOLN 1%-2% ***(hydrocortisone w/acetic acid)***	1	-
acetic acid/hydrocortisone otic soln 1%-2% (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% ***(fluocinolone acetonide (otic))***	3	-
fluocinolone otic oil .01% (DERMOTIC Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		
methylergonovine tab .2MG (METHERGINE Equiv)	1	QL QL= 28 tabs/fill, 1 fill/365 days
PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
GAMASTAN INJ ***(immune globulin (human) im)***	M	M
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM ***(immune globulin (human) iv)***	M	M
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human) subcutaneous)***	2	KMSP-PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ***(immune globulin (human)-hyaluronidase (human recombinant))***	4	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human) subcutaneous)***	2	KMSP-PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human)-klhw)***	4	LD-PA Only available through Diplomat Pharmacy 877-977-9118
MONOCLONAL ANTIBODIES - Drugs to treat various types of cancer and eye conditions		
BEYFORTUS INJ 100MG/ML, 50MG/0.5ML ***(nirsevimab-alip)***	EXC	VAC
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
amoxicillin cap 250MG, 500MG (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG ***(amoxicillin)***	1	-
amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML (TRIMOX Equiv)	1	-
amoxicillin tab 500MG, 875MG (AMOXIL Equiv)	1	-
AMPICILLIN CAP 500MG ***(ampicillin)***	1	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
PENICILLIN G PROCAINE INJ 600000UNIT/ML ***(penicillin g procaine)***	M	M
PENICILLIN G SODIUM INJ 5000000UNIT ***(penicillin g sodium)***	M	M
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML ***(penicillin v potassium)***	1	-
penicillin vk tab 250MG, 500MG (VEETIDS Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PFIZERPEN G INJ 20000000UNIT, 5000000UNIT (PFIZERPEN G Equiv) ***(penicillin g potassium)***	M	M
pfizerpen g inj 20000000UNIT, 5000000UNIT (PFIZERPEN G Equiv)	M	M
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG ***(amoxicillin & pot clavulanate)***	3	-
amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML (AUGMENTIN ES Equiv)	1	-
amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)	1	-
ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM	M	M
AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML ***(amoxicillin & pot clavulanate)***	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML ***(amoxicillin & pot clavulanate)***	3	-

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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= $250 up to 30 day supply/Rx	OTC	Over-the-Counter
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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AUGMENTIN TAB 125MG-500MG ***(amoxicillin & pot clavulanate)***	3	-
piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM	M	M
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
dicloxacillin cap 250MG, 500MG (DYNAPEN Equiv)	1	-
nafcillin inj 10GM, 1GM, 2GM	M	M
oxacillin inj 10GM, 1GM, 2GM	M	M
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES ***(polyethylene glycol 8000)***	2	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
AYGESTIN TAB 5MG ***(norethindrone acetate)***	3	-
hydroxyprogesterone inj 250MG/ML (MAKENA Equiv)	4	LMSP-PA
medroxyprogesterone tab 10MG, 2.5MG, 5MG (PROVERA Equiv)	1	-
norethindrone tab 5MG (AYGESTIN Equiv)	1	-
progesterone cap 100MG, 200MG (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG ***(progesterone)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROVERA TAB 10MG, 2.5MG, 5MG ***(medroxyprogesterone acetate)***	3	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		
acamprosate calcium DR tab 333MG (CAMPRAL Equiv)	1	-
ANTABUSE TAB 250MG, 500MG ***(disulfiram)***	3	-
disulfiram tab 250MG, 500MG (ANTABUSE Equiv)	1	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
SODIUM OXYBATE SOLN 500MG/ML ***(sodium oxybate)***	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
ARICEPT TAB 10MG, 5MG ***(donepezil hydrochloride)***	3	QL QL= 2 tabs/day
ARICEPT TAB 23MG 23MG ***(donepezil hydrochloride)***	3	QL QL= 1 tab/day
donepezil ODT 10MG, 5MG (ARICEPT Equiv)	1	QL QL= 1 tab/day
donepezil tab 10MG, 5MG (ARICEPT Equiv)	1	QL QL= 2 tabs/day

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
donepezil tab 23mg 23MG (ARICEPT Equiv)	1	QL QL= 1 tab/day
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR ***(rivastigmine)***	3	ST Step Therapy requires trial of rivastigmine cap
galantamine ER cap 16MG, 24MG, 8MG (RAZADYNE ER Equiv)	1	-
galantamine tab 12MG, 4MG, 8MG (RAZADYNE Equiv)	1	-
memantine ER cap 14MG, 21MG, 28MG, 7MG (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab
memantine sol 10MG/5ML, 2MG/ML (NAMENDA Equiv)	1	-
memantine tab 10MG, 5MG (NAMENDA Equiv)	1	-
NAMENDA TAB 10MG, 5MG ***(memantine hcl)***	3	-
RAZADYNE ER CAP 16MG, 24MG, 8MG ***(galantamine hydrobromide)***	3	-
RAZADYNE TAB 12MG, 4MG, 8MG ***(galantamine hydrobromide)***	3	-
rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG (EXELON Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG ***(chlordiazepoxide-amitriptyline)***	1	-
olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (SYMBYAX Equiv)	1	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG ***(perphenazine-amitriptyline)***	1	-
SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG ***(olanzapine-fluoxetine hcl)***	3	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK ***(milnacipran hcl)***	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ***(milnacipran hcl)***	2	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
INGREZZA CAP 40MG, 60MG, 80MG ***(valbenazine tosylate)***	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
tetrabenazine tab 12.5MG, 25MG (XENAZINE Equiv)	4	LMSP-PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AVONEX INJ 30MCG/0.5ML ***(interferon beta-1a)***	4	LMSP
dalfampridine ER tab 10MG (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
dimethyl fumarate DR cap 120MG, 240MG (TECFIDERA Equiv)	4	LMSP
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK Equiv)	4	LMSP
EXTAVIA INJ .3MG ***(interferon beta-1b)***	4	MSP
fingolimod hcl cap 0.5mg .5MG (GILENYA Equiv)	4	LMSP QL= 1 cap/day
GILENYA CAP 0.25MG .25MG ***(fingolimod hcl)***	4	LMSP-QL QL= 1 cap/day
glatiramer inj 20MG/ML, 40MG/ML (COPAXONE Equiv)	4	LMSP
KESIMPTA INJ 20MG/0.4ML ***(ofatumumab (ms))***	4	LMSP
MAYZENT TAB .25MG, 1MG, 2MG ***(siponimod fumarate)***	4	LMSP
MAYZENT TAB STARTER PACK .25MG ***(siponimod fumarate)***	4	LMSP
PLEGRIDY INJ 125MCG/0.5ML ***(peginterferon beta-1a)***	4	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ***(peginterferon beta-1a)***	4	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
teriflunomide tab 14MG, 7MG (AUBAGIO TAB Equiv)	4	LMSP
ZEPOSIA CAP .92MG ***(ozanimod hcl)***	4	LMSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK ***(ozanimod hcl)***	4	LMSP-PA-QL QL= 1 cap/day
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG ***(dextromethorphan hbr-quinidine sulfate)***	2	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psyotherapeutic and neurological drugs		
ERGOLOID MESYLATES TAB 1MG ***(ergoloid mesylates)***	3	-
ORAP TAB ***(pimozide)***	3	-
PIMOZIDE TAB 1MG, 2MG ***(pimozide)***	2	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
bupropion SR tab 150MG (ZYBAN Equiv)	$0	SMKG
nicotine gum 2MG, 4MG (NICORETTE Equiv)	$0	OTC-SMKG
NICOTINE KIT ***(nicotine)***	$0	OTC-SMKG
nicotine lozenge 2MG, 4MG (COMMIT Equiv)	$0	OTC-SMKG
nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR (NICODERM Equiv)	$0	OTC-SMKG
NICOTROL INHALER 10MG ***(nicotine)***	$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML ***(nicotine)***	$0	SMKG
VARENICLINE PAK ***(varenicline tartrate)***	$0	SMKG

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VARENICLINE TAB .5MG, 1MG ***(varenicline tartrate)***	$0	SMKG
varenicline tartrate tab .5MG, 1MG (VARENICLINE Equiv)	$0	SMKG
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
TEGSEDI INJ 284MG/1.5ML ***(inotersen sodium)***	4	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 13.4MG, 25MG, 50MG, 75MG ***(ivacaftor)***	4	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG ***(ivacaftor)***	4	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG ***(lumacaftor-ivacaftor)***	4	KMSP-PA-QL QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ***(lumacaftor-ivacaftor)***	4	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML ***(dornase alfa)***	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ***(tezacaftor-ivacaftor)***	4	KMSP-PA-QL QL= 2 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRIKAFTA TAB 25MG-50MG, 50MG-100MG ***(elexacaftor-tezacaftor-ivacaftor)***	4	KMSP-PA-QL QL= 84 tabs/28 days
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG ***(elexacaftor-tezacaftor-ivacaftor)***	4	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
ESBRIET CAP 267MG ***(pirfenidone)***	4	LMSP-PA-QL-SF QL= 9 caps/day
ESBRIET TAB 267MG 267MG ***(pirfenidone)***	4	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG ***(pirfenidone)***	4	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG ***(nintedanib esylate)***	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
pirfenidone cap 267MG (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 9 caps/day
pirfenidone tab 267mg 267MG (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 9 tabs/day
pirfenidone tab 801mg 801MG (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 3 tabs/day
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sulfadiazine tab 500MG	1	-
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
demeclocycline tab 150MG, 300MG (DECLOMYCIN Equiv)	1	-
doxycycline hyclate cap 100MG, 50MG (VIBRAMYCIN Equiv)	1	-
doxycycline hyclate tab 100MG, 20MG (VIBRATAB Equiv)	1	-
doxycycline monohydrate cap 100mg 100MG (MONODOX Equiv)	1	-
doxycycline monohydrate cap 50mg 50MG (MONODOX Equiv)	1	-
doxycycline monohydrate tab 100MG, 50MG, 75MG (ADOXA Equiv)	1	-
doxycycline susp 25MG/5ML (VIBRAMYCIN Equiv)	1	-
MINOCIN CAP 100MG, 50MG ***(minocycline hcl)***	3	-
minocycline cap 100MG, 50MG, 75MG (MINOCIN Equiv)	1	-
MONODOX CAP ***(doxycycline (monohydrate))***	3	-
tetracycline cap 250MG, 500MG	1	-
VIBRAMYCIN CAP 100MG ***(doxycycline hyclate)***	3	-
VIBRAMYCIN SUSP 25MG/5ML ***(doxycycline (monohydrate))***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VIBRAMYCIN SYRUP 50MG/5ML ***(doxycycline calcium)***	3	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
methimazole tab (TAPAZOLE Equiv)	1	-
propylthiouracil tab 50MG	1	-
TAPAZOLE TAB 10MG, 5MG ***(methimazole)***	3	-
THYROID HORMONES - Drugs to regulate thyroid hormones		
ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 120MG, 130MG, 146.25MG, 15MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 30MG, 32.5MG, 325MG, 48.75MG, 60MG, 65MG, 81.25MG, 90MG, 97.5MG ***(thyroid)***	1	-
ARMOUR THYROID TAB, NATURE THROID TAB 60MG ***(thyroid)***	1	-
CYTOMEL TAB 25MCG, 50MCG, 5MCG ***(liothyronine sodium)***	3	-
levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG (SYNTHROID Equiv)	1	-
liothyronine tab 25MCG, 50MCG, 5MCG (CYTOMEL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (ARMOUR THYROID, NATURE THROID Equiv)	1	-
SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG ***(levothyroxine sodium)***	3	-
THYROLAR TAB ***(liotrix (t3-t4))***	2	-
TIROSINT-SOL 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML ***(levothyroxine sodium)***	3	PA-QL QL=1 ml/day; Prior Authorization required for members age 9 or older
TOXOIDS - Drugs to prevent infection		
TOXOID COMBINATIONS - Drugs to prevent infection		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	$0	VAC Covered for members age 19 years or older
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ 5LFU/0.5ML-25LFU/0.5ML ***(diphtheria-tetanus toxoids (dt))***	EXC	VAC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KINRIX INJ, QUADRACEL DTAP-IPV INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	EXC	VAC
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	EXC	VAC
PENTACEL INJ 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ***(diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)***	EXC	VAC
TETANUS/DIPHTHERIA TOXOID INJ 2LF/0.5ML ***(tetanus-diphtheria toxoids (td))***	$0	VAC Covered for members age 19 years or older
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
ANASPAZ ODT .125MG ***(hyoscyamine sulfate)***	3	-
BENTYL CAP ***(dicyclomine hcl)***	3	-
BENTYL SYRUP ***(dicyclomine hcl)***	3	-
dicyclomine cap 10MG (BENTYL Equiv)	1	-
dicyclomine soln 10MG/5ML (BENTYL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
dicyclomine tab 20MG (BENTYL Equiv)	1	-
glycopyrrolate tab 1MG, 2MG (ROBINUL Equiv)	1	-
hyoscyamine sulfate CR tab .375MG (LEVBID Equiv)	1	-
hyoscyamine sulfate elixir .125MG/5ML (LEVSIN Equiv)	1	-
hyoscyamine sulfate ODT .125MG (ANASPAZ Equiv)	1	-
hyoscyamine sulfate SL tab .125MG (LEVSIN Equiv)	1	-
hyoscyamine tab .125MG (LEVSIN Equiv)	1	-
LEVBID TAB .375MG ***(hyoscyamine sulfate)***	3	-
LEVSIN SL TAB .125MG ***(hyoscyamine sulfate)***	3	-
LEVSIN TAB .125MG ***(hyoscyamine sulfate)***	3	-
methscopolamine tab 2.5MG, 5MG (PAMINE Equiv)	1	-
ROBINUL TAB 1MG, 2MG ***(glycopyrrolate)***	3	-
SYMAX DUOTAB .375MG ***(hyoscyamine sulfate)***	3	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
cimetidine tab 200MG, 300MG, 400MG, 800MG (TAGAMET Equiv)	1	-
famotidine susp 40MG/5ML (PEPCID Equiv)	1	-
famotidine tab 10MG, 20MG, 40MG (PEPCID Equiv)	1	-
nizatidine cap 150MG, 300MG (AXID Equiv)	1	-
NIZATIDINE SOLN 15MG/ML ***(nizatidine)***	3	PA Members age 9 or older require Prior Authorization
PEPCID SUSP ***(famotidine)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PEPCID TAB 10MG, 20MG, 40MG ***(famotidine)***	3	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE TAB 1GM ***(sucralfate)***	3	-
sucralfate tab 1GM (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
ACIPHEX TAB 20MG ***(rabeprazole sodium)***	3	-
esomeprazole cap 20MG, 40MG (NEXIUM Equiv)	1	OTC
lansoprazole cap 15MG, 30MG (PREVACID Equiv)	1	OTC
omeprazole DR cap 10MG, 20MG, 40MG (PRILOSEC Equiv)	1	-
pantoprazole EC tab 20MG, 40MG (PROTONIX Equiv)	1	-
PREVACID CAP 30MG ***(lansoprazole)***	3	OTC
PREVACID OTC CAP 15MG ***(lansoprazole)***	3	OTC
rabeprazole EC tab 20MG (ACIPHEX Equiv)	1	-
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
CYTOTEC TAB 100MCG, 200MCG ***(misoprostol)***	3	-
misoprostol tab 100MCG, 200MCG (CYTOTEC Equiv)	1	-
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
ANTISPASMODICS - Drugs to treat diarrhea		
CUVPOSA SOLN 1MG/5ML ***(glycopyrrolate)***	4	MSP
glycopyrrolate oral soln 1MG/5ML (CUVPOSA Equiv)	4	MSP
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
NIZATIDINE CAP 150MG, 300MG ***(nizatidine)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE SUSP 1GM/10ML ***(sucralfate)***	3	-
sucralfate susp 1GM/10ML (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
omeprazole tab 20MG	1	OTC
ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions		
ZEGERID CAP OTC 20MG-1100MG ***(omeprazole-sodium bicarbonate)***	1	OTC
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
darifenacin SR tab 15MG, 7.5MG (ENABLEX Equiv)	1	PA
DETROL LA CAP 2MG, 4MG ***(tolterodine tartrate)***	3	-
DETROL TAB 1MG, 2MG ***(tolterodine tartrate)***	3	-
DITROPAN XL TAB 10MG, 5MG ***(oxybutynin chloride)***	3	-
ENABLEX TAB 15MG, 7.5MG ***(darifenacin hydrobromide)***	3	PA
fesoterodine fumarate ER tab 4MG, 8MG (TOVIAZ Equiv)	1	-
oxybutynin ER tab 10MG, 15MG, 5MG (DITROPAN XL Equiv)	1	-
oxybutynin syrup 5MG/5ML	1	-
oxybutynin tab 5MG (DITROPAN Equiv)	1	-

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OXYTROL PATCH (OTC) 3.9MG/24HR ***(oxybutynin)***	1	OTC
solifenacin tab 10MG, 5MG (VESICARE Equiv)	1	-
tolterodine SR cap 2MG, 4MG (DETROL LA Equiv)	1	-
tolterodine tab 1MG, 2MG (DETROL Equiv)	1	-
TOVIAZ TAB 4MG, 8MG ***(fesoterodine fumarate)***	3	-
trospium chloride SR cap 60MG (SANCTURA XR Equiv)	1	PA
trospium tab 20MG (SANCTURA Equiv)	1	-
VESICARE TAB 10MG, 5MG ***(solifenacin succinate)***	3	-
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG ***(mirabegron)***	2	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
bethanechol tab 10MG, 25MG, 50MG, 5MG (URECHOLINE Equiv)	1	-
URECHOLINE TAB 10MG, 25MG, 50MG, 5MG ***(bethanechol chloride)***	3	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
ACTHIB INJ, HIBERIX INJ 10MCG ***(haemophilus b polysac conj vac)***	EXC	VAC
BEXSERO INJ ***(meningococcal vac group b (recombant omv adjuvanted))***	$0	VAC Covered for members age 19 years or older

