



**L.A. Care**  
*Covered*<sup>™</sup>

# L.A. Care Health Plan

## *L.A. Care Covered<sup>™</sup> Formulary*

**2024**

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 All previous versions of the formulary are no longer in effect.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**

# 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
<b><i>enoxaparin inj</i></b> 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 <b>(<i>dalteparin sodium</i>)</b>	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](http://lacare.org) to find a L.A. Care network pharmacy in your neighborhood. Click on each of the following:

- (1) For Members
- (2) Pharmacy Services
- (3) "Search Now" in the *Find a Pharmacy* tab

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

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](http://lacare.org) for information on whether a medication must be filled at a specialty pharmacy.

## Description of Coverage

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

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

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

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

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

We cover the following outpatient drugs, supplies, and supplements: (a) drugs that require a prescription by law and certain drugs that do not require a prescription if they are listed on our drug formulary (b) needles & syringes needed to inject covered drugs and supplements (c) inhaler spacers needed to inhale covered drugs (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:

<b>Tier</b>	<b>Description</b>
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 9/4/2024

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<b>AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<i>amphetamine/dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 5MG</i> (ADDERALL XR Equiv)	1	-
<i>amphetamine/dextroamphetamine tab 10MG, 12.5MG, 15MG, 20MG, 30MG, 5MG, 7.5MG</i> (ADDERALL Equiv)	1	-
DEXEDRINE CAP 10MG, 15MG, 5MG ( <i>dextroamphetamine sulfate</i> )	3	-
<i>dextroamphetamine ER cap 10MG, 15MG, 5MG</i> (DEXEDRINE Equiv)	1	-
<i>dextroamphetamine soln 5MG/5ML</i> (PROCENTRA Equiv)	1	-
<i>dextroamphetamine tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (DEXEDRINE Equiv)	1	-
<i>lisdexamfetamine dimesylate cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG</i> (VYVANSE Equiv)	1	-
<i>lisdexamfetamine dimesylate chew tab 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (VYVANSE Equiv)	1	-
VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG ( <i>lisdexamfetamine dimesylate</i> )	3	-

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

1

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	OL	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
ST	Step Therapy	VAC	Vaccine Program		

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

Last Updated 9/4/2024

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG ( <i>lisdexamfetamine dimesylate</i> )	3	-
<b>ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss</b>		
ADIPEX-P CAP 37.5MG ( <i>phentermine hcl</i> )	3	PA-QL
ADIPEX-P TAB 37.5MG ( <i>phentermine hcl</i> )	3	PA-QL
<i>phentermine cap 15MG, 30MG, 37.5MG</i> (ADIPEX Equiv)	1	PA-QL QL= 1 cap/day
<i>phentermine tab 37.5MG</i> (ADIPEX Equiv)	1	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ( <i>phentermine hcl-topiramate</i> )	2	PA-QL QL= 1 cap/day
<b>ANTI-OBESITY AGENTS - Drugs to help weight loss</b>		
CONTRAVE TAB 8MG-90MG ( <i>naltrexone hcl-bupropion hcl</i> )	3	PA-QL QL= 4 tabs/day
IMCIVREE INJ 10MG/ML ( <i>setmelanotide acetate</i> )	4	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
SAXENDA INJ 18MG/3ML ( <i>liraglutide (weight management)</i> )	2	PA-QL QL= 5 pens/30 days
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML ( <i>semaglutide (weight management)</i> )	2	PA-QL QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML ( <i>semaglutide (weight management)</i> )	2	PA-QL QL= 4 pens/28 days

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

2

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML <i>(semaglutide (weight management))</i>	2	PA-QL QL= 4 pens/28 days
ZEPBOUND INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML <i>(tirzepatide (weight management))</i>	2	PA-QL QL= 4 inj/28 days
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	1	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG <i>(guanfacine hcl (adhd))</i>	3	-
KAPVAY TAB .1MG <i>(clonidine hcl (adhd))</i>	3	-
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders</b>		
SUNOSI TAB 150MG, 75MG <i>(solriamfetol hcl)</i>	2	PA-QL QL= 1 tab/day
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders</b>		
WAKIX TAB 17.8MG, 4.45MG <i>(pitolisant hcl)</i>	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
<b>STIMULANTS - MISC. - Miscellaneous stimulant drugs</b>		

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

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4

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	OL	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
ST	Step Therapy	VAC	Vaccine Program		

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

Last Updated 9/4/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	1	-
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	1	-
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	1	QL QL= 2 tabs/day
NUVIGIL TAB 150MG, 200MG, 250MG, 50MG ( <i>armodafinil</i> )	3	QL QL= 1 tab/day
PROVIGIL TAB 100MG, 200MG ( <i>modafinil</i> )	3	QL QL= 2 tabs/day
RITALIN LA CAP, APTENSIO XR CAP 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG ( <i>methylphenidate hcl</i> )	3	-
RITALIN TAB 10MG, 20MG, 5MG ( <i>methylphenidate hcl</i> )	3	-
<b>AMINOGLYCOSIDES - Drugs to treat bacterial infections</b>		
<b>AMINOGLYCOSIDES - Drugs to treat infections</b>		
<i>amikacin inj 1GM/4ML, 500MG/2ML</i> (KANAMYCIN Equiv)	M	M
<i>neomycin tab 500MG</i>	1	-
TOBI PODHALER 28MG ( <i>tobramycin</i> )	4	LD-PA Only available through Walgreens 888-347-3416

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<i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv)	1	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system</b>		
OLUMIANT TAB 1MG, 2MG, 4MG ( <i>baricitinib</i> )	4	LMSP-PA-QL QL= 1 tab/day
RINVOQ ER TAB 15MG, 30MG, 45MG ( <i>upadacitinib</i> )	4	LMSP-PA-QL QL= 1 tab/day
RINVOQ ORAL SOLN 1MG/ML ( <i>upadacitinib</i> )	4	LMSP-PA-QL QL= 12ml/day
XELJANZ SOLN 1MG/ML ( <i>tofacitinib citrate</i> )	4	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG ( <i>tofacitinib citrate</i> )	4	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ( <i>tofacitinib citrate</i> )	4	LMSP-PA-QL QL= 1 tab/day
<b>ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system</b>		
RHEUMATREX TAB ( <i>methotrexate sodium</i> ) ( <i>antirheumatic</i> )	3	-
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system</b>		
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML 20MG/0.4ML (HULIO Equiv) ( <i>adalimumab-fkjp</i> )	4	LMSP-PA-QL QL= 2 inj/28 days

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ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT 20MG/0.2ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT 40MG/0.4ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT 40MG/0.4ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT 40MG/0.4ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT 80MG/0.8ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (HYRIMOZ Equiv) <i>(adalimumab-adaz)</i>	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ 40MG/0.4ML (HYRIMOZ Equiv) <i>(adalimumab-adaz)</i>	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML 40MG/0.8ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	4	LMSP-PA-QL QL= 2 inj/28 days

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**Last Updated 9/4/2024**

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ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO Equiv) ( <i>adalimumab-fkjp</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML (HULIO Equiv) ( <i>adalimumab-fkjp</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ (adalimumab-bwwd) 40MG/0.4ML ( <i>adalimumab-bwwd</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) 40MG/0.8ML ( <i>adalimumab-bwwd</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ (adalimumab-bwwd) 40MG/0.4ML ( <i>adalimumab-bwwd</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) 40MG/0.8ML ( <i>adalimumab-bwwd</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
SIMLANDI INJ (adalimumab-ryvk) 40MG/0.4ML ( <i>adalimumab-ryvk</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML ( <i>golimumab</i> )	4	LMSP-PA-QL QL=1 inj/28 days
SIMPONI INJ 100MG 100MG/ML ( <i>golimumab</i> )	4	LMSP-PA-QL QL=1 inj/28 days
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis</b>		
KINERET INJ 100MG/0.67ML ( <i>anakinra</i> )	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis</b>		