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MENVEO INJ ***(meningococcal (a,c,y&w-135) oligosaccharide conjugate vac)***	EXC	VAC
PEDVAXHIB INJ 7.5MCG/0.5ML ***(haemophilus b polysac conj vac)***	EXC	VAC
PNEUMOVAX INJ 25MCG/0.5ML ***(pneumococcal vac polyvalent)***	$0	VAC
PREVNAR 13 INJ ***(pneumococcal 13-valent conjugate vaccine)***	$0	PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.
PREVNAR 20 INJ ***(pneumococcal 20-valent conjugate vaccine)***	$0	QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older
TRUMENBA INJ ***(meningococcal group b vaccine (recombinant))***	$0	VAC Covered for members age 19 years or older
VAXNEUVANCE INJ ***(pneumococcal 15-valent conjugate vaccine)***	$0	QL-VAC QL= 1 vaccine/lifetime
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ ***(influenza virus vaccine split preservative free)***	$0	QL-VAC QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ ***(influenza virus vaccine split)***	$0	QL-VAC QL= 1 inj/28 days

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COMIRNATY INJ 30MCG/0.3ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 50MCG/0.5ML ***(covid-19 mrna bivalent virus vaccine (moderna))***	$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 30MCG/0.3ML ***(covid-19 mrna bivalent virus vaccine (pfizer))***	$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 10MCG/0.2ML ***(covid-19 mrna bivalent virus vaccine (pfizer))***	$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 3MCG/0.2ML ***(covid-19 mrna bivalent virus vaccine (pfizer))***	$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 10MCG/0.2ML ***(covid-19 mrna bivalent virus vaccine (moderna))***	$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN) .5ML ***(covid-19 (sars-cov-2) adenovirus vaccine)***	$0	QL-VAC QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX) 5MCG/0.5ML ***(covid-19 (sars-cov-2) subunit (spike) protein virus vaccine)***	$0	QL-VAC QL= 1 dose/17 days
DENGVAXIA SUSP ***(dengue virus vaccine live tetravalent)***	EXC	VAC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 40MCG/ML, 5MCG/0.5ML ***(hepatitis b vaccine (recomb))***	$0	VAC Covered for members age 19 years or older
FLUAD INJ ***(influenza virus vaccine types a & b surface antigen adjuvant)***	$0	QL-VAC QL= 1 inj/28 days
FLUAD QUAD INJ .5ML ***(influenza virus vacc types a & b surf antigen adjuvant quad)***	$0	QL-VAC QL= 1 inj/28 days
FLUBLOK QUAD PF INJ ***(influenza virus vac recomb hemagglutinin (ha) quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX QUAD INJ ***(influenza virus vaccine tissue-cultured subunit quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUMIST QUADRIVALENT NASAL SUSP ***(influenza virus vaccine live quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE HD PF INJ ***(influenza virus vac split high-dose quad preservative free)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ ***(influenza virus vaccine split high-dose preservative free)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HEPLISAV-B INJ 20MCG/0.5ML ***(hepatitis b vaccine recombinant adjuvanted)***	$0	VAC Covered for members age 19 years or older
IMOVAX INJ 2.5UNIT/ML ***(rabies virus vaccine, hdc)***	$0	VAC Covered for members age 19 years or older
IPOL INJ ***(poliovirus vaccine, ipv)***	EXC	VAC
PREHEVBRIO SUSP 10MCG/ML ***(hepatitis b vaccine 3-antigen recombinant)***	$0	VAC
RABAVERT INJ ***(rabies vaccine, pcec)***	$0	VAC
ROTARIX SUSP ***(rotavirus vaccine, live oral)***	EXC	VAC
ROTATEQ INJ ***(rotavirus vaccine, live oral pentavalent)***	EXC	VAC
SHINGRIX INJ 50MCG/0.5ML ***(zoster vaccine recombinant adjuvanted)***	$0	VAC Covered for members age 19 years or older
SPIKEVAX INJ 100MCG/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL-VAC QL= 1 dose/24 days
VARIVAX INJ 1350PFU/0.5ML ***(varicella virus vaccine live)***	$0	VAC Covered for members age 19 years or older
VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections		
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CLINDESSE VAGINAL CREAM 2% ***(clindamycin phosphate (one dose))***	3	QL QL= 1 applicator (5 grams)/fill
VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy		
PHEXXI GEL .4%-1%-1.8% ***(lactic acid-citric acid-potassium bitartrate)***	$0	QL QL= 1 box/fill
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders		
FEM PH GEL .025%-.9% ***(acetic acid-oxyquinoline vaginal)***	3	-
SPERMICIDES - Drugs to prevent pregnancy		
CONCEPTROL GEL 4% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE FILM 28% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE FOAM 12.5% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE SUPP 100MG ***(nonoxynol-9)***	$0	OTC
TODAY SPONGE 1000MG ***(nonoxynol-9)***	$0	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
CLEOCIN VAGINAL CREAM 2% ***(clindamycin phosphate vaginal)***	3	-
CLEOCIN VAGINAL SUPP 100MG ***(clindamycin phosphate vaginal)***	3	QL QL= 3 suppositories/fill
clindamycin vaginal cream 2% (CLEOCIN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
METROGEL VAGINAL GEL .75% ***(metronidazole vaginal)***	3	-
metronidazole vaginal gel .75% (METROGEL Equiv)	1	-
MICONAZOLE 3 SUPP 200MG 200MG ***(miconazole nitrate vaginal)***	3	-
TERAZOL CREAM ***(terconazole vaginal)***	3	-
terconazole cream .4%, .8% (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% .8% ***(terconazole vaginal)***	1	-
terconazole supp 80MG (TERAZOL Equiv)	1	-
VAGINAL ESTROGENS - Drugs to treat low hormones		
ESTRACE VAGINAL CREAM .1MG/GM ***(estradiol vaginal)***	3	-
estradiol cream .1MG/GM (ESTRACE Equiv)	1	-
estradiol vaginal tab, yuvafem vaginal tab 10MCG (VAGIFEM Equiv)	1	QL QL= 8 tabs/28 days (18 tabs on first fill)
ESTRING 2MG, 7.5MCG/24HR ***(estradiol vaginal)***	2	-
FEMRING .05MG/24HR, .1MG/24HR ***(estradiol acetate vaginal)***	3	3 copays per Rx
PREMARIN VAGINAL CREAM .625MG/GM ***(estrogens, conjugated vaginal)***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VAGIFEM TAB 10MCG ***(estradiol vaginal)***	3	QL QL= 8 tabs/28 days (18 tabs on first fill)
VAGINAL PROGESTINS - Drugs to treat low hormones		
CRINONE GEL 4%, 8% ***(progesterone (vaginal))***	2	PA
ENDOMETRIN INSERT 100MG ***(progesterone (vaginal))***	2	PA
PROGESTERONE SUPP 100MG, 200MG ***(progesterone (vaginal))***	3	PA
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML (EPIPEN (JR) Equiv)	1	QL QL= 2 inj/fill
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML ***(epinephrine (anaphylaxis))***	1	QL QL= 2 inj/fill
VIRAL VACCINES - Drugs to prevent infection		
midodrine tab 10MG, 2.5MG, 5MG (PROAMATINE Equiv)	1	-
VITAMINS - Drugs to treat vitamin deficiency		
MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency		
PRENATAL VITAMINS (NON-PREFERRED) ***(prenatal without vit a w/ fe fum-fa-omega fatty acids)***	3	-

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PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) ***(prenatal vit w/ ferrous fumarate-folic acid)***	1	-
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
cholecalciferol cap 50000 unit 1.25MG, 50000UNIT	1	OTC
DRISDOL CAP 50000UNIT ***(ergocalciferol)***	3	-
MEPHYTON TAB 5MG ***(phytonadione)***	3	-
phytonadione tab 100MCG, 5MG (MEPHYTON Equiv)	1	-
vitamin D cap 1.25MG, 50000UNIT	1	Rx covered Only
vitamin D cap 1000unit 1000UNIT, 25MCG	$0	OTC
vitamin D cap 400unit 400UNIT	$0	OTC
VITAMIN D TAB 400UNIT 400UNIT ***(ergocalciferol)***	$0	OTC Covered for members 65 years or older
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
niacin cap	1	OTC
niacin CR tab 250MG, 500MG, 750MG (SLO-NIACIN Equiv)	1	OTC
niacin tab 100MG, 250MG, 500MG, 50MG	1	OTC
NIACIN TR TAB 1000MG ***(niacin)***	1	OTC
niacinamide tab 100MG, 500MG	1	OTC
POTABA CAP 500MG ***(potassium aminobenzoate)***	3	-
POTABA POWDER PACKET ***(potassium aminobenzoate)***	2	-
SLO-NIACIN TAB 250MG, 500MG, 750MG ***(niacin)***	3	OTC

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A
abacavir soln 102
abacavir tab 102
abacavir/lamivudine tab 102
abacavir/lamivudine/zidovudine tab 102
ABILIFY TAB 102
abiraterone tab 250mg 83
ABSTRAL SL TAB 11
acamprosate calcium DR tab 214
acarbose tab 47
ACCOLATE TAB 26
ACCU-CHEK AVIVA PLUS METER 180
ACCU-CHEK AVIVA PLUS TEST STRIP 148
ACCU-CHEK GUIDE CARE METER 180
ACCU-CHEK GUIDE ME KIT 181
ACCU-CHEK GUIDE TEST STRIP 148
ACCU-CHEK NANO METER 181
ACCU-CHEK SMARTVIEW TEST STRIP 148
ACCU-CHEK TEST STRIP 148
ACCUPRIL TAB 66
ACCURETIC TAB 69
acebutolol cap 112
acetaminophen/codeine soln 15
acetaminophen/codeine tab 15
ACETASOL HC OTIC SOLN 209
acetazolamide ER cap 150
acetazolamide tab 150
acetic acid otic soln 208
acetic acid/hydrocortisone otic soln 209
acetylcysteine soln 132
ACIPHEX TAB 226
acitretin cap 138
ACTEMRA ACTPEN INJ 7
ACTEMRA SC INJ 7
ACTHAR GEL INJ 155
ACTHIB INJ, HIBERIX INJ 228
ACTIGALL CAP 163
ACTIMMUNE INJ 94
ACTIQ LOZENGE 11
ACTIVELLA TAB 159
ACTONEL TAB 153
ACTOPLUS MET XR TAB 47
ACTOS TAB 54
ACULAR (LS) OPHTH SOLN 206
ACUVAIL OPHTH SOLN 206
acyclovir cap 109
acyclovir oint 140
acyclovir susp 110
acyclovir tab 110
ADACEL/BOOSTRIX INJ 223
ADAGEN INJ 114
ADALAT CC TAB 114
adapalene cream 133
adapalene gel 133
adapalene/benzoyl peroxide gel 0.1-2.5% 133
adapalene/benzoyl peroxide gel 0.3-2.5% 133
ADBRY INJ 144
adefovir dipivoxil tab 108
ADEMPAS TAB 121
ADIPEX-P CAP 1
ADIPEX-P TAB 1
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 52
ADVAIR DISKUS INHALER 28
ADVAIR HFA INHALER 28

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AEROCHAMBER	184	ALDARA CREAM	145	alosetron tab	165
AEROCHAMBER SUPPLIES	184	ALDURAZYME INJ	156	ALPHAGAN P OPHTH SOLN 0.15%	199
AFLURIA INJ	229	ALECENSA CAP	86	alprazolam tab	23
AFLURIA INJ, FLUZONE INJ	229	alendronate sodium oral soln	153	ALTACE CAP	66
AGRYLIN CAP	170	alendronate tab	153	ALUNBRIG TAB 30MG	86
AIMOVIG INJ	184	ALENDRONATE TAB 40MG	153	ALUNBRIG TAB 90MG, 180MG	86
AJOVY INJ	184	ALFERON-N INJ	94	amantadine cap	95
AKYNZEO CAP	59	alfuzosin SR tab	168	amantadine syrup	96
albendazole tab	20	ALINIA SUSP	74	amantadine tab	96
ALBENZA TAB	20	ALINIA TAB	74	AMARYL TAB	55
albuterol HFA inhaler	28	aliskiren tab	73	AMBIEN CR TAB	176
albuterol neb soln	28	ALKERAN TAB	80	AMBIEN TAB	176
ALBUTEROL NEBULIZER SOLN	28	ALKINDI SPRINKLE CAP 0.5MG	127	ambrisentan tab	119
albuterol sulfate syrup	28	ALKINDI SPRINKLE CAP 1MG	127	amethyst tab	123
albuterol sulfate tab	28	ALLEGRA ODT	61	AMICAR SOLN	174
albuterol/ipratropium neb soln	28	allopurinol tab	168	AMICAR TAB	174
ALCAINE OPHTH SOLN	202	ALOCRIL OPHTH SOLN	206	amikacin inj	5
alclometasone cream	140	ALOGLIPTIN TAB	50	amiloride tab	152
alclometasone oint	140	ALOGLIPTIN-METFORMIN TAB	47	AMILORIDE/HCTZ TAB	151
ALCOHOL SWABS	183	ALOGLIPTIN-PIOGLITAZONE TAB	47	amiloride/hydrochlorothiazide tab	151
ALDACTAZIDE TAB	151	ALOMIDE OPHTH SOLN	206	aminocaproic acid soln	175
ALDACTAZIDE TAB 50-50MG	151	ALORA PATCH	160	aminocaproic acid tab	175
ALDACTONE TAB	152	alosetron tab	165	amiodarone tab	24
				amitriptyline tab	45

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AMJEVITA AUTO-INJECTOR (1 PEN PACK)	6	amphetamine/dextroamphetamine ER cap	1	ANZEMET TAB	58
AMJEVITA AUTO-INJECTOR (2 PEN PACK)	6	amphetamine/dextroamphetamine tab	1	apraclonidine ophth soln	199
amlodipine tab	114	AMPICILLIN CAP	211	aprepitant pak	59
amlodipine/atorvastatin tab	117	ampicillin/sulbactam inj	212	APTIVUS CAP	102
amlodipine/benazepril cap	69	ANADROL TAB	18	APTIVUS SOLN	102
amlodipine/olmesartan tab	69	ANAFRANIL CAP	45	aranelle tab	123
amlodipine/valsartan tab	69	anagrelide cap	170	arformoterol tartrate neb soln	28
ammonium lactate cream	144	ANASPAZ ODT	224	ARICEPT TAB	214
ammonium lactate lotion	144	anastrozole tab	83	ARICEPT TAB 23MG	214
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	133	ANCOBON CAP	60	ARIMIDEX TAB	83
		ANDRODERM PATCH	18	aripiprazole soln	102
		ANDROGEL 1% 25MG	18	aripiprazole tab	102
		ANDROGEL 1% 50MG, TESTIM GEL 1%	18	ARIXTRA INJ	32
				armodafinil tab	3
AMOXAPINE TAB	45	ANDROGEL 1.62% 1.25GM	18	ARMOUR THYROID TAB, NATURE THROID TAB	222
amoxicillin cap	211				
AMOXICILLIN CHEW TAB	211	ANDROGEL 1.62% 2.5GM	18	ARNUITY ELLIPTA INHALER	27
amoxicillin susp	211	ANDROGEL PUMP 1%	18	AROMASIN TAB	83
amoxicillin tab	211	ANDROGEL PUMP 1.62%	18	ARTHROTEC TAB	8
AMOXICILLIN/CLAVULANATE ER TAB	212			asenapine maleate SL tab	100
		ANNOVERA RING	126	ASMANEX HFA INHALER	27
amoxicillin/clavulanate susp	212	ANORO ELLIPTA INHALER	28		
				ASMANEX INHALER	27
amoxicillin/clavulanate tab 500-125mg, 875-125mg	212	ANTABUSE TAB	214	aspirin chew tab 81mg	11
		ANUSOL-HC CREAM	20	aspirin ec tab 81mg	11

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ASTAMED MYO CAP 149
atazanavir cap 102
ATELVIA TAB 153
atenolol tab 113
atenolol/chlorthalidone tab 69
atomoxetine cap 3
ATORVALIQ SUSP 64
atorvastatin tab 64
atovaquone susp 74
atovaquone/proguanil tab 77
ATRALIN GEL, RETIN-A GEL 133
atropine ophth oint 198
atropine ophth soln 198
ATROPINE SUL SOLN 1% OPHTH 198
ATROVENT HFA INHALER 25
AUGMENTIN ES-600 SUSP 212
AUGMENTIN SUSP 212
AUGMENTIN TAB 213
AURYXIA TAB 165
AVALIDE TAB 69
AVANDIA TAB 55
AVAPRO TAB 67
AVELOX TAB 161
aviane tab 123
AVODART CAP 168
AVONEX INJ 217
AYGESTIN TAB 213
AYVAKIT TAB 85
AZASITE SOLN 200
azathioprine tab 111
azelaic acid gel 146
azelastine nasal spray 0.1% 195
azelastine ophth soln 206
AZILECT TAB 97
azithromycin susp 179
azithromycin tab 179
AZOPT OPHTH SUSP 206
AZOR TAB 70
AZULFIDINE EN TAB 164
AZULFIDINE TAB 164

B

BACITRACIN OPHTH OINT 200
bacitracin/neomycin/polymyxin b ophth oint 200
bacitracin/polymyxin b ophth oint 200
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint 203
BACLOFEN SUSP 194
baclofen tab 194
BACTRIM DS TAB 74
BALCOLTRA TAB 123
balsalazide cap 164
BALVERSA TAB 3MG 86
BALVERSA TAB 4MG 86
BALVERSA TAB 5MG 86
BANZEL SUSP 34
BAQSIMI NASAL POWDER 49
BARACLUDE SOLN 108
B-D AUTOSHIELD DUO PEN NEEDLE 183
B-D INSULIN SYRINGE U-500 183
BECONASE AQ NASAL SPRAY 196
benazepril tab 66
benazepril/hydrochlorothiazide tab 70
BENICAR HCT TAB 70
BENLYSTA AUTO-INJECTOR 190
BENLYSTA INJ 190
BENTYL CAP 224
BENTYL SYRUP 224
BENZACLIN GEL 133
BENZAMYCIN GEL 133
BENZNIDAZOLE TAB 21

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benzonatate cap 100mg, 200mg 130
benztropine tab 95
bepotastine ophth soln 206
BEPREVE OPHTH SOLN 206
BETAGAN OPHTH SOLN 197
betamethasone augmented cream 140
BETAMETHASONE AUGMENTED GEL 140
betamethasone augmented lotion 140
betamethasone augmented oint 140
betamethasone diproprionate cream 140
betamethasone diproprionate lotion 141
betamethasone diproprionate oint 141
betamethasone valerate cream 141
betamethasone valerate lotion 141
betamethasone valerate oint 141
BETAPACE AF TAB 113
BETAPACE TAB 113
bethanechol tab 228
bexarotene cap 94
bexarotene gel 137
BEXSERO INJ 228
BEYFORTUS INJ 211
BIAXIN TAB 179
bicalutamide tab 83
BIKTARVY TAB 103
BILTRICIDE TAB 21
bimatoprost ophth soln 145
bisoprolol tab 113
bisoprolol/hydrochlorothiazide tab 70
BLEPH-10 OPHTH SOLN 200
BLEPHAMIDE S.O.P. OPHTH OINT 203
BONIVA TAB 150MG 154
bosentan tab 120
BOSULIF TAB 86
BRAFTOVI CAP 75MG 87
BREO ELLIPTA INHALER 29
BREZTRI AEROSPHERE INHALER 29
BRILINTA TAB 170
brimonidine ophth soln 0.15% 200
brimonidine ophth soln 0.2% 200
brimonidine tartrate gel 146
brimonidine/timolol ophth soln 198
brinzolamide ophth susp 206
bromfenac ophth soln 206
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) 206
bromocriptine cap 96
bromocriptine tab 96
BROVANA NEB SOLN 29
BROVEX PEB LIQUID 130
BRUKINSA CAP 87
budesonide ER tab 127
budesonide inh susp 27
budesonide rectal foam 20
budesonide SR cap 127
bumetanide tab 151
buprenorphine patch 17
buprenorphine SL tab 17
buprenorphine/naloxone sl film 17
buprenorphine/naloxone SL tab 17
bupropion ER tab 42
bupropion SR tab 218

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bupropion tab 42
bupropion XL tab 42
buspirone tab 22
busulfan inj 80
BUSULFEX INJ 80
BUTISOL TAB 175
butorphanol nasal spray 17
BUTRANS PATCH 17
BYDUREON BCISE AUTO INJ 50
BYDUREON INJ 51
BYDUREON PEN INJ 51
BYETTA INJ 51
BYLVAY CAP 1200MCG 163
BYLVAY CAP 400MCG 164
BYLVAY SPRINKLE CAP 200MCG 164
BYLVAY SPRINKLE CAP 600MCG 164

C

cabergoline tab 159
CABLIVI INJ KIT 170
CABOMETYX TAB 87
CADUET TAB 117
CALAN SR TAB 115
CALAN TAB 115
calcipotriene cream 138
calcipotriene oint 138
calcipotriene soln 138
calcitonin nasal spray 154
calcitriol cap 156
CALCITRIOL OINT 138
calcitriol soln 156
calcium acetate cap 166
CALIBRATION LIQUID 181
CALQUENCE CAP 87
CALQUENCE TAB 87
CAMZYOS CAP 117
capecitabine tab 80
CAPRELSA TAB 87
captopril tab 66
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 70
CARAFATE SUSP 227
CARAFATE TAB 226
carbamazepine chew tab 34
carbamazepine ER cap 34
carbamazepine ER tab 34
carbamazepine susp 34
carbamazepine tab 34
CARBATROL CAP 34
carbidopa tab 95
carbidopa/levodopa ER tab 96
CARBIDOPA/LEVODOPA ODT 96
carbidopa/levodopa tab 96
carbidopa-levodopa-entacapone tab 98
CARBINOXAMINE SOLN 61
carbinoxamine tab 61
CARDIZEM CD CAP 115
CARDIZEM TAB 115
CARDURA TAB 68
CARETOUCH MIS 183
carglumic acid tab 156
carisoprodol tab 194
CARNITOR SOLN 156
CARNITOR TAB 157
CAROSPIR SUSP 152
carvedilol tab 112
CASODEX TAB 83
CATAPRES TAB 68
CATAPRES-TTS PATCH 68
CAVERJECT INJ 117
CAYSTON INH SOLN 75
cefaclor cap 122
CEFACLOR ER TAB 122
CEFACLOR SUSP 122
cefazolin inj 121
CEFAZOLIN INJ 122
cefdinir cap 122
cefdinir susp 122
CEFDITOREN TAB 122
cefixime cap 122

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cefixime susp	122	chlorpromazine tab	101	CINRYZE INJ	169
cefotaxime inj	123	chlorthalidone tab	153	CIPRO HC OTIC SUSP	209
cefoxitin inj	122	chlorzoxazone tab 500mg	194	CIPRO SUSP	161
cefpodoxime proxetil susp	123	CHOLBAM CAP	162	CIPRO TAB	161
cefpodoxime proxetil tab	123	cholecalciferol cap 50000 unit	236	CIPRODEX OTIC SUSP	209
ceftriaxone inj	123	cholestyramine lite powder	63	CIPROFLOXACIN 100MG TAB	161
cefuroxime tab	122	cholestyramine lite powder pack	63	ciprofloxacin ophth soln	201
CELEBREX CAP	8	cholestyramine powder	63	CIPROFLOXACIN OTIC SOLN	208
celecoxib cap	8	cholestyramine powder pack	63	ciprofloxacin susp	161
CELEXA TAB	43	CIBINQO TAB	144	ciprofloxacin tab	162
CELONTIN CAP	41	ciclopirox cream	135	ciprofloxacin/dexamethasone otic susp	209
CENTANY OINT	135	ciclopirox gel	136	citalopram soln	43
cephalexin cap	122	ciclopirox nail soln	136	citalopram tab	43
cephalexin susp	122	ciclopirox shampoo	136	CITRULLINE PACKET	197
CERDELGA CAP	171	ciclopirox topical susp	136	CLARINEX SYRUP	61
CEREZYME INJ	171	cilostazol tab	170	CLARINEX TAB	61
CERVICAL CAP	180	CILOXAN OPHTH OINT	200	CLARINEX-D TAB	130
CESAMET CAP	59	CILOXAN OPHTH SOLN	200	clarithromycin ER tab	179
cesia tab	124	CIMDUO TAB	103	CLARITHROMYCIN SUSP	179
cevimeline cap	191	cimetidine tab	225	clarithromycin tab	179
CHEMET CAP	56	CIMZIA INJ	164	CLARITIN CHEW TAB	61
chlordiazepoxide cap	23	CIMZIA STARTER INJ KIT	164	CLEOCIN CAP	75
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	216	cinacalcet tab	157	CLEOCIN SOLN	75
chlorhexidine gluconate soln	191				
chloroquine tab	77				
CHLOROTHIAZIDE TAB	152				

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CLEOCIN VAGINAL CREAM	233	clobetasol propionate oint	141	colchicine/probenecid tab	168
CLEOCIN VAGINAL SUPP	233	clobetasol propionate soln	141	colesevelam pack	63
CLEOCIN-T LOTION	133	clobetasol shampoo	141	colesevelam tab	63
CLEOCIN-T PAD	133	clobetasol spray	141	COLESTID GRANULE	63
CLEOCIN-T SOLN	133	CLOBEX LOTION	141	COLESTID POWDER PACK	63
CLIMARA PATCH	160	CLOBEX SHAMPOO	141	COLESTID TAB	63
clindamycin cap	75	CLOBEX SPRAY	141	colestipol granule	63
clindamycin gel	133	clomipramine cap	45	colestipol powder packet	63
clindamycin lotion	134	clonazepam ODT	33	colestipol tab	63
clindamycin pad	134	clonazepam tab	33	COLY-MYCIN S OTIC SUSP	209
clindamycin soln	75	clonidine ER tab	3	COMBIVENT RESPIMAT INHALER	29
clindamycin topical soln	134	clonidine patch	68	COMETRIQ KIT	87
clindamycin vaginal cream	233	clonidine tab	68	COMIRNATY INJ	230
clindamycin/benzoyl peroxide gel	134	clopidogrel tab 75mg	171	COMPLERA TAB	103
CLINDESSE VAGINAL CREAM	233	clotrimazole troches	190	COMTAN TAB	95
clobazam susp	33	clotrimazole/betamethasone cream	136	CONCEPT DHA CAP	193
clobazam tab	33	clozapine tab	100	CONCEPTROL GEL	233
clobetasol foam	141	CLOZARIL TAB	100	CONTRACEPTIVE FILM	233
clobetasol lotion	141	COARTEM TAB	77	CONTRACEPTIVE FOAM	233
clobetasol propionate cream	141	CODEINE SULFATE TAB 15MG	11	CONTRACEPTIVE GEL	233
clobetasol propionate emollient cream	141	CODEINE SULFATE TAB 60MG	12	CONTRACEPTIVE SUPP	233
clobetasol propionate gel	141	codeine sulfate tablet 15mg, 30mg	12	CONTRAVE TAB	2
		COLAZAL CAP	164	COPIKTRA CAP	87
		colchicine tab	168	CORDARONE TAB	24
				COREG TAB	112

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CORGARD TAB 113
CORLANOR TAB 121
CORTEF TAB 127
CORTENEMA 20
CORTISPORIN CREAM 135
CORTISPORIN OINT 135
COSOPT OPHTH SOLN 198
COTELLIC TAB 87
COUMADIN TAB 31
COVID-19 TEST 148
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 230
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 230
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 230
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 230
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 230
COVID-19 VACCINE INJ (JANSSEN) 230
COVID-19 VACCINE INJ (NOVAVAX) 230
COZAAR TAB 67
CREATINE PACKET 5000MG 197
CREON CAP 150
CRESTOR TAB 64
CRINONE GEL 235
CRIXIVAN CAP 103
cromolyn conc 163
cromolyn neb soln 25
cromolyn ophth soln 206
CROMOLYN SODIUM OPHTH SOLN 206
cryselle tab 124
CUE COVID-19 TEST CARTRID 148
CUE HEALTH MONITOR 148
CUVPOSA SOLN 226
cyanocobalamin inj 172
cyclobenzaprine tab 10mg 194
cyclobenzaprine tab 5mg 194
CYCLOGYL OPHTH SOLN 198
CYCLOMYDRIL OPHTH SOLN 199
cyclopentolate ophth soln 199
CYCLOPHOSPHAMIDE CAP 80
CYCLOPHOSPHAMIDE TAB 80
CYCLOSET TAB 50
cyclosporine cap 111
cyclosporine modified cap 111
cyclosporine modified soln 111
CYKLOKAPRON INJ 175
cyproheptadine syrup 62
cyproheptadine tab 62
CYSTADROPS SOLN 206
CYSTAGON CAP 167
CYSTARAN OPHTH SOLN 207
CYTOMEL TAB 222
CYTOTEC TAB 226
CYTRA K CRYSTALS 166
CYTRA-3 SYRUP 167

D

dabigatran etexilate mesylate cap 32
dalfampridine ER tab 217
DALIRESP TAB 26
danazol cap 18
DANTRIUM CAP 195
dantrolene cap 195

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dapsone tab	75	DEPO-MEDROL INJ	127	dexamethasone sodium phosphate inj	128
darifenacin SR tab	227	DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	127	DEXAMETHASONE SOLN	128
darunavir tab	103	DEPO-PROVERA INJ	126	dexamethasone tab	128
DDAVP INJ	158	DEPO-PROVERA SC INJ 104MG	126	DEXCOM G6 RECEIVER	181
DDAVP NASAL SOLN	158	DERMA-SMOOTH/FS OIL	141	DEXCOM G6 SENSOR	181
DDAVP NASAL SPRAY	158	DERMOTIC OIL	209	DEXCOM G6 TRANSMITTER	181
DDAVP TAB	158	DESCOVY TAB	103	DEXCOM G7 RECEIVER	181
deferasirox granules packet	57	desipramine tab	46	DEXCOM G7 SENSOR	181
deferasirox tab	57	DESLORATADINE ODT	62	DEXEDRINE CAP	1
deferasirox tab 180mg	57	desloratadine tab	62	dexmethylphenidate ER cap	3
deferasirox tab 90mg, 360mg	57	desmopressin acetate inj	158	dexmethylphenidate tab	3
deferiprone tab	57	desmopressin acetate nasal spray	158	dextroamphetamine ER cap	1
DELESTROGEN INJ	160	desmopressin acetate tab	158	dextroamphetamine soln	1
DELSTRIGO TAB	103	desoximetasone cream	141	dextroamphetamine tab	1
DEMADEX TAB	151	desoximetasone oint	142	DIACOMIT CAP	34
demeclocycline tab	221	desvenlafaxine ER tab	45	DIACOMIT POWDER PACK	34
DENAVIR CREAM	140	DETROL LA CAP	227	DIALYVITE TAB	192
DENGVAXIA SUSP	230	DETROL TAB	227	DIALYVITE/ZINC TAB	192
DEPAKENE CAP	41	DEXAMETHASONE CONC	128	DIAPHRAGM	180
DEPAKENE SYRUP	41	dexamethasone elixir	128	DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	33
DEPAKOTE ER TAB	41	DEXAMETHASONE OPHTH SOLN	203	diazepam conc	23
DEPAKOTE SPRINKLE CAP	41				
DEPAKOTE TAB	41				
DEPEN TITRATAB	188				
DEPLIN CAP	149				

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diazepam oral soln 5mg/5ml 23
diazepam tab 2mg, 10mg 23
diazepam tab 5mg 23
diazoxide susp 49
DIBENZYLINE CAP 67
diclofenac gel 137
diclofenac gel 1% 137
DICLOFENAC PATCH, FLECTOR PATCH 137
diclofenac potassium tab 8
diclofenac sodium EC tab 8
diclofenac sodium ophth soln 207
diclofenac sodium XR tab 8
diclofenac/misoprostol DR tab 8
dicloxacillin cap 213
dicyclomine cap 224
dicyclomine soln 224
dicyclomine tab 225
didanosine DR cap 103
DIFFERIN CREAM 134
DIFFERIN GEL 134
DIFICID SUSP 180
DIFICID TAB 180
DIFLUCAN SUSP 60
DIFLUCAN TAB 60
difluprednate ophth emulsion 203
digoxin soln 116
digoxin tab 117
dihydroergotamine mesylate inj 184
DILANTIN CAP 100MG 40
DILANTIN CAP 30MG 40
DILANTIN INFATABS 40
DILANTIN SUSP 40
DILATRATE SR CAP 21
DILAUDID TAB 2MG 12
DILAUDID TAB 4MG 12
DILAUDID TAB 8MG 12
diltiazem ER cap 115
diltiazem tab 115
dimethyl fumarate DR cap 217
dimethyl fumarate DR starter pack 217
DIOVAN HCT TAB 70
DIOVAN TAB 67
DIPENTUM CAP 164
diphenhydramine cap 50mg 61
diphenhydramine inj 61
DIPHENOXYLATE/ATROPINE LIQUID 56
diphenoxylate/atropine tab 56
DIPROLENE AF CREAM 142
DIPROLENE OINT 142
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ 223
dipyridamole tab 171
disopyramide cap 24
disulfiram tab 214
DITROPAN XL TAB 227
DIURIL SUSP 153
divalproex ER tab 41
divalproex sodium DR tab 41
divalproex sprinkle cap 41
dofetilide cap 25
DOLOPHINE TAB 12
donepezil ODT 214
donepezil tab 214
donepezil tab 23mg 215
DOPTELET TAB 172
dorzolamide ophth soln 207
dorzolamide/timolol ophth soln 198
DOVATO TAB 103
DOVONEX CREAM 138
doxazosin tab 68
doxepin cap 46
doxepin conc 46

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DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM 138
DOXEPIN HCL CREAM 138
doxercalciferol cap 157
doxycycline hyclate cap 221
doxycycline hyclate tab 221
doxycycline monohydrate cap 100mg 221
doxycycline monohydrate cap 50mg 221
doxycycline monohydrate tab 221
doxycycline susp 221
D-PENAMINE TAB 111
DRISDOL CAP 236
DRITHO-SCALP CREAM 139
dronabinol cap 59
drospirenone/ethinyl estradiol/levomefolate tab 124
DROXIA CAP 172
DRYSOL SOLN 146
DUAC GEL 134
DULERA INHALER 29
duloxetine EC cap 45
DUPIXENT INJ 144
DUPIXENT INJ 100MG/0.67ML 144
DUPIXENT PEN INJ 144
DURAGESIC PATCH 12
DUREZOL OPHTH EMULSION 203
dutasteride cap 168

E

econazole cream 136
EDECRIN TAB 151
EDEX INJ 118
EDURANT TAB 103
EFAVIRENZ CAP 103
efavirenz tab 103
efavirenz/emtricitabine/tenofovir df tab 103
efavirenz/lamivudine/tenofovir df (lo) tab 104
EFFEXOR XR CAP 45
EFFIENT TAB 171
EFUDEX CREAM 137
EGRIFTA INJ 155
ELDEPYRL CAP 97
ELESTAT OPHTH SOLN 207
ELIDEL CREAM 145
ELIGEN B12 TAB 149
ELIMITE CREAM 147
ELIQUIS TAB, ELIQUIS STARTER PACK 32
ELIXOPHYLLIN ELIXIR 31
ELLA TAB 126
ELMIRON CAP 168
ELOCON CREAM 142
ELOCON OINT 142
EMADINE OPHTH SOLN 207
EMCYT CAP 83
EMEND CAP 59
EMGALITY INJ 184
EMGALITY INJ 100MG/ML 185
EMPAVELI INJ 169
EMSAM PATCH 42
emtricitabine cap 104
emtricitabine/tenofovir disoproxil fumarate tab 104
EMTRIVA SOLN 104
EMVERM TAB 21
ENABLEX TAB 227
enalapril maleate oral soln 66
enalapril tab 66
enalapril/hydrochlorothiazide tab 70
ENBREL INJ 25MG 10
ENBREL INJ 50MG 11
ENBREL MINI INJ 11
ENBREL SURECLICK INJ 50MG 11
ENDARI POWDER PACK 172