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

Last Updated 9/4/2024

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ACTEMRA ACTPEN INJ 162MG/0.9ML ( <i>tocilizumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML ( <i>tocilizumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ( <i>sarilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation</b>		
ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG ( <i>diclofenac w/ misoprostol</i> )	3	-
CELEBREX CAP 100MG, 200MG, 400MG, 50MG ( <i>celecoxib</i> )	3	-
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	1	-
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	1	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	1	-
<i>diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG</i> (ARTHROTEC Equiv)	1	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	1	-
<i>etodolac ER tab 400MG, 500MG, 600MG</i> (LODINE XL Equiv)	1	-

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<i>etodolac tab 400MG, 500MG</i>	1	-
FELDENE CAP 10MG, 20MG ( <i>piroxicam</i> )	3	-
FLURBIPROFEN TAB 50MG (ANSAID Equiv) ( <i>flurbiprofen</i> )	1	-
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	1	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-
<i>ibuprofen tab 800MG</i>	1	-
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	1	-
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	1	-
<i>ketorolac inj 15mg/ml 15MG/ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac inj 30mg/ml 30MG/ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
<i>mefenamic acid cap 250MG</i> (PONSTEL Equiv)	1	-
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	1	-
MOBIC TAB 15MG, 7.5MG ( <i>meloxicam</i> )	3	-
MOTRIN SUSP 100MG/5ML, 50MG/1.25ML ( <i>ibuprofen</i> )	3	-

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<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	1	-
NAPROSYN EC TAB 375MG ( <i>naproxen</i> )	3	-
NAPROSYN TAB 500MG ( <i>naproxen</i> )	3	-
<i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv)	1	-
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	1	-
<i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv)	1	-
<i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv)	1	-
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system</b>		
OTEZLA STARTER PACK ( <i>apremilast</i> )	4	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 20MG, 30MG ( <i>apremilast</i> )	4	LMSP-PA-QL QL= 2 tabs/day
<b>PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system</b>		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	1	-
<b>SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system</b>		
ORENCIA CLICK INJ 125MG/ML ( <i>abatacept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML ( <i>abatacept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML ( <i>abatacept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML ( <i>abatacept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days

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<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system</b>		
ENBREL INJ 25MG ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
<b>ANALGESICS - NONNARCOTIC - Drugs to treat pain</b>		
<b>SALICYLATES - Drugs to treat pain</b>		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for females (no age restriction)
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for females (no age restriction)
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	1	-
<b>ANALGESICS - OPIOID - Drugs to treat pain</b>		
<b>OPIOID AGONISTS - Drugs to treat pain</b>		
ABSTRAL SL TAB ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 tabs/30 days

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ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 units/30 days
CODEINE SULFATE TAB 15MG 15MG ( <i>codeine sulfate</i> )	1	QL QL= 240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG ( <i>codeine sulfate</i> )	1	QL QL= 180 tabs/30 days
<i>codeine sulfate tab 60mg</i>	1	QL QL= 180 tabs/30 days
<i>codeine sulfate tablet 15mg, 30mg 30MG</i>	1	QL QL= 240 tabs/30 days
DILAUDID TAB 2MG 2MG ( <i>hydromorphone hcl</i> )	3	QL QL= 240 tabs/30 days
DILAUDID TAB 4MG 4MG ( <i>hydromorphone hcl</i> )	3	QL QL=180 tabs/30 days
DILAUDID TAB 8MG 8MG ( <i>hydromorphone hcl</i> )	3	QL QL=120 tabs/30 days
DOLOPHINE TAB ( <i>methadone hcl</i> )	3	QL QL=120 tabs/30 days
DURAGESIC PATCH 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR ( <i>fentanyl</i> )	3	QL QL=10 patches/30 days
<i>fentanyl citrate lollipop 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG</i> (ACTIQ Equiv)	1	PA-QL QL= 120 lozenges/30 days

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<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	1	QL QL=10 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 tabs/30 days
<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	1	QL QL= 240 tabs/30 days
<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	1	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	1	QL QL=120 tabs/30 days
LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT ( <i>fentanyl citrate</i> )	3	PA-QL QL= 15 bottles/30 days
<i>methadone conc 10MG/ML</i>	1	QL QL=600ml/30 days
METHADONE SOLN 10MG/5ML 10MG/5ML ( <i>methadone hcl</i> )	1	QL QL=600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i>	1	QL QL=600ml/30 days
METHADONE SOLN 5MG/5ML 5MG/5ML ( <i>methadone hcl</i> )	1	QL QL=1200ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i>	1	QL QL=1200ml/30 days

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<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	1	QL QL=120 tabs/30 days
<i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days
METHADOSE CONC 10MG/ML, 5MG/0.5ML ( <i>methadone hcl</i> )	3	QL QL=600ml/30 days
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	QL QL= 90 tabs/ 30 days
MORPHINE SULFATE ORAL SOLN 10 MG/5ML 10MG/5ML ( <i>morphine sulfate</i> )	1	QL QL= 120ml/30 days
MORPHINE SULFATE ORAL SOLN 100MG/5ML 100MG/5ML, 20MG/ML ( <i>morphine sulfate</i> )	1	QL QL=120ml/30 days
<i>morphine sulfate oral soln 10mg/5ml 10MG/5ML</i> (MORPHINE SULFATE Equiv)	1	QL QL= 120ml/30 days
MORPHINE SULFATE SOLN 20MG/5ML ( <i>morphine sulfate</i> )	1	QL QL=120ml/30 days
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i>	1	QL QL=120ml/30 days
MORPHINE SULFATE TAB 15MG, 30MG ( <i>morphine sulfate</i> )	1	QL QL=180 tabs/30 days
<i>morphine sulfate tab 15MG, 30MG</i>	1	QL QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG ( <i>tapentadol hcl</i> )	3	QL QL= 180 tabs/30 days

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<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	QL QL=240ml/30 days
OXYCODONE TAB 15MG (ROXICODONE Equiv) <i>(oxycodone hcl)</i>	1	QL QL=120 tabs/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG <i>(oxycodone hcl)</i>	3	QL QL=120 tabs/30 days
<i>tramadol ER tab 100MG, 200MG, 300MG</i> (ULTRAM ER Equiv)	1	QL QL= 30 tabs/30 days
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG <i>(tramadol hcl)</i>	1	QL QL= 30 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days
ULTRAM TAB <i>(tramadol hcl tab)</i>	3	QL QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG <i>(oxycodone)</i>	2	PA-QL QL= 120 caps/30 days
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	1	QL QL=240ml/30 days
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	1	QL QL=180 tabs/30 days

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APAP/CODEINE SOLN 12MG/5ML-120MG/5ML ( <i>acetaminophen w/ codeine</i> )	1	QL QL= 240ml/30 days
<i>hydrocodone/acetaminophen soln</i> 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen soln 10-325 mg/15ml</i> 10MG/15ML-325MG/15ML (HYCET Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG,</i> 5MG-325MG, 7.5MG-325MG (LORTAB Equiv)	1	QL QL=120 tabs/30 days
<i>hydrocodone/acetaminophen tab 2.5-325mg</i> (NORCO Equiv)	1	QL QL=120 tabs/30 days
LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=120 tabs/30 days
LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=1800ml/30 days
<i>oxycodone/acetaminophen tab 10MG-325MG,</i> 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCET Equiv)	1	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG ( <i>oxycodone-aspirin</i> )	1	QL QL= 120 tabs/30 days