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ENDOMETRIN INSERT	235	ERY PAD	134	estradiol valerate inj	161
ENGERIX-B INJ, RECOMBIVAX-HB INJ	231	ERYTHROMYCIN EC CAP	179	estradiol/norethindrone tab	160
enoxaparin inj	32	erythromycin ethylsuccinate susp	179	ESTRING	234
enpresse tab	124	erythromycin gel	134	eszopiclone tab	176
ENSPRYNG INJ	189	erythromycin ophth oint	201	ethacrynic tab	151
entacapone tab	95	erythromycin pad	134	ethambutol tab	79
entecavir tab	108	erythromycin soln	134	ethosuximide cap	41
EPIDIOLEX SOLN	34	erythromycin tab	179	ethosuximide soln	41
EPIDUO GEL 0.1-2.5%	134	erythromycin/benzoyl peroxide gel	134	etodolac cap	8
EPIFOAM AEROSOL	142	ESBRIET CAP	220	etodolac ER tab	8
epinastine opthth soln	207	ESBRIET TAB 267MG	220	etodolac tab	8
epinephrine pen inj 0.15mg, 0.3mg	235	ESBRIET TAB 801MG	220	ETOPOSIDE CAP	95
EPIVIR HBV SOLN	108	ESCAVITE CHEW TAB	192	etravirine tab	104
eplerenone tab	73	escitalopram soln	43	EULEXIN CAP	83
EPRONTIA SOLN	34	escitalopram tab	43	everolimus tab	88
EQUETRO CAP	98	esomeprazole cap	226	everolimus tab for oral susp	88
ERGOLOID MESYLATES TAB	218	estazolam tab	176	EVISTA TAB	155
ERGOMAR SL TAB	184	ESTRACE TAB	160	EVOTAZ TAB	104
ergotamine tartrate/caffeine tab	184	ESTRACE VAGINAL CREAM	234	EVOXAC CAP	191
ERIVEDGE CAP	83	estradiol cream	234	EVRYSDI SOLN	197
ERLEADA TAB	83	estradiol patch	161	EXELDERM SOLN	136
ERLEADA TAB 240MG	83	estradiol tab	161	EXELON PATCH	215
erlotinib tab	82	estradiol vaginal tab, yuvafem vaginal tab	234	exemestane tab	84
ertapenem inj	74			EXFORGE TAB	70
				EXKIVITY CAP	82
				EXTAVIA INJ	217
				ezetimibe tab	65

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F
FABRAZYME INJ 157
FALESSA TAB 149
famciclovir tab 110
famotidine susp 225
famotidine tab 225
FANAPT TAB 99
FANAPT TITRATION PACK 99
FARESTON TAB 84
FARXIGA TAB 55
FASENRA PEN INJ 25
febuxostat tab 169
felbamate susp 39
felbamate tab 39
FELBATOL SUSP 39
FELBATOL TAB 39
FELDENE CAP 8
felodipine ER tab 115
FEM PH GEL 233
FEMALE CONDOMS 180
FEMARA TAB 84
FEMHRT TAB 160
FEMRING 234
fenofibrate cap 67mg, 134mg, 200mg 64
fenofibrate tab 48mg, 54mg, 145mg, 160mg 64
fenofibric acid DR cap 64
FENOFIBRIC TAB, FIBRICOR TAB 64
fentanyl citrate lollipop 12
fentanyl patch 12
FENTORA TAB, FENTANYL BUCCAL TAB 13
ferrex 150 forte cap 173
FERREX 28 TAB 173
FERRIPROX SOLN 56
fesoterodine fumarate ER tab 227
FIASP FLEXTOUCH INJ 52
FIASP INJ 52
FIASP PENFILL INJ 52
FINACEA GEL 146
finasteride tab 145
fingolimod hcl cap 0.5mg 217
FINTEPLA SOLN 35
FIRDAPSE TAB 78
FIRST METRONIDAZOLE SUSP 73
FIRST MOUTHWASH BLM 190
FIRVANQ SOLN 75
FIRVANQ SOLN 50MG/ML 75
FLAGYL TAB 73
FLAREX OPHTH SUSP 203
flecainide tab 24
FLEQSUVY SUSP 194
FLOLIPID SUSP 64
FLOMAX CAP 168
FLORIVA PLUS DROPS 192
FLOVENT DISKUS INHALER 27
FLOVENT HFA INHALER 27
FLUAD INJ 231
FLUAD QUAD INJ 231
FLUBLOK QUAD PF INJ 231
FLUCELVAX QUAD INJ 231
fluconazole susp 60
fluconazole tab 60
flucytosine cap 60
fludrocortisone tab 130
FLULAVAL QUAD INJ, FLUZONE QUAD INJ 231
FLUMADINE TAB 110
FLUMIST QUADRIVALENT NASAL SUSP 231
fluocinolone acetonide cream 142
fluocinolone acetonide oil 142
fluocinolone acetonide oint 142

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fluocinolone acetonide soln	142	fluticasone propionate cream	142	formoterol fumarate neb soln	29
fluocinolone otic oil	209	fluticasone propionate oint	142	FOSAMAX TAB	154
fluocinonide cream 0.05%	142	FLUTICASONE/SALMETEROL INHALER	29	fosamprenavir tab	104
fluocinonide cream 0.1%	142			foscarnet sodium inj	108
fluocinonide emollient cream	142	fluvastatin ER tab	64	FOSCAVIR INJ	108
		fluvoxamine ER cap	43	fosinopril tab	66
fluocinonide gel	142	fluvoxamine tab	43	fosinopril/hydrochlorothiazide tab	70
fluocinonide oint	142	FLUZONE HD PF INJ	231		
fluocinonide soln	142	FLUZONE HIGH DOSE PF INJ	231	FOSRENOL CHEW TAB	166
FLUORIDEX SENSITIVITY PASTE	191			FOSRENOL POWDER PACK	166
		FLUZONE/FLUARIX QUAD INJ	231		
fluorometholone ophth soln	203			FOTIVDA CAP	88
		FML FORTE OPHTH SUSP	203	FRAGMIN INJ	32
fluorouracil cream	137			FREESTYLE LIBRE 2 RECEIVER	181
FLUOROURACIL CREAM 0.5%	137	FML LIQUIFLIM OPHTH SUSP	203		
				FREESTYLE LIBRE 2 SENSOR	181
FLUOROURACIL SOLN	138	FML S.O.P. OPHTH OINT	203		
fluoxetine cap	43	FOCALIN TAB	4	FREESTYLE LIBRE 3 SENSOR	181
fluoxetine soln	43	FOCALIN XR CAP	4		
FLUOXETINE TAB 60MG	43	FOLBEE PLUS CZ TAB	192	FREESTYLE LIBRE RECEIVER	181
fluphenazine tab	101	folbee tab	173		
FLURAZEPAM CAP	176	folic acid tab 1mg	172	FREESTYLE LIBRE SENSOR (14-DAY)	182
FLURBIPROFEN OPHTH SOLN	207	folic acid tab 400mcg	172		
		folic acid tab 800mcg	172	FULPHILA INJ	172
flurbiprofen tab	8	FOLTANX TAB	149	FUROSCIX KIT	152
flutamide cap	84	fondaparinux inj	32	furosemide soln	152
fluticasone nasal spray	196			furosemide tab	152

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FUZEON INJ 104

G

gabapentin cap 35
gabapentin soln 35
gabapentin tab 600mg 35
gabapentin tab 800mg 35
GABITRIL TAB 39
galantamine ER cap 215
galantamine tab 215
GALZIN CAP 188
GAMASTAN INJ 210
GAMMAGARD INJ 210
GASTROCROM CONC 163
gatifloxacin ophth soln 201
GAVILYTE-C SOLN 177
GAVRETO CAP 88
gefitinib tab 82
gemfibrozil tab 64
GENOTROPIN INJ 155
GENTAK OPHTH OINT 201
gentamicin ophth soln 201
gentamicin sulfate cream 135
gentamicin sulfate oint 135
GENVOYA TAB 104
GEODON CAP 99
gianvi tab, ocella tab 124
GILENYA CAP 0.25MG 217
GILOTRIF TAB 82
glatiramer inj 217
GLEOSTINE/LOMUSTINE CAP 80
glimepiride tab 55
glipizide ER tab 55
glipizide tab 55
glipizide/metformin tab 47
GLOPERBA SOLN 169
GLUCAGEN HYPOKIT INJ 49
glucagon (rdna) for inj kit 49
GLUCAGON EMR INJ 49
GLUCAGON INJ KIT 49
GLUCOPHAGE TAB 48
GLUCOPHAGE XR TAB 48
GLUCOTROL TAB 55
GLUCOTROL XL TAB 55
glyburide micronized tab 55
glyburide tab 56
glyburide/metformin tab 47
glycopyrrolate oral soln 226
glycopyrrolate tab 225
GLYGEST PAK 149
GLYNASE TAB 56
GLYSET TAB 47
GOLYTELY SOLN 177
granisetron tab 58
GRANISOL SOLN 58
griseofulvin micro tab 60
griseofulvin susp 60
griseofulvin tab 60
GRIS-PEG TAB 60
guaifenesin/codeine soln 131
guaifenesin/codeine syrup 131
guanfacine ER tab 3
guanfacine IR tab 68
GUANIDINE TAB 78
GVOKE INJ 49
GVOKE INJ KIT 49
GVOKE PFS INJ 49

H

HALCION TAB 176
halobetasol propionate cream 142
halobetasol propionate oint 142
haloperidol lactate conc 100
haloperidol tab 100
HECTOROL CAP 157
HEMLIBRA INJ 169
heparin porcine inj 32
HEPLISAV-B INJ 232
HEXALEN CAP 80
HIPREX TAB 76
HIZENTRA INJ 210

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HOMATROPINE OPHTH SOLN 199
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ 52
HUMIRA INJ 10MG 6
HUMIRA INJ 20MG 6
HUMIRA INJ 40MG 6
HUMIRA INJ 80MG 6
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 6
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 7
HUMIRA INJ PEDIATRIC UC STARTER PACK 7
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 7
HUMIRA PEN INJ 40MG 7
HUMULIN MIX INJ 52
HUMULIN MIX PEN INJ 52
HUMULIN N INJ 52
HUMULIN N PEN INJ 52
HUMULIN R INJ 53
HUMULIN R INJ U-500 53
HUMULIN R U-500 KWIKPEN INJ 53
HYCAMTIN CAP 80
HYCODAN SYRUP 130
hydralazine tab 73
HYDREA CAP 94
hydrochlorothiazide cap 153
hydrochlorothiazide tab 153
hydrocodone/acetaminophen soln 16
hydrocodone/acetaminophen soln 10-325 mg/15ml 16
hydrocodone/acetaminophen tab 16
hydrocodone/acetaminophen tab 2.5-325mg 16
hydrocodone/chlorpheniramine CR susp 131
hydrocodone/chlorpheniramine/pseudoephedrine liquid 131
hydrocodone/homatropine syrup 130
hydrocortisone cream 143
hydrocortisone enema 20
hydrocortisone lotion 143
hydrocortisone oint 143
hydrocortisone tab 128
hydromorphone tab 2mg 13
hydromorphone tab 4mg 13
hydromorphone tab 8mg 13
hydroquinone cream 146
hydroxychloroquine tab 77
hydroxyprogesterone inj 213
hydroxyurea cap 95
hydroxyzine pamoate cap 22
HYDROXYZINE PAMOATE CAP 100MG 23
hydroxyzine syrup 23
hydroxyzine tab 23
HYFTOR GEL 145
hyoscyamine sulfate CR tab 225
hyoscyamine sulfate elixir 225
hyoscyamine sulfate ODT 225
hyoscyamine sulfate SL tab 225
hyoscyamine tab 225
HYPER-SAL NEB SOLN 132
HYQVIA INJ 210
HYZAAR TAB 71

I

ibandronate tab 150mg 154
ibuprofen susp (Rx ONLY) 9
ibuprofen tab 9
icatibant inj 169
ICLUSIG TAB 88
IDHIFA TAB 88
ILEVRO OPHTH SUSP 207

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imatinib tab	88	INLYTA TAB	81	IRON	173
IMBRUVICA CAP 140MG	88	INQOVI TAB	85	POLYSACCH/THREONIC ACID/B12/FA CAP	
IMBRUVICA CAP 70MG	88	INSPRA TAB	73	ISENTRESS (HD) TAB	104
IMBRUVICA SUSP	89	INSULIN ASPART FLEXPEN INJ	53	ISENTRESS CHEW TAB	104
IMBRUVICA TAB 420MG, 560MG	89	INSULIN ASPART INJ	53	ISENTRESS POWDER PACK	104
IMCIVREE INJ	2	INSULIN ASPART MIX FLEXPEN INJ	53	isibloom tab, enskyce tab, apri tab	124
imipramine pamoate cap	46	INSULIN ASPART MIX INJ	53	isoniazid syrup	79
imipramine tab	46	INSULIN ASPART PENFILL INJ	53	ISONIAZID TAB	79
imiquimod cream	145	INTELENCE TAB 25MG	104	ISOPTO CARBACHOL OPHTH SOLN	199
IMITREX INJ	185	INTRON-A INJ	95	ISOPTO CARPINE OPHTH SOLN	199
IMITREX TAB	185	INTUNIV TAB	3	ISORDIL TITRADOSE TAB	21
IMOVAX INJ	232	INVANZ INJ	75	isosorbide dinitrate tab	21
IMPAVIDO CAP	73	INVEGA TAB	99	isosorbide dinitrate tab 40mg	21
IMURAN TAB	111	INVIRASE CAP	104	isosorbide mononitrate ER tab	21
INBRIJA INH POWDER	98	INVIRASE TAB	104	isosorbide mononitrate tab	21
INCRELEX INJ	156	IOPIDINE OPHTH SOLN	200	isoxsuprine tab	118
INCRUSE ELLIPTA INHALER	25	IPOL INJ	232	itraconazole cap	60
indapamide tab	153	ipratropium nasal spray	196	itraconazole soln	60
INDERAL LA CAP	113	ipratropium neb soln	25	ivermectin tab	21
indomethacin cap	9	irbesartan tab	67		
indomethacin CR cap	9	irbesartan/hydrochlorothiazide tab	71		
INFANT FORMULA LIQUID	150	IRESSA TAB	82		
INFANT FORMULA POWDER	150				
INGREZZA CAP	216				

J

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JAKAFI TAB	89
JANUMET TAB	47
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KEFLEX CAP	122
kelnor tab	124
KENALOG INJ	128
KEPPRA SOLN	35
KEPPRA TAB	35
KEPPRA XR TAB	35
KESIMPTA INJ	217
ketoconazole cream	136
ketoconazole shampoo	136
ketoconazole tab	60
KETO-DIASTIX TEST STRIP	148
ketorolac inj 15mg/ml	9
ketorolac inj 30mg/ml	9
ketorolac inj 60mg/2ml	9
ketorolac ophth soln	207
ketorolac tab	9
KETOSTIX	148
ketotifen ophth soln	207
KEVZARA INJ	8
KINERET INJ	7
KINRIX INJ, QUADRACEL DTAP-IPV INJ	224
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	224
KISQALI PAK	86
KISQALI TAB	89
KLARON LOTION	134
KLONOPIN TAB	33
KLOXXADO NASAL SPRAY	57
KORLYM TAB	50
KOSELUGO CAP	89
KOSELUGO CAP 10MG	89
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K-PHOS TAB	187
KRAZATI TAB	89
KRINTAFEL TAB	77
K-TAB	187
L	
labetalol tab	112
LAC-HYDRIN CREAM	144
LAC-HYDRIN LOTION	144
lacosamide oral solution	35
lacosamide tab	35
LACTIC ACID LOTION	144
lactulose soln	165
LAGEVRIO CAP	111
LAMICTAL CHEW TAB	35
LAMICTAL ODT	35
LAMICTAL ODT KIT	35
LAMICTAL ODT KIT, LAMICTAL XR KIT	36
LAMICTAL STARTER KIT	36
LAMICTAL TAB	36
LAMICTAL XR TAB	36
LAMISIL TAB	60
lamivudine soln	105
lamivudine tab	105
lamivudine tab 100mg	109
lamivudine/zidovudine tab	105
lamotrigine chew tab	36
lamotrigine ER tab	36
lamotrigine ODT	36
lamotrigine ODT kit	36
lamotrigine tab	36
LAMPIT TAB	74

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LANCET DEVICE	182	LEVAQUIN TAB	162	lidocaine patch 5%	146
LANCET KIT	182	LEVBID TAB	225	lidocaine soln	146
LANCETS	182	levetiracetam ER tab	36	lidocaine viscous soln	190
LANOXIN TAB	117	levetiracetam soln	36	lidocaine/hydrocortisone cream	20
lansoprazole cap	226	levetiracetam tab	36	lidocaine/prilocaine cream	146
lanthanum carbonate chew tab	166	LEVOBUNOLOL OPHTH SOLN	198	LIDODERM PATCH	146
lapatinib ditosylate tab	89	levocarnitine soln	157	LINDANE SHAMPOO	147
LASIX TAB	152	levocarnitine tab	157	linezolid susp	76
LASTACAFT OPHTH SOLN	207	levofloxacin ophth soln	201	linezolid tab	76
latanoprost ophth soln	208	LEVOFLOXACIN OPHTH SOLN 0.5%	201	LINZESS CAP	165
LAZANDA NASAL SPRAY	13	levofloxacin soln	162	liothyronine tab	222
LEDIPASVIR/SOFOSBUV IR TAB	109	LEVOFLOXACIN SOLN 25MG/ML	162	LIPITOR TAB	65
leflunomide tab	10	levofloxacin tab	162	LIQUIGEN	197
lenalidomide cap	188	levonorgestrel tab	126	lisinopril tab	66
LENVIMA CAP	81	levonorgestrel-ethinyl estradiol-fe tab	124	lisinopril/hydrochlorothiazide tab	71
LESCOL XL TAB	64	levothyroxine tab	222	lithium carbonate cap	98
letrozole tab	84	LEVSIN SL TAB	225	lithium carbonate ER tab	98
leucovorin tab	95	LEVSIN TAB	225	lithium carbonate tab	98
LEUKERAN TAB	80	LEXAPRO TAB	44	LITHIUM CITRATE SOLN	98
leuprolide inj	84	LEXIVA SUSP	105	LITHOBID TAB	98
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	30	lidocaine cream 3%	145	LITHOSTAT TAB	168
levalbuterol neb soln	30	lidocaine gel	145	LIVALO TAB	65
		lidocaine oint	146	LIVMARLI SOLN	164
		lidocaine patch	146	LIVTENCITY TAB	108
				L-METHYLFOLATE TAB	149
				LO LOESTRIN TAB	124