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PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG ( <i>oxycodone w/ acetaminophen</i> )	3	QL QL=120 tabs/30 days
<i>tramadol/acetaminophen tab 37.5MG-325MG</i> (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB ( <i>acetaminophen w/ codeine</i> )	3	QL QL=180 tabs/30 days
<b>OPIOID PARTIAL AGONISTS - Drugs to treat pain</b>		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	1	QL QL= 4 patches/28 days
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	1	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE Equiv)	1	-
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv)	1	-
<i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv)	1	QL QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR ( <i>buprenorphine</i> )	3	QL QL= 4 patches/28 days

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SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	3	-
<b>ANDROGENS-ANABOLIC - Drugs to regulate male hormones</b>		
<b>ANDROGENS - Drugs to treat low testosterone level</b>		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ( <i>testosterone</i> )	2	PA-QL QL= 1 patch/day
ANDROGEL 1% 25MG 25MG/2.5GM ( <i>testosterone</i> )	3	PA-QL QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1% 1%, 50MG/5GM ( <i>testosterone</i> )	3	PA-QL QL= 2 packets/day
ANDROGEL 1.62% 1.25GM 20.25MG/1.25GM ( <i>testosterone</i> )	3	PA-QL QL= 1 packet/day
ANDROGEL 1.62% 2.5GM 40.5MG/2.5GM ( <i>testosterone</i> )	3	PA-QL QL= 2 packets/day
ANDROGEL PUMP 1.62% 1.62% ( <i>testosterone</i> )	3	PA-QL QL= 2 bottles/30 days
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	1	-
METHITEST TAB 10MG ( <i>methyltestosterone</i> )	3	PA
<i>methyltestosterone cap 10MG</i>	1	PA
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	1	-

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TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML ( <i>testosterone enanthate</i> )	2	QL QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG ( <i>testosterone</i> )	2	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (VOGELXO GEL, ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP 1% 1% ( <i>testosterone</i> )	1	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
VOGELXO GEL PUMP 1% 1% ( <i>testosterone</i> )	3	PA-QL QL= 4 bottles/30 days
<b>ANORECTAL AGENTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		

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CORTENEMA 100MG/60ML ( <i>hydrocortisone (intrarectal)</i> )	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	1	-
<i>pramoxine/hydrocortisone cream 1%-2.5%</i> (ANALPRAM-HC Equiv)	1	-
<b>RECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
ANUSOL-HC CREAM 2.5% ( <i>hydrocortisone (rectal)</i> )	3	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
<b>ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>budesonide rectal foam 2MG, 2MG/ACT</i> (UCERIS RECTAL FOAM Equiv)	1	PA
UCERIS RECTAL FOAM 2MG/ACT ( <i>budesonide (intrarectal)</i> )	3	PA
<b>ANTHELMINTICS - Drugs to treat worm infections</b>		
<b>ANTHELMINTICS - Drugs to treat parasites</b>		
<i>albendazole tab 200MG</i> (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG ( <i>albendazole</i> )	3	-

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BENZNIDAZOLE TAB 100MG, 12.5MG ( <i>benznidazole</i> )	2	RS Restricted to Infectious Disease Specialist
BILTRICIDE TAB 600MG ( <i>praziquantel</i> )	3	-
EMVERM TAB 100MG ( <i>mebendazole</i> )	2	PA
<i>ivermectin tab 3MG</i> (STROMECTOL Equiv)	1	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
STROMECTOL TAB 3MG ( <i>ivermectin</i> )	3	-
<b>ANTIANGINAL AGENTS - Drugs to treat chest pain</b>		
<b>ANTIANGINALS-OTHER - Drugs to treat chest pain</b>		
RANEXA TAB 1000MG, 500MG ( <i>ranolazine</i> )	3	-
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	1	-
<b>NITRATES - Drugs to treat chest pain</b>		
ISORDIL TITRADOSE TAB 40MG, 5MG ( <i>isosorbide dinitrate</i> )	3	-
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide dinitrate tab 40mg 40MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	1	-
<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	1	-
NITRO-BID OINT 2% ( <i>nitroglycerin</i> )	2	-

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NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR ( <i>nitroglycerin</i> )	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR ( <i>nitroglycerin</i> )	3	-
<i>nitroglycerin lingual spray .4MG/SPRAY</i> (NITROLINGUAL Equiv)	1	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	1	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	1	-
NITROLINGUAL PUMP SPRAY .4MG/SPRAY ( <i>nitroglycerin</i> )	3	-
NITROSTAT SL TAB .3MG, .4MG, .6MG ( <i>nitroglycerin</i> )	3	-
<b>ANTI-ANXIETY AGENTS - Drugs to treat anxiety</b>		
<b>ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs</b>		
<i>bupirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	1	-
<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	1	-
HYDROXYZINE PAMOATE CAP 100MG 100MG ( <i>hydroxyzine pamoate</i> )	1	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	1	-

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<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	1	-
VISTARIL CAP 25MG, 50MG ( <i>hydroxyzine pamoate</i> )	3	-
<b>BENZODIAZEPINES - Drugs to treat anxiety</b>		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	1	QL QL= 5 tabs/day
<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	1	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	1	QL QL= 180ml/30 days
<i>diazepam oral soln 5mg/5ml 5MG/5ML</i> (DIAZEPAM Equiv)	1	QL QL= 180ml/30 days
<i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv)	1	QL QL= 4 tabs/day
<i>diazepam tab 5mg 5MG</i> (VALILUM Equiv)	1	QL QL= 3 tabs/day
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	1	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	1	-
VALIUM TAB 2MG, 10MG 10MG, 2MG ( <i>diazepam</i> )	3	QL QL= 4 tabs/day
VALIUM TAB 5MG 5MG ( <i>diazepam</i> )	3	QL QL= 3 tabs/day
<b>ANTIARRHYTHMICS - Drugs to control heart rhythm</b>		

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<b>ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm</b>		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG ( <i>disopyramide phosphate</i> )	3	-
<i>quinidine gluconate CR tab</i>	1	-
<i>quinidine sulfate tab 200MG, 300MG</i>	1	-
<b>ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm</b>		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	1	-
<b>ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm</b>		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	1	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	1	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	1	-
RYTHMOL SR CAP 225MG, 325MG, 425MG ( <i>propafenone hcl</i> )	3	-
<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	1	-
CORDARONE TAB ( <i>amiodarone hcl</i> )	3	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	1	-
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	2	-

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TIKOSYN CAP 125MCG, 250MCG, 500MCG ( <i>dofetilide</i> )	3	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	4	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML ( <i>tezepelumab-ekko</i> )	4	LMSP-PA-QL QL= 1 pen/28 days
<b>ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD</b>		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	1	-
<b>BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders</b>		
ATROVENT HFA INHALER 17MCG/ACT ( <i>ipratropium bromide hfa</i> )	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ( <i>umeclidinium bromide</i> )	2	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	1	-

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

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<b>STEROID INHALANTS - Drugs to treat asthma and COPD</b>		
ALVESCO INHALER 160MCG/ACT, 80MCG/ACT <i>(ciclesonide)</i>	2	-
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT <i>(fluticasone furoate (inhalation))</i>	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT <i>(mometasone furoate (inhalation))</i>	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT <i>(mometasone furoate (inhalation))</i>	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH <i>(mometasone furoate (inhalation))</i>	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH <i>(mometasone furoate (inhalation))</i>	2	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv)	1	-
FLUTICASONE DISKUS INHALER 100MCG/ACT, 250MCG/ACT, 50MCG/ACT <i>(fluticasone propionate (inhalation))</i>	3	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT <i>(fluticasone propionate hfa)</i>	3	-

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PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML ( <i>budesonide (inhalation)</i> )	3	-
QVAR REDIHALER 40MCG/ACT, 80MCG/ACT ( <i>beclomethasone dipropionate hfa</i> )	2	-
<b>SYMPATHOMIMETICS - Drugs to treat asthma and COPD</b>		
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ( <i>fluticasone-salmeterol</i> )	2	-
<i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv)	1	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	1	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML ( <i>albuterol sulfate</i> )	1	-
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-
<i>albuterol sulfate tab 2MG, 4MG</i>	1	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv)	1	-
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT ( <i>umeclidinium-vilanterol</i> )	2	-
<i>arformoterol tartrate neb soln 15MCG/2ML</i> (BROVANA Equiv)	1	-

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BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	2	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	2	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT ( <i>budesonide-glycopyrrolate-formoterol fumarate</i> )	2	-
BROVANA NEB SOLN 15MCG/2ML ( <i>arformoterol tartrate</i> )	3	-
<i>budesonide/formoterol inhaler</i> 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)	1	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ( <i>ipratropium-albuterol</i> )	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	2	-

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<i>fluticasone/salmeterol inhaler, wixela inhaler 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT</i> (ADVAIR Equiv)	1	-
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT ( <i>fluticasone-salmeterol</i> )	1	-
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT ( <i>fluticasone-salmeterol</i> )	1	-
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT 14MCG/ACT-55MCG/ACT ( <i>fluticasone-salmeterol</i> )	1	-
<i>formoterol fumarate neb soln 20MCG/2ML</i> (PERFOROMIST Equiv)	1	-
LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT ( <i>levalbuterol tartrate</i> )	3	QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	1	-
PERFOROMIST NEB SOLN 20MCG/2ML ( <i>formoterol fumarate</i> )	3	-

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STIOLTO INHALER 2.5MCG/ACT ( <i>tiotropium bromide-olodaterol hcl</i> )	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT ( <i>olodaterol hcl</i> )	2	QL QL= 1 inhaler/30 days
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	1	-
TRELEGY ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	-
VENTOLIN HFA INHALER 108MCG/ACT ( <i>albuterol sulfate</i> )	1	QL QL= 2 inhalers/30 days
XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML ( <i>levalbuterol hcl</i> )	3	-
<b>XANTHINES - Drugs to treat asthma and COPD</b>		
ELIXOPHYLLIN ELIXIR ( <i>theophylline</i> )	2	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG ( <i>theophylline</i> )	3	-
<i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv)	1	-
<i>theophylline soln 80MG/15ML</i>	1	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG ( <i>theophylline</i> )	2	-

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<i>theophylline tab er 300MG, 450MG</i> (THEOPHYLLINE ER Equiv)	1	-
<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		
COUMADIN TAB ( <i>warfarin sodium</i> )	3	-
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	1	-
<b>DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG ( <i>apixaban</i> )	2	-
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	2	-
XARELTO SUSP 1MG/ML ( <i>rivaroxaban</i> )	2	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ( <i>rivaroxaban</i> )	2	-
<b>HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood</b>		
ARIXTRA INJ 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML ( <i>fondaparinux sodium</i> )	3	PA
<i>enoxaparin inj 300MG/3ML</i> (LOVENOX Equiv)	1	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	1	PA
FRAGMIN INJ 10000UNIT/4ML, 95000UNIT/3.8ML ( <i>dalteparin sodium</i> )	3	-

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LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML ( <i>enoxaparin sodium</i> )	3	-
<b>THROMBIN INHIBITORS - Drugs to thin the blood</b>		
<i>dabigatran etexilate mesylate cap 110MG, 150MG, 75MG</i> (PRADAXA Equiv)	1	-
PRADAXA CAP 110MG, 150MG, 75MG ( <i>dabigatran etexilate mesylate</i> )	3	-
<b>ANTICONVULSANTS - Drugs to treat seizures</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures</b>		
<i>clobazam susp 2.5MG/ML</i> (ONFI Equiv)	1	PA Members age 9 or older require Prior Authorization
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	1	PA
<i>clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
DIASTAT ACDL GEL 10MG, 20MG ( <i>diazepam (anticonvulsant)</i> )	3	QL QL= 4 doses/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	2	QL QL= 4 doses/fill
DIAZEPAM GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	2	QL QL= 4 doses/fill

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<i>diazepam rectal gel 10MG, 20MG</i>	1	QL QL= 4 doses/fill
KLONOPIN TAB .5MG, 1MG, 2MG ( <i>clonazepam</i> )	3	-
NAYZILAM SPRAY 5MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	3	QL QL= 4 doses/fill
ONFI SUSP 2.5MG/ML ( <i>clobazam</i> )	3	PA Members age 9 or older require Prior Authorization
ONFI TAB 10MG, 20MG ( <i>clobazam</i> )	3	PA
VALTOCO NASAL SPRAY 10MG/0.1ML, 5MG/0.1ML ( <i>diazepam (anticonvulsant)</i> )	3	QL QL= 4 doses/fill
<b>ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs</b>		
BANZEL SUSP 40MG/ML ( <i>rufinamide</i> )	3	PA
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	1	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	1	-
<i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	1	-
CARBATROL CAP 100MG, 200MG, 300MG ( <i>carbamazepine</i> )	3	-

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DIACOMIT CAP 250MG, 500MG ( <i>stiripentol</i> )	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG ( <i>stiripentol</i> )	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML ( <i>cannabidiol</i> )	4	LD-PA Only available through Lumicera 855-847-3553
EPRONTIA SOLN 25MG/ML ( <i>topiramate</i> )	3	PA Members age 9 or older require Prior Authorization
FINTEPLA SOLN 2.2MG/ML ( <i>fenfluramine hcl</i> ( <i>anticonvulsant</i> ))	4	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	1	QL QL= 9 caps/day
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	1	QL QL= 72 mls/day
<i>gabapentin tab 600mg 600MG</i> (NEURONTIN Equiv)	1	QL QL= 6 tabs/day
<i>gabapentin tab 800mg 800MG</i> (NEURONTIN Equiv)	1	QL QL= 4.5 tabs/day
KEPPRA SOLN 100MG/ML ( <i>levetiracetam</i> )	3	-

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KEPPRA TAB 1000MG, 250MG, 500MG, 750MG ( <i>levetiracetam</i> )	3	-
KEPPRA XR TAB 500MG, 750MG ( <i>levetiracetam</i> )	3	-
<i>lacosamide oral solution 100MG/10ML, 10MG/ML, 50MG/5ML</i> (VIMPAT Equiv)	1	-
<i>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv)	1	-
LAMICTAL CHEW TAB 25MG, 5MG ( <i>lamotrigine</i> )	3	-
LAMICTAL ODT KIT, LAMICTAL XR KIT ( <i>lamotrigine</i> )	3	-
LAMICTAL STARTER KIT 25MG ( <i>lamotrigine</i> )	3	-
LAMICTAL TAB 100MG, 150MG, 200MG, 25MG ( <i>lamotrigine</i> )	3	-
LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG ( <i>lamotrigine</i> )	3	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG</i> (LAMICTAL XR Equiv)	1	-
<i>lamotrigine starter kit 25MG</i> (LAMICTAL STARTER KIT Equiv)	1	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	1	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	1	-

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<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	1	-
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-
MYSOLINE TAB 250MG, 50MG ( <i>primidone</i> )	3	-
NEURONTIN CAP 100MG, 300MG, 400MG ( <i>gabapentin</i> )	3	QL QL= 9 caps/day
NEURONTIN SOLN 250MG/5ML ( <i>gabapentin</i> )	3	QL QL= 72 mls/day
NEURONTIN TAB 600MG 600MG ( <i>gabapentin</i> )	3	QL QL= 6 tabs/day
NEURONTIN TAB 800MG 800MG ( <i>gabapentin</i> )	3	QL QL= 4.5 tabs/day
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	1	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG</i> (LYRICA Equiv)	1	QL QL= 3 caps/day
<i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day