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LODOSYN TAB 95
loestrin tab 124
lohist liquid 131
LOKELMA PAK 189
LOMOTIL TAB 56
LONSURF TAB 86
LOPID TAB 64
lopinavir/ritonavir soln 105
lopinavir/ritonavir tab 105
LOPRESSOR HCT TAB 71
LOPRESSOR TAB 113
LOPROX CREAM 136
LOPROX SHAMPOO 136
loratadine cap 62
lorazepam conc 23
lorazepam tab 23
LORBRENA TAB 100MG 89
LORBRENA TAB 25MG 89
LORTAB 16
LORTAB ELIXIR 16
losartan tab 68
losartan/hydrochlorothiazide tab 71
LOTEMAX OPHTH OINT 203
LOTEMAX OPHTH SUSP 203
LOTENSIN HCT TAB 71
LOTENSIN TAB 67
loteprednol etabonate ophth gel 204
loteprednol ophth susp 204
LOTREL CAP 71
LOTRISONE CREAM 136
LOTRONEX TAB 165
lovastatin tab 65
LOVAZA CAP 62
LOVENOX INJ 32
loxapine cap 100
lubiprostone cap 163
LUMAKRAS TAB 90
LUMAKRAS TAB 320MG 90
LUMIGAN OPHTH SOLN 208
LUNESTA TAB 176
LUPKYNIS CAP 189
LUPRON DEPOT INJ 84
LUPRON DEPOT PED INJ 156
LUPRON DEPOT-PED INJ 156
lurasidone hcl tab 99
LUVIRA CAP 149
LYNPARZA TAB 90
LYSODREN TAB 84
LYSTEDA TAB 175
LYTGOBI THERAPY PACK 90
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M

MACROBID CAP 77
MACRODANTIN CAP 77
magnesium sulfate inj 186
MALARONE TAB 77
malathion lotion 147
MALE CONDOMS 180
MAPROTILINE TAB 42
maraviroc tab 105
MARINOL CAP 59
MARPLAN TAB 42
MATULANE CAP 95
MAVYRET PAK 109
MAVYRET TAB 109
MAXALT MLT TAB 185
MAXALT TAB 185
MAXIDEX OPHTH SOLN 204
MAXITROL OPHTH OINT 204
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MAXZIDE TAB 151
MAYZENT TAB 217
MAYZENT TAB STARTER PACK 217
MCT OIL 197
meclizine chew tab 58

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meclizine tab	58	MESALAMINE TAB DR	165	methscopolamine tab	225
MEDROL DOSE PACK	128	MESNEX TAB	95	methsuximide cap	41
MEDROL TAB	128	MESTINON TAB	78	METHYLDOPA TAB	68
medroxyprogesterone inj	126	MESTINON TIMESPAN TAB	78	METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	71
medroxyprogesterone tab	213	METANX CAP	149	methylergonovine tab	210
mefloquine tab	77	METAPROTERENOL SYRUP	30	METHYLIN SOLN	4
megestrol susp	84	metaxalone tab	195	methylphenidate CD cap	4
megestrol tab	84	METAXALONE TAB 400MG	195	methylphenidate chew tab	4
MEKINIST TAB 0.5MG	90	metformin ER tab	48	methylphenidate ER cap	4
MEKINIST TAB 2MG	90	metformin soln	48	methylphenidate ER tab	4
MEKTOVI TAB	90	metformin tab	49	methylphenidate soln	4
meloxicam tab	9	methadone conc	13	methylphenidate tab	4
melphalan inj	80	methadone soln 10mg/5ml	13	methylprednisolone acetate inj	128
MELPHALAN TAB	80	methadone soln 5mg/5ml	13	methylprednisolone dose pack	128
memantine ER cap	215	methadone tab	13	methylprednisolone tab	128
memantine sol	215	methadone tab 10mg	14	methylprenisolone sod succinate inj	128
memantine tab	215	METHADOSE CONC	14	methyltestosterone cap	18
MENEST TAB	161	methazolamide tab	150	metoclopramide soln	163
MENTAX CREAM	136	methenamine hippurate tab	77	metoclopramide tab	163
MENVEO INJ	229	methimazole tab	222	metolazone tab	153
MEPHYTON TAB	236	METHITEST TAB	18	metoprolol ER tab	113
MEPRON SUSP	74	methocarbamol tab	195	metoprolol tab	113
mercaptopurine tab	81	methotrexate inj	81	metoprolol/hydrochlorothiazide tab	71
meropenem inj	75	methotrexate tab	81		
mesalamine DR tab	164	METHOXSALEN CAP	139		
mesalamine enema	165				
mesalamine ER cap	165				
mesalamine supp	165				

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METROCREAM	146	MIRENA IUD	127	MULTIGEN FOLIC TAB	174
METROGEL 1%	146	mirtazapine ODT	42	MULTIGEN PLUS TAB	174
METROGEL VAGINAL GEL	234	mirtazapine tab	42	MULTIGEN TAB	174
METROLOTION	146	MIRVASO GEL	147	MULTIVITAMIN TAB	174
metronidazole cream	147	misoprostol tab	226	MULTIVITAMIN/FLOURIDE CHEW 0.25MG	193
metronidazole gel	147	MOBIC TAB	9	MULTIVITAMIN/FLOURIDE CHEW 1MG	193
metronidazole gel 0.75%	147	modafinil tab	4	MULTIVITAMIN/FLUORIDE CHEW TAB	193
metronidazole lotion	147	mometasone cream	143	multivitamin/minerals tab	192
metronidazole tab	73	mometasone oint	143	mupirocin oint	135
metronidazole vaginal gel 200MG	234	mometasone soln	143	MUSE SUPP	118
MICARDIS TAB	68	MONODOX CAP	221	MYAMBUTOL TAB	79
MICONAZOLE 3 SUPP	234	montelukast chew tab	26	MYCOBUTIN CAP	79
MICROZIDE CAP	153	montelukast granule pack	26	mycophenolate DR tab	111
midazolam inj	176	montelukast tab	26	mycophenolate mofetil cap	112
midodrine tab	235	MORPHINE SULFATE ER BEAD CAP	14	mycophenolate mofetil susp	112
mifepristone tab	158	morphine sulfate ER tab	14	mycophenolate mofetil tab	112
MIFIPREX TAB	158	MORPHINE SULFATE SOLN	14	MYDRIACYL OPHTH SOLN	199
MIGLITOL TAB	47	MORPHINE SULFATE TAB	14	MYFEMBREE TAB	160
miglustat cap	171	MOTOFEN TAB	56	MYLERAN TAB	80
MINIPRESS CAP	68	MOTRIN SUSP	9	MYNATAL-Z TAB	193
MINOCIN CAP	221	MOUNJARO INJ	51	MYRBETRIQ TAB	228
minocycline cap	221	MOVANTIK TAB	165	MYSOLINE TAB	36
minoxidil tab	73	moxifloxacin ophth soln	201		
MIRALAX	178	moxifloxacin tab	162		
MIRAPEX TAB	96	MULTAQ TAB	25		

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N
nabumetone tab 9
nadolol tab 113
nafcillin inj 213
naftifine cream 136
naftifine gel 136
NAFTIN CREAM 136
NAFTIN GEL 136
naloxone hcl nasal spray 57
naloxone inj 57
NALOXONE PREFILLED INJ 57
naltrexone tab 57
NAMENDA TAB 215
NAPROSYN EC TAB 9
NAPROSYN TAB 9
naproxen EC tab 9
naproxen tab 9
NARCAN NASAL SPRAY 57
NARDIL TAB 15MG 42
NASACORT OTC NASAL SPRAY 196
NASCOBAL NASAL SPRAY 172
NATACYN OPHTH SUSP 201
NATAZIA TAB 124
nateglinide tab 55
NATPARA INJ 154
NATROBA SUSP 147
NAYZILAM SPRAY 33
nebivolol hcl tab 113
NEBUSAL NEB SOLN 132
NEFAZODONE TAB 44
nefazodone tab 50mg, 250mg 44
neomycin tab 5
NEOMYCIN/POLYMIXIN /GRAMICIDIN OPHTH SOLN 201
neomycin/polymixin/hydrocoritisone otic soln 209
neomycin/polymixin/hydrocoritisone otic susp 209
neomycin/polymyxin/dexamethasone ophth oint 204
neomycin/polymyxin/dexamethasone ophth soln 204
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 204
NEONATAL 19 TAB 193
NEONATAL FE TAB 193
NEOSPORIN OPHTH SOLN 201
NEPHROCAP 192
NEPHRON FA TAB 174
NEPTAZANE TAB 150
NERLYNX TAB 90
NEUPRO PATCH 96
NEURONTIN CAP 37
NEURONTIN SOLN 37
NEURONTIN TAB 600MG 37
NEURONTIN TAB 800MG 37
NEVANAC OPHTH SUSP 207
NEVIRAPINE ER TAB 105
NEVIRAPINE SUSP 105
nevirapine tab 105
NEXLETOL TAB 62
NEXLIZET TAB 62
NEXPLANON IMPLANT 126
NEXTSTELLIS TAB 124
niacin cap 236
niacin CR tab 236
niacin ER tab 65
niacin tab 236
NIACIN TR TAB 236
niacinamide tab 236
nicotine gum 218
NICOTINE KIT 218
nicotine lozenge 218
nicotine patch 218
NICOTROL INHALER 218

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NICOTROL NASAL SPRAY	218	norethindrone ace-ethinyl estradiol-fe cap	124	NOVOLIN N INJ	54
nifedipine cap	115	norethindrone acetate/ethinyl estradial FE chew tab	125	NOVOLIN R FLEXPEN INJ	54
nifedipine ER tab	115	norethindrone acetate/ethinyl estradiol tab	125	NOVOLIN R INJ	54
nilutamide tab	84	norethindrone tab	127	NOVOLOG FLEXPEN INJ	54
nimodipine cap	115	norethindrone/ethinyl estradiol FE tab	125	NOVOLOG INJ	54
NINLARO CAP	91	NORLIQVA ORAL SOLN	115	NOVOLOG MIX FLEXPEN INJ	54
nitazoxanide tab	74	NORPACE CAP	24	NOVOLOG MIX INJ	54
NITRO-BID OINT	22	NORPRAMIN TAB	46	NOVOLOG PENFILL INJ	54
NITRO-DUR PATCH	22	nortrel tab	125	NOXAFIL PAK	60
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	22	nortriptyline cap	46	NOXAFIL SUSP	61
nitrofurantoin macrocrystals cap	77	nortriptyline oral soln	46	NOXAFIL TAB	61
nitrofurantoin monohydrate cap	77	NORTRIPTYLINE SOLN	46	np thyroid tab	223
nitroglycerin lingual spray	22	NORVASC TAB	116	NUBEQA TAB	84
nitroglycerin patch	22	NORVIR CAP	105	NUCALA INJ	25
nitroglycerin SL tab	22	NORVIR POWDER PACK	105	NUCORT LOTION	143
NITROLINGUAL PUMP SPRAY	22	NORVIR SOLN	105	NUCYNTA TAB	14
NITROSTAT SL TAB	22	NORVIR TAB	105	NUEDEXTA CAP	218
NIVESTYM INJ	173	NOVOLIN 70/30 FLEXPEN INJ	53	NULYTELY SOLN	178
NIZATIDINE CAP	225	NOVOLIN 70/30 INJ	53	NUTRITIONAL SUPPLEMENT LIQUID	150
NIZATIDINE SOLN	225	NOVOLIN N FLEXPEN INJ	54	NUTRITIONAL SUPPLEMENT POWDER	150
nizoral a-d shampoo	136			NUVARING	126
NIZORAL SHAMPOO	137			NUVIGIL TAB	4
				nystatin cream	137

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nystatin oint 137
nystatin powder 60
nystatin susp 191
nystatin tab 60
nystatin topical powder 137
nystatin/triamcinolone cream 137
nystatin/triamcinolone oint 137

O

OCALIVA TAB 162
octreotide inj 159
OCTREOTIDE INJ 100MCG 159
OCUFLOX OPHTH SOLN 201
ODEFSEY TAB 106
ODOMZO CAP 83
OFEV CAP 220
ofloxacin ophth soln 201
ofloxacin otic soln 209
ofloxacin tab 162
olanzapine ODT 100
olanzapine tab 100
olanzapine/fluoxetine cap 216
OLLIZAC POWDER 149
olmesartan tab 68
olmesartan/hydrochlorothiazide tab 71
olopatadine ophth soln 0.1% 207
olopatadine ophth soln 0.2% 207
OLUMIANT TAB 5
OLUX FOAM 143
omega-3-acid ethyl esters cap 62
omeprazole DR cap 226
omeprazole tab 227
OMNICEF SUSP 123
OMNIPOD 5 INTRO KIT 182
OMNIPOD 5 PACK PODS 182
OMNIPOD DASH INTRO KIT 182
OMNIPOD DASH PODS 182
OMNIPOD GO KIT 182
OMNIPOD STARTER KIT 182
ondansetron ODT 58
ondansetron soln 58
ONDANSETRON TAB 58
ONETOUCH DELICA LANCETS 182
ONETOUCH DELICA PLUS LANCETS 182
ONETOUCH DELICA ULTRASOFT LANCETS 182
ONETOUCH METER 182
ONETOUCH TEST STRIP 148
ONETOUCH VERIO FLEX METER 183
ONETOUCH VERIO IQ METER 183
ONETOUCH VERIO METER 183
ONETOUCH VERIO REFLECT METER 183
ONETOUCH VERIO TEST STRIP 148
ONFI SUSP 33
ONFI TAB 33
ONGENTYS CAP 97
OPSUMIT TAB 120
ORACIT SOLN 167
ORAP TAB 218
ORAPRED ODT TAB 129
ORAPRED SOLN 129
ORENCIA CLICK INJ 10
ORENCIA SC INJ 125MG/ML 10
ORENCIA SC INJ 50MG/0.4ML 10
ORENCIA SC INJ 87.5MG/0.7ML 10
ORENITRAM TAB 118
ORGOVYX TAB 84

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ORIAHNN CAP 160
ORILISSA TAB 150MG 155
ORILISSA TAB 200MG 155
ORKAMBI GRANULES PACKET 219
ORKAMBI TAB 219
oseltamivir cap 110
oseltamivir cap 30mg 110
oseltamivir susp 110
OTEZLA STARTER PACK 10
OTEZLA TAB 10
OVACE PLUS CREAM 139
OVIDE LOTION 147
oxacillin inj 213
OXANDRIN TAB 18
oxandrolone tab 18
OXBRYTA TAB FOR ORAL SUSP 172
oxcarbazepine susp 37
oxcarbazepine tab 37
oxiconazole nitrate cream 137
OXSORALEN ULTRA CAP 139
oxybutynin ER tab 227
oxybutynin syrup 227
oxybutynin tab 227
oxycodone soln 14
oxycodone tab 15
oxycodone/acetaminophen tab 16
OXYCODONE/ASPIRIN TAB 16
OXYTROL PATCH (OTC) 228
OZEMPIC INJ 50

P

paliperidone ER tab 99
PALYNZIQ INJ 157
PAMELOR CAP 46
PANRETIN GEL 138
pantoprazole EC tab 226
PARAGARD IUD 126
paricalcitol cap 157
PARLODEL CAP 96
PARLODEL TAB 96
PARNATE TAB 43
paromomycin cap 5
paroxetine ER tab 44
paroxetine oral susp 44
paroxetine tab 44
PATANOL OPHTH SOLN 207
PAXIL CR TAB 44
PAXIL ORAL SUSP 44
PAXIL TAB 44
PAXLOVID TAB 108
PCE TAB 179
PEAK FLOW METER 184
pediatric multiple vitamins/fluoride chew tab 193
pediatric multiple vitamins/fluoride soln 193
pediatric multiple vitamins/fluoride/iron soln 192
PEDVAXHIB INJ 229
peg 3350 soln (100 gram Moviprep equiv) 178
peg 3350/electrolytes soln 178
PEGASYS INJ 109
PEG-INTRON INJ 109
PEMAZYRE TAB 91
penciclovir cream 140
penicillamine tab 188
PENICILLIN G PROCAINE INJ 211
PENICILLIN G SODIUM INJ 211
PENICILLIN VK SOLN 211
penicillin vk tab 211
PENTACEL INJ 224
pentamidine neb soln 73
pentoxifylline ER tab 170
PEPCID SUSP 225
PEPCID TAB 226
PERCOCET TAB 16

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phenelzine tab 43
phenobarbital elixir 175
phenobarbital tab 175
phenoxybenzamine cap 67
phentermine cap 2
phentermine tab 2
phenylephrine ophth soln 199
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pindolol tab 113
pioglitazone tab 55
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pirfenidone cap 220
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pirfenidone tab 801mg 220
piroxicam cap 10
PLAN B TAB 126
PLAQUENIL TAB 78
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PLEGRIDY PEN INJ 217
PNEUMOVAX INJ 229
PODIAPN CAP 149
PODOCON SOLN 145
PODOFILOX SOLN 145
polyethylene glycol 3350 powder 178
POLYETHYLENE GLYCOL 8000 GRANULES 213
polymyxin b/trimethoprim ophth soln 202
POLYTRIM OPHTH SOLN 202
POMALYST CAP 85
posaconazole DR tab 61
posaconazole susp 61
POTABA CAP 236
POTABA POWDER PACKET 236
potassium bicarbonate effer tab 187
potassium chloride ER cap 187
potassium chloride ER tab 187
potassium chloride micro tab 187
potassium chloride powder packet 187
potassium chloride soln 187
POTASSIUM CHLORIDE TAB ER 188
potassium citrate CR tab 167
potassium citrate/citric acid powder pack 167

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potassium phosphate monobasic tab 187
PRADAXA CAP 110MG 32
PRADAXA CAP 75MG, 150MG 32
pramipexole tab 96
pramoxine/hydrocortisone cream 20
PRANDIN TAB 55
prasugrel tab 171
PRAVACHOL TAB 65
pravastatin tab 65
praziquantel tab 21
prazosin cap 68
PRECOSE TAB 47
PRED FORTE OPHTH SUSP 204
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PREDNISOLONE OPHTH SUSP 205
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 205
PREDNISOLONE SOLN 129
PREDNISONE SOLN 129
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pregabalin cap 225mg 37
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PREMPHASE TAB, PREMPRO TAB 160
PRENATABS RX TAB 193
PRENATAL 19 CHEW TAB 193
PRENATAL 19 TAB 193
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PREVACID CAP 226
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PREVIDENT SOLN 191
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PREVYMIS TAB 108
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primaquine tab 78
primidone tab 37
PRIMSOL SOLN 73
PRINIVIL TAB, ZESTRIL TAB 67
PRISTIQ TAB 45
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PROCARDIA CAP 116
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prochlorperazine tab 101
PROCTOCORT CREAM 143
proctosol HC cream 20
progesterone cap 213
PROGESTERONE SUPP 235
PROGLYCEM SUSP 50
PROLENSA OPHTH SOLN 208

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PROLIA INJ 154
PROMACTA TAB 173
promethazine DM syrup 131
promethazine supp 62
promethazine syrup 62
promethazine tab 62
promethazine VC syrup 131
promethazine VC/codeine syrup 131
promethazine/codeine syrup 132
PROMETHEGAN SUPP 62
PROMETRIUM CAP 213
propafenone ER cap 24
propafenone tab 24
proparacaine ophth soln 202
propranolol ER cap 114
propranolol oral soln 20mg/5ml 114
PROPRANOLOL SOLN 114
propranolol tab 114
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 72
propylthiouracil tab 222
PROSCAR TAB 168
pro-stat liquid 197
PROTOPIC OINT 145
protriptyline tab 46
PROVERA TAB 214
PROVIGIL TAB 5
PROZAC CAP 44
PULMICORT INH SUSP 27
PULMOZYME INH SOLN 219
PURIXAN SUSP 81
pyrazinamide tab 79
pyridostigmine CR tab 78
pyridostigmine tab 78
pyridstigmine soln 78
pyrimethamine tab 78
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QBRELIS SOLN 67
QINLOCK TAB 91
QSYMIA CAP 2
QUESTRAN LITE POWDER 63
QUESTRAN POWDER 63
QUESTRAN POWDER PACK 63
quetiapine tab 100
quetiapine XR tab 100
QUFLORA PEDIATRIC CHEW TAB 193
quinapril tab 67
QUINAPRIL/HCTZ TAB 72
quinapril/hydrochlorothiazide tab 72
quinidine gluconate CR tab 24
quinidine sulfate tab 24

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RABAVERT INJ 232
rabeprazole EC tab 226
RADICAVA ORS STARTER KIT 196
RADICAVA ORS SUSP 197
raloxifene tab 156
ramelteon tab 177
ramipril cap 67
RANEXA TAB 21
ranolazine tab 21
rasagiline tab 97
RAZADYNE ER CAP 215
RAZADYNE TAB 215
REBETOL SOLN 109
REGLAN TAB 163
REGRANEX GEL 147
RELENZA DISKHALER 110
RELYVRIO PAK 197
REMERON SOLUTAB 42
REMERON TAB 42
RENAGEL TAB 800MG 166
renaphro cap 192

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RENOVA CREAM	135
RENVELA TAB	166
repaglinide tab	55
REPATHA INJ	66
REPATHA PUSHTRONEX INJ	66
REQUIP TAB	96
RESCRIPTOR TAB	106
RESTASIS OPHTH EMULSION	202
RESTORIL CAP 15MG	176
RESTORIL CAP 22.5MG	176
RESTORIL CAP 30MG	176
RESTORIL CAP 7.5MG	176
RETACRIT INJ	173
RETEVMO CAP	91
RETIN-A CREAM	134
REVATIO SUSP	120
REVATIO TAB	120
REVLIMID CAP	189
REYATAZ POWDER PACK	106
REYVOW TAB	185
REZLIDHIA CAP	91
REZUROCK TAB	189
RHEUMATREX TAB	6
RHOFADE CREAM	147
ribavirin cap	109
RIBAVIRIN TAB	109
RIDAURA CAP	7
rifabutin cap	79
RIFADIN CAP	79
RIFAMATE CAP	78
rifampin cap	79
RIFATER TAB	79
riluzole tab	197
RIMANTADINE TAB	110
RINVOQ ER TAB	5
RIOMET ER SUSP	49
RIOMET SOLN	49
risedronate DR tab	154
risedronate tab	154
RISPERDAL CONSTA INJ	99
RISPERDAL M ODT	99
RISPERDAL SOLN	99
RISPERDAL TAB	99
risperidone ODT	99
risperidone soln	100
risperidone tab	100
RITALIN LA CAP	5
RITALIN TAB	5
ritonavir tab	106
RITUXAN INJ	81
rivastigmine cap	215
rivastigmine patch	216
rizatriptan ODT	185
rizatriptan tab	185
ROBAXIN TAB	195
ROBINUL TAB	225
ROCALTROL CAP	157
ROCALTROL SOLN	157
roflumilast tab	26
ropinirole ER tab	96
ropinirole tab	96
rosuvastatin tab	65
ROTARIX SUSP	232
ROTATEQ INJ	232
ROXICODONE TAB	15
ROZEREM TAB	177
ROZLYTREK CAP	91
RUBRACA TAB	91
rufinamide susp	37
rufinamide tab	37
RUKOBIA ER TAB	106
RYBELSUS TAB	51
RYDAPT CAP	91
RYTHMOL SR CAP	24

S

SALAGEN TAB	192
SALEX SHAMPOO	145
salsalate tab	11
SANCUSO PATCH	58
SANDIMMUNE SOLN 100MG/ML	112

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SANTYL OINT	144	sertraline tab	44	SKELAXIN TAB	195
SAPHRIS SL TAB	101	sevelamer hydrochloride tab	166	SKYRIZI INJ 150MG/ML	139
sapropterin dihydrochloride powder packet	157	sevelamer powder pak	166	SKYRIZI INJ 180 MG/1.2ML	165
sapropterin dihydrochloride soluble tab	157	sevelamer tab	166	SKYRIZI INJ 360MG/2.4ML	165
SAVELLA PAK	216	SFROWASA ENEMA	165	SKYRIZI INJ 75MG/0.83ML	139
SAVELLA TAB	216	SHINGRIX INJ	232	SKYTROFA INJ	155
SAXENDA INJ	2	SIGNIFOR INJ	159	SLO-NIACIN TAB	236
scopolamine patch	58	sildenafil susp	120	SLYND TAB	127
selegiline cap	97	sildenafil tab	118	smz/tmp (DS) tab	74
selegiline tab	97	sildenafil tab 20mg	120	smz/tmp susp	74
selenium sulfide lotion	139	SILVADENE CREAM	140	SOD CHLORIDE INJ	188
selenium sulfide shampoo	139	silver sulfadiazine cream	140	sodium chloride inj	188
SELZENTRY SOLN	106	SIMBRINZA OPHTH SUSP	200	sodium chloride neb soln	132
SELZENTRY TAB	106	SIMPONI	7	sodium citrate/citric acid soln	167
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	54	AUTO-INJECTOR 100MG		sodium fluoride cream	191
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	54	SIMPONI INJ 100MG	7	sodium fluoride gel	191
SEMPREX-D CAP	132	simvastatin tab	65	sodium fluoride paste	191
SEREVENT DISKUS INHALER	30	SINEMET CR TAB	97	sodium fluoride rinse	191
SEROQUEL TAB	101	SINEMET TAB	97	sodium fluoride soln	186
SEROQUEL XR TAB	101	SINGULAIR CHEW TAB	26	sodium fluoride tab	186
sertraline conc	44	SINGULAIR GRANULE PACK	26	sodium fluoride/potassium nitrate paste	191
		SINGULAIR TAB	26	SODIUM OXYBATE SOLN	214
		sirolimus soln	189		
		sirolimus tab	112		
		SIVEXTRO TAB	76		

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sodium polystyrene powder	112	sorafenib tosylate tab	91	STRIVERDI RESPIMAT INHALER	30
sodium polystyrene susp	112	sotalol AF tab	114	STROMECTOL TAB	21
sodium sulfacetamide lotion	134	sotalol tab	114	SUBOXONE SL FILM	17
sodium sulfacetamide/sulfur cleanser 10-5%	134	SOTYLIZE SOLN 5MG/ML	114	sucralfate susp	227
sodium sulfacetamide/sulfur cleanser 9-4.5%	135	SPECTRACEF TAB	123	sucralfate tab	226
sodium sulfacetamide/sulfur emulsion 10-5%	135	SPIKEVAX INJ	232	sulfacetamide sodium ophth soln	202
sodium/magnesium/potassium soln	178	SPINOSAD SUSP	147	sulfacetamide sodium/prednisolone ophth soln	205
SOFOSBUVIR/VELPATASVIR TAB	109	SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	26	SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	205
solifenacin tab	228	spironolactone tab	152	sulfadiazine tab	221
SOLU-CORTEF INJ	129	spironolactone/hydrochlorothiazide tab	151	SULFAMYLON CREAM	140
SOLU-CORTEF INJ 100MG	129	SPORANOX CAP	61	sulfasalazine EC tab	165
SOLU-MEDROL INJ	129	SPORANOX SOLN	61	sulfasalazine tab	165
SOLU-MEDROL INJ 2GM	129	sprintec 28 tab	125	sulindac tab	10
SOLU-MEDROL PF INJ	130	SPRYCEL TAB	92	SUMADAN WASH 9-4.5%	135
SOMA TAB	195	SPS SUSP	190	sumatriptan inj	185
SOMAVERT INJ	155	STALEVO TAB	98	SUMATRIPTAN INJ 6MG/0.5ML	186
		STARLIX TAB	55	sumatriptan tab	186
		stavudine cap	106	sunitinib malate cap	92
		STELARA INJ	139	SUNOSI TAB	3
		STENDRA TAB	118	SUPRAX CAP	123
		STIMATE NASAL SOLN	158		
		STIOLTO INHALER	30		
		STIVARGA TAB	92		
		STRENSIQ INJ	158		
		STRIBILD TAB	107		

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SUPRAX CHEW TAB 123
SUPRAX SUSP 123
SUPRAX SUSP 500MG/5ML 123
SURMONTIL CAP 46
SYMAX DUOTAB 225
SYMBICORT INHALER 30
SYMBYAX CAP 216
SYMDEKO TAB 219
SYMJEPI INJ 235
SYMPROIC TAB 165
SYMTUZA TAB 107
SYNAREL NASAL SOLN 156
SYNERA PATCH 146
SYNJARDY TAB 48
SYNJARDY XR TAB 10-1000MG, 25-1000MG 48
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 48
SYNTHROID TAB 223

T

TABLOID TAB 81
TABRECTA TAB 92
tacrolimus cap 112
tacrolimus oint 145
tadalafil tab 118
tadalafil tab (PAH) 120
tadalafil tab 2.5mg, 5mg 118
TADLIQ SUSP 120
TAFINLAR CAP 92
TAGRISSO TAB 82
TAKHZYRO INJ 170
TAKHZYRO INJ 150MG/ML 170
TALTZ INJ 139
TALZENNA CAP 0.25MG 92
TALZENNA CAP 0.5MG, 0.75MG, 1MG 92
TAMIFLU CAP 111
TAMIFLU CAP 30MG 111
tamoxifen tab 85
tamsulosin cap 168
TAPAZOLE TAB 222
TASIGNA CAP 92
TASMAR TAB 95
TAVALISSE TAB 170
TAVNEOS CAP 170
tazarotene cream 0.1% 139
TAZORAC CREAM 139
TAZORAC CREAM 0.05% 139
TAZVERIK TAB 92
TECHLITE INSULIN SYRINGE 183
TECHLITE PEN NEEDLE 183
TEGRETOL SUSP 37
TEGRETOL TAB 38
TEGRETOL XR TAB 38
TEGSEDI INJ 219
TEKTURNA HCT TAB 72
TEKTURNA TAB 73
telmisartan tab 68
temazepam cap 15mg 176
temazepam cap 22.5mg 176
temazepam cap 30mg 176
temazepam cap 7.5mg 176
TEMOVATE CREAM 143
TEMOVATE OINT 143
temozolomide cap 80
tenofovir disoproxil fumarate tab 107
TENORETIC TAB 72
TENORMIN TAB 113
TEPMETKO TAB 92
TERAZOL CREAM 234
terazosin cap 69
terbinafine tab 60
terbutaline sulfate tab 30
terconazole cream 234
TERCONAZOLE CREAM 0.8% 234
terconazole supp 234
teriflunomide tab 218
TERIPARATIDE INJ 154

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TESSALON CAP	130	thiothixene cap	102	tobramycin ophth soln	202
testosterone cypionate inj	19	THYROLAR TAB	223	tobramycin/dexamethason e ophth soln	205
TESTOSTERONE ENANTHATE INJ 200MG/ML	19	tiagabine tab	40	TOBREX OPHTH OINT	202
		TIAZAC CAP	116	TOBREX OPHTH SOLN	202
testosterone gel 1% 25mg	19	TIBSOVO TAB	92	TODAY SPONGE	233
testosterone gel 1% 50mg	19	TIGAN CAP	59	TOFRANIL TAB	46
testosterone gel 1% pump	19	TIKOSYN CAP	25	TOLAZAMIDE TAB	56
testosterone gel 1.62% 1.25gm	19	timolol maleate ophth gel	198	TOLBUTAMIDE TAB	56
		timolol maleate ophth soln	198	tolcapone tab	95
testosterone gel 1.62% 2.5gm	19	timolol maleate tab	114	TOLMETIN TAB	10
		TIMOPTIC OPHTH SOLN	198	tolterodine SR cap	228
TESTOSTERONE GEL PUMP	19	TIMOPTIC-XE OPHTH GEL	198	tolterodine tab	228
				TOPAMAX SPRINKLE CAP	38
testosterone gel pump 1.62%	19	TINDAMAX TAB	73		
		tinidazole tab	73	TOPAMAX TAB	38
testosterone soln	19	tiopronin tab	168	TOPICORT CREAM	143
TETANUS/DIPHTHERIA TOXOID INJ	224	TIROSINT-SOL	223	TOPICORT OINT	143
		TIVICAY PD TAB	107	topiramate sprinkle cap	38
tetrabenazine tab	216	TIVICAY TAB	107	topiramate tab	38
tetracycline cap	221	tizanidine tab	195	TOPROL XL TAB	113
TEZSPIRE INJ	25	TOBI PODHALER	5	toremifene tab	85
THALOMID CAP	111	TOBRADEX OPHTH OINT	205	torsemide tab	152
THEO-24 CAP	31			TOVIAZ TAB	228
theophylline ER tab	31	TOBRADEX OPHTH SOLN	205	TRACLEER TAB 32MG	120
theophylline soln	31	TOBRADEX ST OPHTH SUSP	205	tramadol ER tab	15
theophylline tab er	31			TRAMADOL HCL ER TAB	15
thioridazine tab	101	tobramycin neb soln	5	tramadol tab	15

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tramadol/acetaminophen tab 17
tranexamic acid inj 175
tranexamic acid tab 175
TRANSDERM-SCOP PATCH 59
tranylcypromine tab 43
TRAVATAN Z DROPS 208
travoprost ophth soln 208
trazodone tab 44
TRECATOR TAB 79
TRELEGY ELLIPTA INHALER 31
TREMFYA INJ 139
tretinoin cap 79
tretinoin cream 135
tretinoin gel 135
triamcinolone acetate inj 130
triamcinolone cream 143
triamcinolone in orabase paste 191
triamcinolone lotion 143
triamcinolone oint 143
triamcinolone OTC nasal spray 196
triamterene/hydrochlorothiazide cap 151
triamterene/hydrochlorothiazide tab 151
triazolam tab 176
tricitrates soln 167
tricon cap 174
TRICOR TAB 64
trientine cap 188
trifluoperazine tab 101
TRIFLURIDINE OPHTH SOLN 202
trihexyphenidyl elixir 97
TRIHEXYPHENIDYL SOLN 97
trihexyphenidyl tab 95
TRIKAFTA TAB 220
TRIKAFTA THERAPY PACK 220
tri-legest tab 125
TRILEPTAL SUSP 38
TRILEPTAL TAB 38
TRI-LUMA CREAM 146
trimethobenzamide cap 59
TRIMETHOPRIM TAB 73
trimipramine cap 46
TRINTELLIX TAB 45
tri-sprintec tab 125
TRIUMEQ PD TAB 107
TRIUMEQ TAB 107
TRIZIVIR TAB 107
tropicamide ophth soln 199
trospium chloride SR cap 228
trospium tab 228
TRUEPLUS INSULIN SYRINGE 183
TRUEPLUS PEN NEEDLE 183
TRULANCE TAB 162
TRULICITY INJ 51
TRUMENBA INJ 229
TRUSOPT OPHTH SOLN 208
TUKYSA TAB 81
TURALIO CAP 93
tussigon tab 130
TUSSIONEX SUSP 132
TWIRLA PATCH 125
TYBLUME TAB 125
TYLENOL/CODEINE TAB 17
TYMLOS INJ 154
TYVASO DPI POWDER 119
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG 119
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG 119

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TYVASO DPI POWDER TITRATION KIT 16-32MCG 119
TYVASO INH SOLN 119

U

UBRELVY TAB 185
UCERIS RECTAL FOAM 20
UCERIS TAB 130
ULORIC TAB 169
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NC =Not Covered | **generic** =small letters | **BRANDS** =CAPITAL LETTERS

EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= $250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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L.A. CARE HOME INFUSION DRUG LIST
Alphabetical Index

9/1/2023

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

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Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.
** Products listed may not be all inclusive and are subject to change.
***Products are limited to the L.A. Care Home Infusion Network Pharmacies.