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<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	1	QL QL= 30ml/day
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-
<i>rufinamide susp 40MG/ML</i> (BANZEL Equiv)	1	PA
<i>rufinamide tab 200MG, 400MG</i> (BANZEL Equiv)	1	PA
TEGRETOL SUSP 100MG/5ML ( <i>carbamazepine</i> )	3	-
TEGRETOL TAB 200MG ( <i>carbamazepine</i> )	3	-
TEGRETOL XR TAB 100MG, 200MG, 400MG ( <i>carbamazepine</i> )	3	-
TOPAMAX SPRINKLE CAP 15MG, 25MG ( <i>topiramate</i> )	3	-
TOPAMAX TAB 100MG, 200MG, 25MG, 50MG ( <i>topiramate</i> )	3	-
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	1	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	1	-
TRILEPTAL SUSP 300MG/5ML ( <i>oxcarbazepine</i> )	3	-
TRILEPTAL TAB 150MG, 300MG, 600MG ( <i>oxcarbazepine</i> )	3	-
ZONEGRAN CAP 100MG, 25MG ( <i>zonisamide</i> )	3	-
ZONISADE SUSP 100MG/5ML ( <i>zonisamide</i> )	3	PA PA required for members age 9 years or older

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<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	1	-
ZTALMY SUSP 50MG/ML ( <i>ganaxolone</i> )	4	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
<b>CARBAMATES - Drugs to treat seizures</b>		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	1	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	1	-
FELBATOL SUSP 600MG/5ML ( <i>felbamate</i> )	3	-
FELBATOL TAB 400MG, 600MG ( <i>felbamate</i> )	3	-
XCOPRI PAK 100-150MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI TAB 25MG 25MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day

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XCOPRI TITRATION PAK 150-200MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day
<b>GABA MODULATORS - Drugs to treat seizures</b>		
GABITRIL TAB 12MG, 16MG, 2MG, 4MG ( <i>tiagabine hcl</i> )	3	-
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	1	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<i>vigadrone powder pack 500MG</i>	1	LD-PA Only available through PantheRx 855-726-8479
<b>HYDANTOINS - Drugs to treat seizures</b>		
DILANTIN CAP 100MG 100MG ( <i>phenytoin sodium extended</i> )	3	-
DILANTIN CAP 30MG 30MG ( <i>phenytoin sodium extended</i> )	2	-
DILANTIN INFATABS 50MG ( <i>phenytoin</i> )	3	-

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DILANTIN SUSP 125MG/5ML ( <i>phenytoin</i> )	3	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	1	-
<b>SUCCINIMIDES - Drugs to treat seizures</b>		
CELONTIN CAP 300MG ( <i>methsuximide</i> )	3	-
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	1	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	1	-
<i>methsuximide cap 300MG</i> (CELONTIN Equiv)	1	-
ZARONTIN CAP 250MG ( <i>ethosuximide</i> )	3	-
ZARONTIN SOLN 250MG/5ML ( <i>ethosuximide</i> )	3	-
<b>VALPROIC ACID - Drugs to treat seizures</b>		
DEPAKENE CAP ( <i>valproic acid</i> )	3	-
DEPAKENE SYRUP ( <i>valproate sodium</i> )	3	-
DEPAKOTE ER TAB 250MG, 500MG ( <i>divalproex sodium</i> )	3	-
DEPAKOTE SPRINKLE CAP 125MG ( <i>divalproex sodium</i> )	3	-
DEPAKOTE TAB 125MG, 250MG, 500MG ( <i>divalproex sodium</i> )	3	-
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	1	-

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<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	1	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	1	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	1	-
<i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv)	1	-
<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG ( <i>mirtazapine</i> )	3	-
REMERON TAB ( <i>mirtazapine tab</i> )	3	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	1	-
MAPROTILINE TAB 25MG, 50MG, 75MG ( <i>maprotiline hcl</i> )	1	-
WELLBUTRIN SR TAB 100MG, 150MG, 200MG ( <i>bupropion hcl</i> )	3	-

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WELLBUTRIN XL TAB 150MG, 300MG ( <i>bupropion hcl</i> )	3	-
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID- Drugs to treat depression</b>		
ZURZUVAE CAP 20MG, 25MG 20MG, 25MG ( <i>zuranolone</i> )	4	LD-PA-QL QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
ZURZUVAE CAP 30MG 30MG ( <i>zuranolone</i> )	4	LD-PA-QL QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression</b>		
EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR ( <i>selegiline</i> )	3	-
MARPLAN TAB 10MG ( <i>isocarboxazid</i> )	2	-
NARDIL TAB 15MG 15MG ( <i>phenelzine sulfate</i> )	3	-
PARNATE TAB 10MG ( <i>tranlycypromine sulfate</i> )	3	-
PHENELZINE SULFATE TAB 15MG ( <i>phenelzine sulfate</i> )	1	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-
<i>tranlycypromine tab 10MG</i> (PARNATE Equiv)	1	-
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression</b>		
CELEXA TAB 10MG, 20MG, 40MG ( <i>citalopram hydrobromide</i> )	3	-

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<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	1	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	1	-
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	1	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	1	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	1	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	1	-
FLUOXETINE TAB 60MG 60MG ( <i>fluoxetine hcl</i> )	3	-
<i>fluoxetine tab 60mg 60MG</i>	1	-
<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	1	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	1	-
LEXAPRO TAB 10MG, 20MG, 5MG ( <i>escitalopram oxalate</i> )	3	-
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	1	-
<i>paroxetine oral susp 10MG/5ML</i> (PAXIL Equiv)	1	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	1	-
PAXIL CR TAB 12.5MG, 25MG, 37.5MG ( <i>paroxetine hcl</i> )	3	-

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PAXIL ORAL SUSP 10MG/5ML ( <i>paroxetine hcl</i> )	3	-
PAXIL TAB 10MG, 20MG, 30MG, 40MG ( <i>paroxetine hcl</i> )	3	-
PROZAC CAP 10MG, 20MG, 40MG ( <i>fluoxetine hcl</i> )	3	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	1	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	1	-
ZOLOFT CONC 20MG/ML ( <i>sertraline hcl</i> )	3	-
ZOLOFT TAB 100MG, 25MG, 50MG ( <i>sertraline hcl</i> )	3	-
<b>SEROTONIN MODULATORS - Drugs to treat depression</b>		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ( <i>nefazodone hcl</i> )	1	-
<i>nefazodone tab 50mg, 250mg</i>	1	-
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	1	-
TRINTELLIX TAB 10MG, 20MG, 5MG ( <i>vortioxetine hbr</i> )	3	PA-QL QL= 1 tab/day
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression</b>		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	1	-
<i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	1	-
EFFEXOR XR CAP 150MG, 37.5MG, 75MG ( <i>venlafaxine hcl</i> )	3	-

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PRISTIQ TAB 100MG, 25MG, 50MG ( <i>desvenlafaxine succinate</i> )	3	-
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	1	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	1	-
<b>TRICYCLIC AGENTS - Drugs to treat depression</b>		
<i>amitriptyline tab</i> (ELAVIL Equiv)	1	-
<i>amoxapine tab 100MG, 150MG, 25MG, 50MG</i> (AMOXAPINE Equiv)	1	-
ANAFRANIL CAP 25MG, 50MG, 75MG ( <i>clomipramine hcl</i> )	3	-
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	1	-
<i>desipramine tab</i> (NORPRAMIN Equiv)	1	-
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	1	-
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	1	-
<i>imipramine pamoate cap 100MG, 125MG, 150MG, 75MG</i> (TOFRANIL PM Equiv)	1	-
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	1	-
NORPRAMIN TAB 10MG, 25MG ( <i>desipramine hcl</i> )	3	-