L.A. Care Home Infusion List

Alphabetical Index

Last Updated 9/1/2023

Drug Name	Special Code	Tier	Category
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ABELCET INJ	-	F	ANTIFUNGALS
ABRAXANE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR HP GEL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
acyclovir sodium IV soln	-	F	ANTIVIRALS
ADAKVEO INJ	PA	F	HEMATOPOIETIC AGENTS
ADCETRIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
adriamycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADUHELM INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADVATE INJ, KOVALTRY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ADYNOVATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F	CORTICOSTEROIDS
AKYNZEO INJ	-	NC	ANTIEMETICS
ALBUMINAR INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
ALDURAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALIMTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALIQOPA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol inj	-	F	GOUT AGENTS
ALOXI IV SOLN	-	F	ANTIEMETICS
ALPHANATE INJ, HUMATE-P INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ, MONONINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ALPROLIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
amikacin inj	-	F	AMINOGLYCOSIDES
aminophylline inj	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AMINOSYN II INJ	-	F	NUTRIENTS
AMINOSYN-RF INJ	-	F	NUTRIENTS
AMIODARONE INJ	-	F	ANTIARRHYTHMICS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
AMONDYS 45 INJ	-	EXC	NEUROMUSCULAR AGENTS
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
ampicillin inj	-	F	PENICILLINS
ampicillin/sulbactam inj	-	F	PENICILLINS
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
APRETUDE SUSP (QL=7 inj/year)	QL	F	ANTIVIRALS
ARALAST NP INJ	PA	F	RESPIRATORY AGENTS - MISC.
ARGATROBAN INJ	-	F	ANTICOAGULANTS
ARRANON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASPARLAS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ATGAM INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ATROPINE SULFATE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
atropine sulfate iv soln	-	F	ULCER DRUGS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVSOLA INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
AZEDRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
BALEODAQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAVENCIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
bendamustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDAMUSTINE SOL	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F	OPHTHALMIC AGENTS
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICILLIN C-R INJ	-	F	PENICILLINS
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLINCYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bortezomib inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX COSMETIC INJ	-	EXC	DERMATOLOGICALS
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
butorphanol inj	-	F	ANALGESICS - OPIOID
BYOOVIZ INJ (QL= 1 vial/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CABENUVA SUSP (QL=1 kit/month)	QL	F	ANTIVIRALS
calcium gluconate inj	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
CEFAZOLIN INJ	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
CEFEPIME INJ	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS
cefotetan inj	-	F	CEPHALOSPORINS
CEFOXITIN INJ	-	F	CEPHALOSPORINS
CEFTAZIDIME INJ	-	F	CEPHALOSPORINS
CEFTRIAXONE INJ	-	F	CEPHALOSPORINS
CEFTRIAXONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CIMERLI INJ (Ql= 1 vial/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
CISPLATIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CISPLATIN INJ 50MG/50ML	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COAGADEX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COPPER INJ	-	F	MINERALS & ELECTROLYTES
CORIFACT KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CRYSVITA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
cupric chloride inj (COPPER equiv)	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cytarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
DANYELZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARZALEX SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN FASPRO	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daunorubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES
desmopressin (DDAVP) inj	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	F	CORTICOSTEROIDS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
DEXTROSE INJ	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	ANTIANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
diltiazem inj	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
DOBUTAMINE/D5W INJ	-	F	CARDIOTONICS
docetaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	CARDIOTONICS
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
doxorubicin hcl inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycyclline hyclate inj	-	F	TETRACYCLINES
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
ELAHERE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
electrolyte-148 solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
electrolyte-a solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
ELELYSO INJ	PA	F	HEMATOPOIETIC AGENTS
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELZONRIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
EPINEPHRINE INJ	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ERWINAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	NC	MACROLIDES
erythromycin inj	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ESPEROCT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUFLEXXA	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ	PA	F	ANTIHYPERLIPIDEMICS
EXONDYS 51 SOLN	-	EXC	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FEIBA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
FERAHEME INJ	-	NC	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
ferumoxytol inj	-	F	HEMATOPOIETIC AGENTS
FIBRYGA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRMAGON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLEBOGAMMA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
FLOLAN INJ, VELETRI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
fluconazole/nacl inj	-	F	ANTIFUNGALS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
FLUDARABINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
folic acid inj	-	F	HEMATOPOIETIC AGENTS
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS
foscarnet sodium inj	-	F	ANTIVIRALS
FOSCAVIR INJ	-	NC	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
furosemide inj	-	F	DIURETICS
FYARRO SUSP	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAMASTAN INJ	-	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMIFANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAGARD SD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ganciclovir inj	-	F	ANTIVIRALS
GAZYVA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEL-ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
gemcitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ, KOATE-DVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HEPAGAM B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
heparin sodium inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
heparin sodium/nacl inj	-	F	ANTICOAGULANTS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HUMATE-P INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ibandronate sodium inj (BONIVA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION SOLN	-	NC	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA SOLN	-	NC	DERMATOLOGICALS
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMJUDO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMLYGIC INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
INFLIXIMAB INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
INFUGEM SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS
INVEGA HAFYERA INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
irinotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
JELMYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
JEVTANA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
JIVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANUMA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KCENTRA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/DEXTROSE/NACL INJ	-	F	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	NC	MINERALS & ELECTROLYTES
KEPIVANCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KIMMTRAK SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KORSUVA INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F	GOUT AGENTS
KYMRIAH SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
lacosamide iv inj	-	F	ANTICONVULSANTS
LACTATED RINGERS INJ	-	F	MINERALS & ELECTROLYTES
LARTRUVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
LEQEMBI SOLN	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEUCOVORIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONVULSANTS
levofloxacin inj	-	F	FLUOROQUINOLONES
levofloxacin/d5w inj	-	F	FLUOROQUINOLONES
levoleucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levothyroxine inj	-	F	THYROID AGENTS
LIBTAYO INJ (QL= 1 vial/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL
lincomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
linezolid IV soln	-	F	ANTI-INFECTIVE AGENTS - MISC.
LIOTHYRONINE INJ	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
lorazepam inj	-	F	ANTIANXIETY AGENTS
LUMOXITI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUNSUMIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ (QL= 1 kit/28 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 22.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 30MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 45MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 7.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
LUTATHERA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F	OPHTHALMIC AGENTS
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARGENZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARQIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC.
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
micafungin inj	-	F	ANTIFUNGALS
milrinone inj	-	F	CARDIOTONICS
MINOCIN INJ	-	F	TETRACYCLINES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mitomycin inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOFERRIC INJ	-	F	HEMATOPOIETIC AGENTS
MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
MORPHINE SULFATE 10MG/ML PF INJ	-	F	ANALGESICS - OPIOID
morphine sulfate inj	-	F	ANALGESICS - OPIOID

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MVASI INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYLOTARG INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYOZYME/LUMIZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nafcillin inj	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nelarabine iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
NEXVIAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NIPENT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
NOVOEIGHT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NOVOSEVEN RT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	PA	F	HEMATOPOIETIC AGENTS
NUCALA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULIBRY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULOJIX INJ	-	F	ASSORTED CLASSES
NUWIQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONCASPAR INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFRAN) inj	-	NC	ANTIEMETICS
ondansetron inj	-	F	ANTIEMETICS
ONIVYDE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN (QL= 2 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORENCIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OXLUMO INJ	PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PADCEV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj	-	F	ANTIEMETICS
palonosetron inj (Restricted to Oncology or Hematology specialist)	--RS	F	ANTIEMETICS
PAMIDRONATE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
pemetrexed disodium for iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
PEPAXTO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PFIZERPEN-G INJ	-	F	PENICILLINS
phenytoin inj	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	F	HEMATOPOIETIC AGENTS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
PORTRAZZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
potassium chloride inj	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
POTELIGEO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AGENTS
PROCAINAMIDE INJ	-	F	ANTIARRHYTHMICS
prochlorperazine inj	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QUADRAMET INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RADICAVA INJ	-	NC	NEUROMUSCULAR AGENTS
REBINYN SOL	-	NC	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	PA	F	HEMATOPOIETIC AGENTS
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RETISERT IMPLANT	-	NC	OPHTHALMIC AGENTS
REVCOVI INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
romidepsin for iv inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMIDEPSIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCENESSE IMP (QL=1 implant/56 days)	-	EXC	DERMATOLOGICALS
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SEVENFACT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SMOFLIPID EMULSION	-	F	NUTRIENTS
SODIUIM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
sodium bicarbonate inj	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTIDOTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F	DERMATOLOGICALS
SPINRAZA INJ	PA	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
STELARA IV INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
sterile diluent soln	-	F	PHARMACEUTICAL ADJUVANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
STRONTIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTIVIRALS
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUSVIMO INJ (QL= 1 vial/affected eye/168 days)	PA-QL	F	OPHTHALMIC AGENTS
SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL	F	OPHTHALMIC AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNRIBO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 1200MG/20ML (QL= 20 mL/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 840MG/14ML (QL= 28 mL/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
TEMODAR IV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ	PA	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tobramycin inj	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETTEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRIESENCE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ (QL= 15mL/28 days)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TZIELD INJ (QL= 14 vials/month)	PA-QL	F	ANTIDIABETICS
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPLIZNA SOLN (QL= 30 mL/6 months)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
valrubicin inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANCOMYCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VECTIBIX IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
VELCADE INJ, BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VIDAZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VILTEPSO SOLN	-	EXC	NEUROMUSCULAR AGENTS
VIMIZIM INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VISCO-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISUDYNE INJ	PA	F	OPHTHALMIC AGENTS
vitamin K1 inj	-	F	VITAMINS
VONVENDI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
voriconazole inj	-	F	ANTIFUNGALS
VPRIV INJ	PA	F	HEMATOPOIETIC AGENTS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS
VYVGART INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYXEOS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
XENPOZYME SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAVA INJ	-	F	TETRACYCLINES
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XIAFLEX INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
XIPERE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
XOFIGO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
XOLAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZEPZELCA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERBAXA INJ	-	F	CEPHALOSPORINS
zinc chloride inj	-	F	MINERALS & ELECTROLYTES
ZINC CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
ZINPLAVA SOLN	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ZIRABEV INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zoledronic acid inj (ZOMETA INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid IV soln (RECLAST INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYNLONTA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTEGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin inj	-	F
gentamicin inj	-	F
gentamicin/ nacl inj	-	F
GENTAMICIN/NACL INJ	-	F
STREPTOMYCIN INJ	-	F
tobramycin inj	-	F
ZEMDRI INJ	-	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
SIMPONI ARIA INJ	PA	F
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	PA	F
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ	PA	F
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ	PA	F
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
MORPHINE SULFATE 10MG/ML PF INJ	-	F
MORPHINE SULFATE INJ	-	F
OPIOID PARTIAL AGONISTS		
butorphanol inj	-	F
ANDROGENS-ANABOLIC		
ANDROGENS		
TESTOSTERONE ENANTHATE INJ	-	F
TESTOPEL MIS	-	NC
ANTIANGINAL AGENTS		
NITRATES		
NITROGLYCERIN IV SOLN	-	F
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
PROCAINAMIDE INJ	-	F
ANTIARRHYTHMICS TYPE III		
AMIODARONE INJ	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
NEXTERONE INJ/AMIODARONE INJ	-	F
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR INJ	PA	F
FASENRA INJ	PA	F
NUCALA INJ	PA	F
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F
XOLAIR INJ	PA	F
SYMPATHOMIMETICS		
terbutaline inj (BRETHINE INJ equiv)	-	F
XANTHINES		
aminophylline inj	-	F
ANTICOAGULANTS		
HEPARINS AND HEPARINOID-LIKE AGENTS		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin lock flush soln	-	F
heparin sodium inj	-	F
HEPARIN SODIUM/D5W INJ	-	F
HEPARIN SODIUM/NACL INJ	-	F
THROMBIN INHIBITORS		
ARGATROBAN INJ	-	F
ANTICONVULSANTS		
ANTICONVULSANTS - MISC.		
lacosamide iv inj	-	F
levetiracetam inj	-	F
HYDANTOINS		
fosphenytoin inj	-	F
phenytoin inj	-	F
VALPROIC ACID		
valproate inj	-	F
ANTIDEPRESSANTS		
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOLN	PA	F
ANTIDIABETICS		
ANTIDIABETIC-ANTIBODIES		
TZIELD INJ (QL= 14 vials/month)	PA-QL	F
ANTIDOTES		
ANTIDOTES		
deferoxamine mesylate inj	-	F
fomepizole inj	-	F
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ALOXI IV SOLN	-	F
granisetron HCl inj (KYTRIL INJ equiv)	-	F
ONDANSETRON INJ	-	F
palonosetron inj	-	F
palonosetron inj (Restricted to Oncology or Hematology specialist)	--RS	F
ondansetron (ZOFRAN) inj	-	NC
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO INJ	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS INJ	-	F
caspofungin acetate iv soln	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
ANTIFUNGALS		
ABELCET INJ	-	F
AMPHOTERICIN INJ	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj	-	F
ANTIHYPERLIPIDEMICS		
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ	PA	F
ANTIHYPERTENSIVES		
VASODILATORS		
hydralazine inj	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole/ nacl inj	-	F
colistimethate inj	-	NC
pentamidine inj	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole/trimethoprim inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
CARBAPENEMS		
cilastatin/imipenem inj	-	F
ertapenem inj	-	F
meropenem inj	-	F
PRIMAXIN INJ	-	F
CHLORAMPHENICOLS		
CHLORAMPHENICOL INJ	-	F
CYCLIC LIPOPEPTIDES		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
GLYCOPEPTIDES		
DALVANCE INJ	-	F
VANCOMYCIN INJ	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NACL INJ	-	F
LINCOSAMIDES		
CLEOCIN INJ	-	F
clindamycin inj	-	F
lincomycin inj	-	F
MONOBACTAMS		
aztreonam inj	-	F
OXAZOLIDINONES		
linezolid IV soln	-	F
ZYVOX IV SOLN	-	F
POLYMYXINS		
colistimethate inj	-	F
polymyxin b inj	-	F
STREPTOGRAMINS		
SYNERCID INJ	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT INJ	-	F
rifampin inj	-	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
bendamustine inj	-	F
BENDAMUSTINE SOL	PA	F
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	PA	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
cisplatin inj	-	F
CISPLATIN INJ 50MG/50ML	-	F
cyclophosphamide inj	-	F
IFEX INJ	-	F
IFOSFAMIDE INJ	-	F
melphalan inj	-	F
oxaliplatin inj	-	F
TEMODAR IV INJ	PA	F
thiotepa inj	-	F
YONDELIS INJ	PA	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN	PA	F
CARMUSTINE INJ	-	NC
PEPAXTO INJ	-	NC
ANTIMETABOLITES		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
cytarabine inj	-	F
decitabine inj	PA	F
fludarabine inj	-	F
fluorouracil inj	-	F
GEMCITABINE INJ	-	F
nelarabine iv soln	PA	F
pemetrexed disodium for iv soln	PA	F
ALIMTA INJ	-	NC
ARRANON INJ	-	NC
INFUGEM SOLN	-	NC
VIDAZA INJ	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F
ANTINEOPLASTIC - ANTIBODIES		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BESPONSA INJ	PA	F
BLINCYTO INJ	PA	F
DARZALEX SOLN	PA	F
ELAHERE INJ	PA	F
ENHERTU INJ	PA	F
GAZYVA INJ	PA	F
IMFINZI INJ	PA	F
IMJUDO INJ	PA	F
JEMPERLI SOLN	PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
KIMMTRAK SOLN	PA	F
LIBTAYO INJ (QL= 1 vial/21 days)	PA-QL	F
LUMOXITI INJ	PA	F
LUNSUMIO INJ	PA	F
MONJUVI INJ	PA	F
MYLOTARG INJ	PA	F
OPDIVO INJ	PA	F
PADCEV INJ	PA	F
POLIVY INJ	PA	F
POTELIGEO INJ	PA	F
RUXIENCE INJ	PA	F
RYBREVANT SOLN	PA	F
SARCLISA SOLN	PA	F
TECENTRIQ INJ 1200MG/20ML (QL= 20 mL/21 days)	PA-QL	F
TECENTRIQ INJ 840MG/14ML (QL= 28 mL/28 days)	PA-QL	F
TIVDAK INJ	PA	F
TRUXIMA INJ	PA	F
YERVOY INJ	PA	F
ZYNLONTA SOLN	PA	F
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F
CAMPATH INJ	-	NC
DANYELZA INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
UNITUXIN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
MARGENZA INJ	PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC
ONTRUZANT INJ	-	NC
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC
BREYANZI INJ	-	NC
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ	PA	F
PORTRAZZA INJ	PA	F
VECTIBIX IV SOLN	PA	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F
FIRMAGON INJ	-	NC
LUPRON DEPOT INJ 22.5MG	-	NC
LUPRON DEPOT INJ 30MG	-	NC
LUPRON DEPOT INJ 45MG	-	NC
LUPRON DEPOT INJ 7.5MG	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
LARTRUVO INJ	PA	F
ANTINEOPLASTIC ANTIBIOTICS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
daunorubicin inj	-	F
doxorubicin hcl inj	-	F
epirubicin inj	-	F
idarubicin inj	-	F
JELMYTO INJ	PA	F
lipodox inj	-	F
mitomycin inj	PA	F
mitoxantron inj	-	F
valrubicin inj	PA	F
ANTINEOPLASTIC COMBINATIONS		
DARZALEX SOLN FASPRO	PA	F
OPDUALAG SOLN (QL= 2 vials/28 days)	PA-QL	F
VYXEOS INJ	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
BALEODAQ INJ	PA	F
bortezomib inj	PA	F
FYARRO SUSP	PA	F
KYPROLIS SOLN	PA	F
romidepsin for iv inj	PA	F
ROMIDEPSIN INJ	PA	F
temsirolimus soln	-	F
ALIQOPA INJ	-	NC
BORTEZOMIB INJ	-	NC
ISTODAX (OVERFILL) INJ	-	NC
VELCADE INJ	-	NC
VELCADE INJ, BORTEZOMIB INJ	-	NC
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	EXC
ASPARLAS INJ	PA	F
ONCASPAR INJ	PA	F
RYLAZE INJ	-	NC
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA INJ	-	EXC
LUTATHERA SOLN	-	EXC
PLUVICTO INJ	-	EXC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
QUADRAMET INJ	-	EXC
STRONTIUM INJ	-	EXC
XOFIGO INJ	-	EXC
ANTINEOPLASTICS MISC.		
arsenic trioxide inj	PA	F
dacarbazine inj	-	F
ELZONRIS SOLN	PA	F
NIPENT INJ	PA	F
PHOTOFRIN INJ	-	F
PROLEUKIN INJ	-	F
SYLATRON KIT	-	F
SYNRIBO INJ	PA	F
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ	-	F
KEPIVANCE INJ	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
dexrazoxane inj	-	F
KHAPZORY SOLN	PA	F
leucovorin inj	-	F
levoleucovorin inj	-	F
mesna inj	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
LEUCOVORIN INJ	-	F
COSELA INJ	-	NC
MITOTIC INHIBITORS		
ABRAXANE INJ	PA	F
DOCETAXEL INJ	-	F
docetaxel IV soln	-	F
ETOPOPHOS INJ	-	F
etoposide inj	-	F
HALAVEN INJ	PA	F
IXEMPRA KIT INJ	PA	F
JEVTANA INJ	PA	F
paclitaxel inj	-	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
vincristine inj	-	F
vinorelbine inj	-	F
MARQIBO INJ	-	NC
ONCOLYTIC VIRAL AGENTS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
IMLYGIC INJ	-	EXC
TOPOISOMERASE I INHIBITORS		
IRINOTECAN INJ	-	F
ONIVYDE INJ	PA	F
topotecan inj	-	F
TRODELVY SOLN	PA	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine inj	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
INVEGA HAFYERA INJ	-	F
PHENOTHIAZINES		
prochlorperazine inj	-	F
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP (QL=7 inj/year)	QL	F
CABENUVA SUSP (QL=1 kit/month)	QL	F
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F
CMV AGENTS		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F
FOSCAVIR INJ	-	NC
HERPES AGENTS		
acyclovir sodium IV soln	-	F
ASSORTED CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA IV SOLN	PA	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol inj	-	F
BETA BLOCKERS CARDIO-SELECTIVE		
metoprolol inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
METOPROLOL TARTRATE CARTRIDGE	-	F
BETA BLOCKERS NON-SELECTIVE		
propranolol inj	-	F
SOTALOL INJ	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
CARDENE INJ	-	F
DILTIAZEM INJ	-	F
nicardipine inj	-	F
verapamil inj	-	F
CARDIOTONICS		
INOTROPES		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F
milrinone inj	-	F
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj	PA	F
treprostinil inj	PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOLIN INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
CEPHALOSPORINS - 2ND GENERATION		
CEFOTETAN INJ	-	F
CEFOXITIN INJ	-	F
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
CEFTAZIDIME INJ	-	F
CEFTRIAXONE INJ	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ	-	F
CONTRACEPTIVES		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
dexamethasone sodium phosphate inj	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
DERMATOLOGICALS		
ANTIPSORIATICS		
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F
ILUMYA SOLN	-	NC
GLABELLAR LINES (FROWN LINES) AGENTS		
BOTOX COSMETIC INJ	-	EXC
JEUVEAU INJ	-	EXC
PROTECTIVES AGAINST UV RADIATION		
SCENESSE IMP (QL=1 implant/56 days)	-	EXC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ	PA	F
DIURETICS		
LOOP DIURETICS		
furosemide inj	-	F
OSMOTIC DIURETICS		
mannitol inj	-	F
OSMITROL INJ	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
BONE DENSITY REGULATORS		
EVENITY INJ	PA	F
PAMIDRONATE INJ	-	F
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F
XGEVA INJ	PA	F
zoledronic acid inj (ZOMETA INJ equiv)	-	F
zoledronic acid IV soln (RECLAST INJ equiv)	-	F
BONIVA INJ	-	NC
ibandronate sodium inj (BONIVA equiv)	-	NC
PAMIDRONATE INJ	-	NC
RECLAST INJ	-	NC
ZOMETA INJ	-	NC
CORTICOTROPIN		
ACTHAR HP GEL INJ	-	NC
CORTROPHIN INJ GEL	-	NC
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ	PA	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPO-PED INJ (QL= 1 kit/28 days)	F-PA-QL	F
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F
SUPPRELIN LA KIT	-	NC
METABOLIC MODIFIERS		
ALDURAZYME INJ	PA	F
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F
CRYSVITA INJ	PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	PA	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
KANUMA INJ	PA	F
MYOZYME/LUMIZYME INJ	PA	F
NAGLAZYME INJ	PA	F
NEXVIAZYME INJ	PA	F
NULIBRY INJ	PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
REVCOVI INJ	PA	F
VIMIZIM INJ	PA	F
XENPOZYME SOLN	PA	F
POSTERIOR PITUITARY HORMONES		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
desmopressin (DDAVP) inj	PA	F
SOMATOSTATIC AGENTS		
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ	PA	F
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F
INFLIXIMAB INJ	PA	F
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F
STELARA IV INJ	PA	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
RENFLEXIS INJ	-	NC
LIVE FECAL MICROBIOTA		
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F
GENITOURINARY AGENTS - MISCELLANEOUS		
HYPEROXALURIA AGENTS		
OXLUMO INJ	PA	F
GOUT AGENTS		
GOUT AGENTS		
allopurinol inj	-	F
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ	PA	F
ANTIHEMOPHILIC PRODUCTS		
ADYNOVATE INJ	PA	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
ESPEROCT INJ	PA	F
FEIBA INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F
HUMATE-P INJ	PA	F
NOVOSEVEN RT INJ	PA	F
SEVENFACT INJ	PA	F
VONVENDI INJ	PA	F
WILATE INJ	PA	F
ADVATE INJ, KOVALTRY INJ	-	NC
AFSTYLA KIT	-	NC
ALPHANATE INJ, HUMATE-P INJ	-	NC
ALPHANINE SD INJ, MONONINE INJ	-	NC
ALPROLIX INJ	-	NC
BENEFIX INJ	-	NC
COAGADEX INJ	-	NC
CORIFACT KIT	-	NC
ELOCTATE INJ	-	NC
FIBRYGA INJ	-	NC
HEMOFIL M INJ, KOATE-DVI INJ	-	NC
IDELVION SOLN	-	NC
IXINITY INJ, RIXUBIS INJ	-	NC
JIVI INJ	-	NC
KCENTRA KIT	-	NC
KOGENATE FS INJ	-	NC
NOVOEIGHT INJ	-	NC
NUWIQ INJ	-	NC
OBIZUR INJ	-	NC
PROFILNINE INJ	-	NC
REBINYN SOL	-	NC
RECOMBINATE INJ	-	NC
TRETTEN INJ	-	NC
XYNTHA INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ	PA	F
PLASMA PROTEINS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
ALBUMINAR INJ	-	F
RYPLAZIM SOLN	PA	F
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE INJ	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ	PA	F
ELELYSO INJ	PA	F
VPRIV INJ	PA	F
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO INJ	PA	F
FOLIC ACID/FOLATES		
folic acid inj	-	F
HEMATOPOIETIC GENE THERAPY		
ZYNTEGLO INJ	-	EXC
HEMATOPOIETIC GROWTH FACTORS		
NPLATE INJ	PA	F
REBLOZYL INJ	PA	F
MIRCERA INJ	-	NC
IRON		
ferric gluconate IV soln	-	F
ferumoxytol inj	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F
MONOFERRIC INJ	-	F
VENOFER INJ	-	F
FERAHEME INJ	-	NC
FERRLECIT INJ	-	NC
STEM CELL MOBILIZERS		
MOZOBIL INJ	-	F
plerixafor subcutaneous inj (MOZOBIL equiv)	-	F
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj	-	F
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
lidocaine inj	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin inj	-	F
ERYTHROMYCINS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MACROLIDES Cont.		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE INJ	-	F
CALCIUM		
calcium gluconate inj	-	F
ELECTROLYTE MIXTURES		
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
electrolyte-148 solution (PLASMA-LYTE equiv)	-	F
electrolyte-a solution (PLASMA-LYTE equiv)	-	F
IONOSOL-MB INJ D5W	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W/LR INJ	-	F
KCL/DEXTROSE/NACL INJ	-	F
LACTATED RINGERS INJ	-	F
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
KCL/NACL INJ	-	NC
MAGNESIUM		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
potassium phosphate inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
SODIUIM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
POTASSIUM		
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE INJ	-	NC
SODIUM		
sodium chloride inj	-	F
TRACE MINERALS		
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
SELENIUM INJ	-	F
ZINC		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
MISCELLANEOUS THERAPEUTIC CLASSES		
ENZYMES		
XIAFLEX INJ	PA	F
IMMUNOMODULATORS		
VYVGART INJ	PA	F
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
GAMIFANT INJ	PA	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN (QL= 30 mL/6 months)	PA-QL	F
LYMPHATIC AGENTS		
SYLVANT INJ	PA	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
UREMIC PRURITUS AGENTS		
KORSUVA INJ	PA	F
MULTIVITAMINS		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
VISCOSUPPLEMENTS		
DUROLANE	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA INJ	-	NC
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F
DYSPORT	PA	F
XEOMIN INJ	PA	F
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA INJ	PA	F
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F
NUTRIENTS		
CARBOHYDRATES		
dextrose inj	-	F
LIPIDS		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
PROTEINS		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
NUTRIENTS Cont.		
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
OPHTHALMIC AGENTS		
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F
BYOOVIZ INJ (QL= 1 vial/eye/28 days)	PA-QL	F
CIMERLI INJ (Ql= 1 vial/eye/28 days)	PA-QL	F
SUSVIMO INJ (QL= 1 vial/affected eye/168 days)	PA-QL	F
OPHTHALMIC COMPLEMENT INHIBITORS		
SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL	F
OPHTHALMIC GENE THERAPY		
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
OPHTHALMIC STEROIDS		
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F
TRIESENCE INJ (QL=2 inj/fill)	QL	F
XIPERE INJ (QL=2 inj/fill)	QL	F
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F
RETISERT IMPLANT	-	NC
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
PRIVIGEN INJ	PA	F
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMASTAN INJ	-	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F
HYPERHEP B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.		
PRIVIGEN INJ	PA	F
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	PA	F
ZINPLAVA SOLN	PA	F
PENICILLINS		
AMINOPENICILLINS		
ampicillin inj	-	F
NATURAL PENICILLINS		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
PENICILLIN COMBINATIONS		
AMPICILLIN/SULBACTAM INJ	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
PENICILLINASE-RESISTANT PENICILLINS		
BACTOCILL/DEXTROSE INJ	-	F
nafcillin inj	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
STERILE DILUENT SOLN	-	F
sterile water for inj	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
LEQEMBI SOLN	-	EXC
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F
OCREVUS INJ	PA	F
TYSABRI INJ (QL= 15mL/28 days)	PA-QL	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F
ONPATTRO SOLN	PA	F
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
XERAVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F
TETRACYCLINES		
doxycyclline hyclate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
levothyroxine inj	-	F
LIOTHYRONINE INJ	-	F
ULCER DRUGS		
ANTISPASMODICS		
atropine sulfate iv soln	-	F
H-2 ANTAGONISTS		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
ATROPINE SULFATE INJ	-	NC
PROTON PUMP INHIBITORS		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
VASOPRESSORS		
VASOPRESSORS		
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
VITAMINS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
VITAMINS Cont.		
OIL SOLUBLE VITAMINS		
vitamin K1 inj	-	F