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<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	1	-
<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	1	-
PAMELOR CAP 10MG, 25MG, 50MG, 75MG ( <i>nortriptyline hcl</i> )	3	-
<i>protriptyline tab 10MG, 5MG</i> (VIVACTIL Equiv)	1	-
SURMONTIL CAP ( <i>trimipramine maleate</i> )	3	-
TOFRANIL TAB ( <i>imipramine hcl</i> )	3	-
<i>trimipramine cap 100MG, 25MG, 50MG</i> (SURMONTIL Equiv)	1	-
<b>ANTIDIABETICS - Drugs to regulate blood sugar</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar</b>		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	1	-
MIGLITOL TAB 100MG, 25MG, 50MG ( <i>miglitol</i> )	3	-
<i>miglitol tab 100MG, 25MG, 50MG</i> (MIGLITOL Equiv)	1	-
PRECOSE TAB 100MG, 25MG, 50MG ( <i>acarbose</i> )	3	-
<b>ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ( <i>alogliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG ( <i>alogliptin-pioglitazone</i> )	2	QL QL= 1 tab/day

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ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ( <i>alogliptin-pioglitazone</i> )	2	QL QL= 1 tab/day
<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv)	1	-
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv)	1	-
JANUMET TAB 50MG-1000MG, 50MG-500MG ( <i>sitagliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG ( <i>sitagliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG ( <i>empagliflozin-metformin hcl</i> )	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG ( <i>empagliflozin-metformin hcl</i> )	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG ( <i>empagliflozin-metformin hcl</i> )	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5MG-1000MG ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL QL= 2 tabs/day

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XIGDUO XR TAB 10-1000MG 10MG-1000MG ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-500MG, 5MG-500MG ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL QL= 1 tab/day
<b>BIGUANIDES - Drugs to regulate blood sugar</b>		
GLUCOPHAGE TAB ( <i>metformin hcl</i> )	3	-
GLUCOPHAGE XR TAB ( <i>metformin hcl</i> )	3	-
<i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv)	1	-
<i>metformin soln 500MG/5ML</i> (RIOMET Equiv)	1	-
<i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv)	1	-
RIOMET SOLN 500MG/5ML ( <i>metformin hcl</i> )	3	-
<b>DIABETIC OTHER - Drugs to regulate blood sugar</b>		
BAQSIMI NASAL POWDER 3MG/DOSE ( <i>glucagon</i> )	2	QL QL= 2 inhalations/fill
<i>diazoxide susp 50MG/ML</i> (PROGLYCEM Equiv)	1	-
GLUCAGEN HYPOKIT INJ 1MG ( <i>glucagon hcl</i> ( <i>rdna</i> ))	2	QL QL= 2 inj/fill

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GLUCAGON (RDNA) FOR INJ KIT 1MG ( <i>glucagon (rdna)</i> )	1	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML ( <i>glucagon hcl</i> )	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG ( <i>glucagon (rdna)</i> )	2	QL QL= 2 inj/fill
GVOKE INJ .5MG/0.1ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill
<i>mifepristone tab 300MG</i> (KORLYM Equiv)	1	LMSP-PA-QL QL= 4 tabs/day
PROGLYCEM SUSP 50MG/ML ( <i>diazoxide</i> )	3	-
ZEGALOGUE INJ .6MG/0.6ML ( <i>dasiglucagon hcl</i> )	2	QL QL= 2 inj/fill
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ( <i>alogliptin benzoate</i> )	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ( <i>sitagliptin phosphate</i> )	2	QL QL= 1 tab/day
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - Drugs to regulate blood sugar</b>		

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CYCLOSET TAB .8MG ( <i>bromocriptine mesylate (diabetes)</i> )	3	-
<b>INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar</b>		
OZEMPIC INJ 2MG/3ML ( <i>semaglutide</i> )	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ( <i>exenatide</i> )	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ ( <i>exenatide</i> )	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG ( <i>exenatide</i> )	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 5MCG/0.02ML ( <i>exenatide</i> )	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML ( <i>tirzepatide</i> )	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 8MG/3ML ( <i>semaglutide</i> )	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG ( <i>semaglutide</i> )	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 ( <i>dulaglutide</i> )	2	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
<b>INSULIN - Drugs to regulate blood sugar</b>		
HUMALOG JR KWIKPEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	2	-
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML ( <i>insulin lispro</i> )	2	-
HUMALOG MIX INJ ( <i>insulin lispro protamine &amp; lispro (human)</i> )	2	-
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 25UNIT/ML-75UNIT/ML ( <i>insulin lispro protamine &amp; lispro</i> )	2	-
HUMALOG PEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	2	-

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HUMULIN MIX INJ 30UNIT/ML-70UNIT/ML <i>(insulin nph isophane &amp; reg (human))</i>	2	OTC
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML <i>(insulin nph isophane &amp; reg (human))</i>	2	OTC
HUMULIN N INJ 100UNIT/ML <i>(insulin nph (human) (isophane))</i>	2	OTC
HUMULIN N PEN INJ 100UNIT/ML <i>(insulin nph (human) (isophane))</i>	2	OTC
HUMULIN R INJ 100UNIT/ML <i>(insulin regular (human))</i>	2	OTC
HUMULIN R INJ U-500 500UNIT/ML <i>(insulin regular (human))</i>	2	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML <i>(insulin regular (human))</i>	2	-
INSULIN GLARGINE SOLN PEN-INJ 300UNIT/ML <i>(insulin glargine)</i>	2	-
INSULIN LISPRO INJ 100UNIT/ML (HUMALOG Equiv) <i>(insulin lispro)</i>	1	-
INSULIN LISPRO JR KWIKPEN INJ 100UNIT/ML <i>(insulin lispro)</i>	2	-
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML <i>(insulin lispro)</i>	2	-
LYUMJEV INJ 100UNIT/ML <i>(insulin lispro-aabc)</i>	2	-

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LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML <i>(insulin lispro-aabc)</i>	2	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML <i>(insulin glargine-yfgn)</i>	2	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML <i>(insulin glargine-yfgn)</i>	2	-
<b>INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar</b>		
ACTOS TAB 15MG, 30MG, 45MG <i>(pioglitazone hcl)</i>	3	-
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
<b>MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar</b>		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	1	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar</b>		
FARXIGA TAB 10MG, 5MG <i>(dapagliflozin propanediol)</i>	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG <i>(empagliflozin)</i>	2	QL QL= 1 tab/day
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
AMARYL TAB 1MG, 2MG, 4MG <i>(glimepiride)</i>	3	-
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG <i>(glipizide)</i>	3	-

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GLUCOTROL XL TAB 10MG, 2.5MG, 5MG ( <i>glipizide</i> )	3	-
GLYBURID MCR TAB 1.5MG, 3MG, 6MG ( <i>glyburide micronized</i> )	1	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG ( <i>glyburide micronized</i> )	3	-
TOLAZAMIDE TAB ( <i>tolazamide</i> )	1	-
TOLBUTAMIDE TAB 500MG ( <i>tolbutamide</i> )	2	-
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ( <i>diphenoxylate w/ atropine</i> )	1	-
<b>ANTIDIARRHEALS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	1	-
LOMOTIL TAB .025MG-2.5MG ( <i>diphenoxylate w/ atropine</i> )	3	-
MOTOFEN TAB .025MG-1MG ( <i>difenoxin w/ atropine</i> )	3	-
<b>ANTIDOTES - Drugs to treat overdose or toxicity</b>		

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<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
CHEMET CAP 100MG ( <i>succimer</i> )	2	-
FERRIPROX SOLN 100MG/ML ( <i>deferiprone</i> )	4	LD-PA Only available through Ferriprox Total Care 866-758-7071
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	1	-
<i>naltrexone tab 50MG</i> (REVIA Equiv)	1	-
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv)	1	LMSP
<i>deferasirox tab 180MG, 360MG, 90MG</i> (JADENU Equiv)	1	LMSP
<i>deferasirox tab for oral susp 125MG, 250MG, 500MG</i> (EXJADE Equiv)	1	LMSP
<i>deferiprone tab 1000MG, 500MG</i> (FERRIPROX Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
KLOXXADO NASAL SPRAY 8MG/0.1ML ( <i>naloxone hcl</i> )	2	-
<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	1	OTC

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NALOXONE HCL SOLN 0.4MG/ML .4MG/ML <i>(naloxone hcl)</i>	\$0	-
NALOXONE PREFILLED INJ .4MG/ML <i>(naloxone hcl)</i>	\$0	-
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	-
NARCAN NASAL SPRAY 4MG/0.1ML <i>(naloxone hcl)</i>	1	OTC
OPVEE NASAL SPRAY <i>(nalmefene hcl)</i>	2	-
RIVIVE, REXTOVY SPRAY 3MG/0.1ML, 4MG/0.25ML <i>(naloxone hcl)</i>	1	OTC
ZIMHI SOLN 5MG/0.5ML <i>(naloxone hcl)</i>	2	-
<b>ANTIEMETICS - Drugs to treat nausea and vomiting</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
ANZEMET TAB 100MG, 50MG <i>(dolasetron mesylate)</i>	4	QL QL= 9 tabs/fill
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	1	QL QL= 9 tabs/fill
GRANISOL SOLN <i>(granisetron hcl)</i>	4	QL QL= 60ml/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFTRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	1	-
ONDANSETRON TAB 24MG <i>(ondansetron hcl)</i>	1	-
<i>ondansetron tab 4MG, 8MG</i>	1	-
SANCUSO PATCH 3.1MG/24HR <i>(granisetron)</i>	4	QL QL= 4 patches/fill

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ZOFRAN ODT ( <i>ondansetron</i> )	3	-
ZOFRAN SOLN ( <i>ondansetron hcl</i> )	3	-
ZOFRAN TAB 4MG, 8MG ( <i>ondansetron hcl</i> )	3	-
<b>ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting</b>		
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	1	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	1	OTC
<i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	1	-
TIGAN CAP 300MG ( <i>trimethobenzamide hcl</i> )	3	-
TRANSDERM-SCOP PATCH 1.5MG, 1MG/3DAYS ( <i>scopolamine</i> )	3	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	1	-
<b>ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics</b>		
AKYNZEO CAP .5MG-300MG ( <i>netupitant-palonosetron</i> )	2	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
CESAMET CAP ( <i>nabilone</i> )	3	-
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	1	PA
MARINOL CAP 10MG, 2.5MG, 5MG ( <i>dronabinol</i> )	3	PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		

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<i>aprepitant pak</i> (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<b>EMEND CAP 125MG, 40MG, 80MG</b>	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG ( <i>rolapitant hcl</i> )	2	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
ANCOBON CAP 250MG, 500MG ( <i>flucytosine</i> )	3	-
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	1	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	1	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	1	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	1	-
GRIS-PEG TAB ( <i>griseofulvin ultramicrosize</i> )	3	-
LAMISIL TAB 250MG ( <i>terbinafine hcl</i> )	3	-
<i>nystatin powder</i>	1	-
<i>nystatin tab 500000UNIT</i>	1	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	1	-
<b>IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections</b>		
DIFLUCAN SUSP 10MG/ML, 40MG/ML ( <i>fluconazole</i> )	3	-

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DIFLUCAN TAB 100MG, 150MG, 200MG, 50MG ( <i>fluconazole</i> )	3	-
<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	1	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	1	-
<i>itraconazole cap 100MG</i> (SPORANOX Equiv)	1	-
<i>itraconazole soln 10MG/ML</i> (SPORANOX Equiv)	1	PA
<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	1	-
NOXAFIL PAK 300MG ( <i>posaconazole</i> )	3	-
NOXAFIL SUSP 40MG/ML ( <i>posaconazole</i> )	3	-
NOXAFIL TAB 100MG ( <i>posaconazole</i> )	3	-
<i>posaconazole DR tab 100MG</i> (NOXAFIL Equiv)	1	-
<i>posaconazole susp 40MG/ML</i> (NOXAFIL Equiv)	1	-
SPORANOX CAP 100MG ( <i>itraconazole</i> )	3	-
SPORANOX SOLN 10MG/ML ( <i>itraconazole</i> )	3	PA
VFEND SUSP 40MG/ML ( <i>voriconazole</i> )	3	-
VFEND TAB 200MG, 50MG ( <i>voriconazole</i> )	3	-
<i>voriconazole susp 40MG/ML</i> (VFEND Equiv)	1	-
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	1	-
<b>ANTIHIISTAMINES - Drugs to treat allergies</b>		
<b>ANTIHIISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
CARBINOXAMINE SOLN 4MG/5ML ( <i>carbinoxamine maleate</i> )	1	-

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<i>carbinoxamine tab 4MG</i> (PALGIC Equiv)	1	-
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv)	M	-
<b>ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms</b>		
ALLEGRA ODT 30MG ( <i>fexofenadine hcl</i> )	EXC	OTC
CLARINEX SYRUP ( <i>desloratadine</i> )	EXC	-
CLARINEX TAB 5MG ( <i>desloratadine</i> )	EXC	-
CLARITIN CHEW TAB 10MG ( <i>loratadine</i> )	EXC	OTC
DESLORATADINE ODT 2.5MG, 5MG ( <i>desloratadine</i> )	EXC	-
<i>desloratadine tab 5MG</i> (CLARINEX Equiv)	EXC	-
<i>loratadine cap 10MG</i> (CLARITIN Equiv)	EXC	OTC
ZYRTEC CHILD CHEW TAB 10MG ( <i>cetirizine hcl</i> )	EXC	OTC
<b>ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>promethazine supp 12.5MG, 25MG</i> (PHENERGAN Equiv)	1	-
<i>promethazine syrup 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG ( <i>promethazine hcl</i> )	1	-
<b>ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-
<i>cyproheptadine tab 4MG</i>	1	-
<b>ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		

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<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol</b>		
NEXLETOL TAB 180MG ( <i>bempedoic acid</i> )	2	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol</b>		
NEXLIZET TAB 10MG-180MG ( <i>bempedoic acid-ezetimibe</i> )	2	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol</b>		
LOVAZA CAP 1GM-375MG-465MG ( <i>omega-3-acid ethyl esters</i> )	3	-
<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	1	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	1	-

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<i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	1	-
<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	1	-
<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	1	-
COLESTID GRANULE 5GM ( <i>colestipol hcl</i> )	3	-
COLESTID POWDER PACK 5GM, 5GM/7.5GM ( <i>colestipol hcl</i> )	3	-
COLESTID TAB 1GM ( <i>colestipol hcl</i> )	3	-
<i>colestipol granule 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol powder packet 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	1	-
QUESTRAN LITE POWDER 4GM/DOSE ( <i>cholestyramine light</i> )	3	-
QUESTRAN POWDER 4GM/DOSE ( <i>cholestyramine</i> )	3	-
QUESTRAN POWDER PACK 4GM ( <i>cholestyramine</i> )	3	-
<b>FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	1	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	1	-
FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG ( <i>fenofibric acid</i> )	3	-