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Symbols and abbreviations are defined on page 1.

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)
ABRAXANE INJ	F
ACTEMRA INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADYNOVATE INJ	F
ALDURAZYME INJ	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	F
AMVUTTRA SOLN	F
ARALAST NP INJ	F
arsenic trioxide inj	F
ARZERRA INJ	F
ASPARLAS INJ	F
AVSOLA INJ	F
azacitidine inj	F
BALEODAQ INJ	F
BAVENCIO INJ	F
BENDAMUSTINE SOL	F
BENDEKA INJ	F
BENLYSTA IV SOLN	F
BEOVU INJ	F
BERINERT INJ	F
BESPONSA INJ	F
BLINCYTO INJ	F
bortezomib inj	F
BOTOX INJ	F
BRINEURA KIT	F
BYOOVIZ INJ	F
CARIMUNE NANOFILTERED INJ	F
carmustine inj	F
CEREZYME INJ	F
CIMERLI INJ	F
CINQAIR INJ	F
CINRYZE INJ	F
CRYSVITA INJ	F
DARZALEX SOLN	F
DARZALEX SOLN FASPRO	F
decitabine inj	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
desmopressin (DDAVP) inj	F
DUROLANE	F
DYSPORT	F
ELAHERE INJ	F
ELAPRASE INJ	F
ELELYSO INJ	F
ELIGARD INJ 22.5 MG	F
ELIGARD INJ 30 MG	F
ELIGARD INJ 45 MG	F
ELIGARD INJ 7.5 MG	F
ELZONRIS SOLN	F
ENHERTU INJ	F
ENTYVIO INJ	F
epoprostenol inj	F
ERBITUX INJ	F
ESPEROCT INJ	F
EVENITY INJ	F
EVKEEZA INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FEIBA INJ	F
FIRMAGON INJ 120MG	F
FIRMAGON INJ 80MG	F
FLEBOGAMMA INJ	F
FYARRO SUSP	F
GAMIFANT INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GAZYVA INJ	F
GIVLAARI INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F
HALAVEN INJ	F
HEMGENIX INJ	F
HEPAGAM B INJ	F
HUMATE-P INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HYPERHEP B INJ	F
ILARIS INJ	F
IMFINZI INJ	F
IMJUDO INJ	F
INFLIXIMAB INJ	F
IXEMPRA KIT INJ	F
JELMYTO INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KANUMA INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KHAPZORY SOLN	F
KIMMTRAK SOLN	F
KORSUVA INJ	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
LARTRUVO INJ	F
LEMTRADA INJ	F
LIBTAYO INJ	F
LUMOXITI INJ	F
LUNSUMIO INJ	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ 11.25 MG	F
LUPRON DEPOT INJ 3.75 MG	F
LUXTURNA SUSP	F
MARGENZA INJ	F
mitomycin inj	F
MONJUVI INJ	F
MYLOTARG INJ	F
MYOZYME/LUMIZYME INJ	F
NAGLAZYME INJ	F
nelarabine iv soln	F
NEXVIAZYME INJ	F
NIPENT INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
NOVOSEVEN RT INJ	F
NPLATE INJ	F
NUCALA INJ	F
NULIBRY INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
ONCASPAR INJ	F
ONIVYDE INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
OPDUALAG SOLN	F
ORENCIA INJ	F
OXLUMO INJ	F
PADCEV INJ	F
PANZYGA INJ	F
pemetrexed disodium for iv soln	F
PERJETA INJ	F
POLIVY INJ	F
PORTRAZZA INJ	F
POTELIGEO INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
REBLOZYL INJ	F
REBYOTA SUSP FECAL	F
REVCOVI INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
RYPLAZIM SOLN	F
SANDOSTATIN LAR DEPOT KIT	F
SAPHNELO SOLN	F
SARCLISA SOLN	F
SEVENFACT INJ	F
SIGNIFOR LAR INJ	F
SIMPONI ARIA INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SKYRIZI SOLN	F
SOLIRIS IV SOLN	F
SOMATULINE INJ	F
SPEVIGO INJ	F
SPINRAZA INJ	F
SPRAVATO SOLN	F
STELARA IV INJ	F
SUSVIMO INJ	F
SYFOVRE INJ	F
SYLVANT INJ	F
SYNAGIS INJ	F
SYNRIBO INJ	F
TECENTRIQ INJ 1200MG/20ML	F
TECENTRIQ INJ 840MG/14ML	F
TEMODAR IV INJ	F
TEPEZZA INJ	F
TEZSPIRE SOLN	F
THYROGEN INJ	F
TIVDAK INJ	F
TRELSTAR INJ 11.25MG	F
TRELSTAR INJ 22.5MG	F
TRELSTAR INJ 3.75MG	F
treprostinil inj	F
TRIPTODUR SUSP	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
TZIELD INJ	F
ULTOMIRIS INJ	F
UPLIZNA SOLN	F
valrubicin inj	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
VONVENDI INJ	F
VPRIV INJ	F
VYVGART INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VYXEOS INJ	F
WILATE INJ	F
XENPOZYME SOLN	F
XEOMIN INJ	F
XGEVA INJ	F
XIAFLEX INJ	F
XOLAIR INJ	F
YERVOY INJ	F
YONDELIS INJ	F
ZALTRAP INJ	F
ZEPZELCA SOLN	F
ZINPLAVA SOLN	F
ZOLADEX INJ 10.8 MG	F
ZOLADEX INJ 3.6 MG	F
ZOLGENSMA INJ	F
ZYNLONTA SOLN	F
ZYNYZ INJ	F

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List
Last Updated* 9/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AMVUTTRA SOLN	QL=1 syringe/90 days
APRETUDE SUSP	QL=7 inj/year
BEOVU INJ	QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days
BRINEURA KIT	QL=4 kits/28 days
BRIUMVI INJ	QL= 7 vials/48 weeks
BYOOVIZ INJ	QL= 1 vial/eye/28 days
CABENUVA SUSP	QL=1 kit/month
CIMERLI INJ	Ql= 1 vial/eye/28 days
ELIGARD INJ 22.5 MG	QL= 1 kit/84 days
ELIGARD INJ 30 MG	QL= 1 kit/112 days
ELIGARD INJ 45 MG	QL= 1 kit/168 days
ELIGARD INJ 7.5 MG	QL= 1 kit/28 days
ENTYVIO INJ	QL= 1 vial/56 days
FIRMAGON INJ 120MG	QL=2 vials/fill
FIRMAGON INJ 80MG	QL=1 vial/28 days
HEMGENIX INJ	QL= 1 kit/lifetime
ILUVIEN IMPLANT	QL=2 inj/36 months
KRYSTEXXA INJ	QL= 2 mL/28 days
LEMTRADA INJ	QL= 3.6 mL/year
LIBTAYO INJ	QL= 1 vial/21 days
LUPRON DEPO-PED INJ	QL= 1 kit/28 days
LUPRON DEPOT INJ 11.25 MG	QL= 1 kit/84 days
LUPRON DEPOT INJ 3.75 MG	QL= 1 kit/28 days
LUXTURNA SUSP	QL=1 kit per eye, per lifetime
OPDUALAG SOLN	QL= 2 vials/28 days
OZURDEX IMPLANT	QL=2 inj/180 days
PERJETA INJ	QL= 42 mL/63 days
PROLIA SOLN	QL= 1 inj/6 months
REBYOTA SUSP FECAL	QL= 150 mL/lifetime
SANDOSTATIN LAR DEPOT KIT	QL=1 kit every 4 weeks
SAPHNELO SOLN	QL=2ml/28 days
SIGNIFOR LAR INJ	QL=1 kit/28 days
SKYRIZI SOLN	QL=1 vial per 28 days with up to 3 fills per 6 months
SOMATULINE INJ	QL=1 syringe/28 days
SPEVIGO INJ	QL=2 vials/fill, 4 vials/month
SUNLENCA INJ	QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist
SUSVIMO INJ	QL= 1 vial/affected eye/168 days
SYFOVRE INJ	QL= 2 vials/25 days

Symbols and abbreviations are defined on page 1.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TECENTRIQ INJ 1200MG/20ML	QL= 20 mL/21 days
TECENTRIQ INJ 840MG/14ML	QL= 28 mL/28 days
TEZSPIRE SOLN	QL=1 inj/28 days
TRELSTAR INJ 11.25MG	QL=1 kit/84 days
TRELSTAR INJ 22.5MG	QL=1 kit/168 days
TRELSTAR INJ 3.75MG	QL=1 kit/28 days
TRIESENCE INJ	QL=2 inj/fill
TRIPTODUR SUSP	QL=1 inj every 24 weeks
TROGARZO INJ	Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days
TYSABRI INJ	QL= 15mL/28 days
TZIELD INJ	QL= 14 vials/month
UPLIZNA SOLN	QL= 30 mL/6 months
XIPERE INJ	QL=2 inj/fill
YUTIQ IMPLANT	QL=2 inj/36 months
ZOLADEX INJ 10.8 MG	QL= 1 implant/84 days
ZOLADEX INJ 3.6 MG	QL= 1 implant/28 days
ZOLGENSMA INJ	QL= 1 kit/lifetime
ZYNYZ INJ	QL= 1 vial/28 days

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