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<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	1	-
LOPID TAB 600MG ( <i>gemfibrozil</i> )	3	-
TRICOR TAB 145MG, 48MG ( <i>fenofibrate</i> )	3	-
<b>HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol</b>		
ATORVALIQ SUSP 20MG/5ML ( <i>atorvastatin calcium</i> )	3	PA Members age 9 or older require Prior Authorization
<i>atorvastatin tab 10MG, 20MG, 40MG, 80MG</i> (LIPITOR Equiv)	\$0	-
CRESTOR TAB 10MG, 20MG, 40MG, 5MG ( <i>rosuvastatin calcium</i> )	3	-
EZALLOR SPRINKLE CAP 10MG, 20MG, 40MG, 5MG ( <i>rosuvastatin calcium</i> )	3	PA Prior Authorization Required for members age 9 years and older
FLOLIPID SUSP 20MG/5ML, 40MG/5ML ( <i>simvastatin</i> )	3	PA Members age 9 or older require Prior Authorization
<i>fluvastatin ER tab 80MG</i> (LESCOL XL Equiv)	\$0	-
LESCOL XL TAB 80MG ( <i>fluvastatin sodium</i> )	3	-
LIPITOR TAB 10MG, 20MG, 40MG, 80MG ( <i>atorvastatin calcium</i> )	3	-

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LIVALO TAB 1MG, 2MG, 4MG ( <i>pitavastatin calcium</i> )	3	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
<i>pitavastatin calcium tab 1MG, 2MG, 4MG</i> (LIVALO Equiv)	1	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	\$0	-
<i>rosuvastatin tab 10MG, 20MG, 40MG, 5MG</i> (CRESTOR Equiv)	\$0	-
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	\$0	80mg is Not Covered
ZOCOR TAB 10MG, 20MG, 40MG ( <i>simvastatin</i> )	3	-
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol</b>		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	1	-
<b>NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	1	-
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		

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REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	2	QL-ST QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	2	QL-ST QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		
ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG ( <i>quinapril hcl</i> )	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG ( <i>ramipril</i> )	3	-
<i>benazepril tab</i> (LOTENSIN Equiv)	1	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	1	-
<i>enalapril maleate oral soln 1MG/ML</i> (EPANED Equiv)	1	PA Prior Authorization required for members age 9 or older
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	1	-

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<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	1	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	1	-
LOTENSIN TAB 10MG, 20MG, 40MG ( <i>benazepril hcl</i> )	3	-
PRINIVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG ( <i>lisinopril</i> )	3	-
QBRELIS SOLN 1MG/ML ( <i>lisinopril</i> )	3	PA Prior Authorization required for members age 9 or older
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	1	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	1	-
VASOTEC TAB 10MG, 2.5MG, 20MG, 5MG ( <i>enalapril maleate</i> )	3	-
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		
DIBENZYLINE CAP 10MG ( <i>phenoxybenzamine hcl</i> )	3	LMSP
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	1	LMSP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure</b>		
AVAPRO TAB 150MG, 300MG, 75MG ( <i>irbesartan</i> )	3	-
COZAAR TAB 100MG, 25MG, 50MG ( <i>losartan potassium</i> )	3	-

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DIOVAN TAB 160MG, 320MG, 40MG, 80MG ( <i>valsartan</i> )	3	-
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	1	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	1	-
MICARDIS TAB 20MG, 40MG, 80MG ( <i>telmisartan</i> )	3	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	1	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	1	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	1	-
<b>ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
CARDURA TAB 1MG, 2MG, 4MG, 8MG ( <i>doxazosin mesylate</i> )	3	-
CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR ( <i>clonidine</i> )	3	-
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	1	-
<i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv)	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
METHYLDOPA TAB 250MG, 500MG ( <i>methyldopa</i> )	1	-
<i>methyldopa tab 250MG, 500MG</i>	1	-

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MINIPRESS CAP 1MG, 2MG, 5MG ( <i>prazosin hcl</i> )	3	-
<i>prazosin cap 1MG, 2MG, 5MG</i> (MINIPRESS Equiv)	1	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	1	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	1	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	1	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	1	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG ( <i>irbesartan-hydrochlorothiazide</i> )	3	-
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG ( <i>amlodipine besylate-olmesartan medoxomil</i> )	3	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv)	1	-

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BENICAR HCT TAB 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	3	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv)	1	-
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG ( <i>captopril &amp; hydrochlorothiazide</i> )	1	-
DIOVAN HCT TAB 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG ( <i>valsartan-hydrochlorothiazide</i> )	3	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	1	-
EXFORGE TAB 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG ( <i>amlodipine besylate-valsartan</i> )	3	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv)	1	-
HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG ( <i>losartan potassium &amp; hydrochlorothiazide</i> )	3	-
<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG</i> (AVALIDE Equiv)	1	-

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<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)</i>	1	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)</i>	1	-
LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ( <i>benazepril &amp; hydrochlorothiazide</i> )	3	-
LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG ( <i>amlodipine besylate-benazepril hcl</i> )	3	-
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG (LOPRESSOR HCT Equiv)</i>	1	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)</i>	1	-
TEKTURNA HCT TAB 12.5MG-150MG, 12.5MG-300MG, 25MG-150MG, 25MG-300MG ( <i>aliskiren-hydrochlorothiazide</i> )	3	-
TENORETIC TAB 25MG-100MG, 25MG-50MG ( <i>atenolol &amp; chlorthalidone</i> )	3	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (DIOVAN HCT Equiv)</i>	1	-
VASERETIC TAB 10MG-25MG ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )	3	-

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ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )	3	-
ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG ( <i>bisoprolol &amp; hydrochlorothiazide</i> )	3	-
<b>DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure</b>		
<i>aliskiren tab 150MG, 300MG</i> (TEKTURNA Equiv)	1	-
TEKTURNA TAB 150MG, 300MG ( <i>aliskiren fumarate</i> )	3	-
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure</b>		
<i>eplerenone tab 25MG, 50MG</i> (INSPRA Equiv)	1	-
INSPRA TAB 25MG, 50MG ( <i>eplerenone</i> )	3	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	1	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	1	-
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
FIRST METRONIDAZOLE SUSP 50MG/ML ( <i>metronidazole benzoate</i> )	3	-
FLAGYL TAB 500MG ( <i>metronidazole</i> )	3	-
IMPAVIDO CAP 50MG ( <i>miltefosine</i> )	4	PA

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LIKMEZ SUSP 500MG/5ML ( <i>metronidazole</i> )	3	PA Prior Authorization required for members age 9 or older
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	1	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	1	LMSP
PRIMSOL SOLN ( <i>trimethoprim hcl</i> )	3	-
PRIMSOL SOLN 50MG/5ML ( <i>trimethoprim hcl</i> )	3	-
TINDAMAX TAB ( <i>tinidazole</i> )	3	-
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	1	-
TRIMETHOPRIM TAB 100MG ( <i>trimethoprim</i> )	1	-
<i>trimethoprim tab 100MG</i>	1	-
XIFAXAN TAB 200MG 200MG ( <i>rifaximin</i> )	3	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG ( <i>rifaximin</i> )	2	QL QL= 60 tabs/30 days
<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		
BACTRIM DS TAB 160MG-800MG, 80MG-400MG ( <i>sulfamethoxazole-trimethoprim</i> )	3	-
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	1	-
<i>smz/tmp susp 160MG/20ML-800MG/20ML, 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	1	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		

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ALINIA SUSP 100MG/5ML ( <i>nitazoxanide</i> )	2	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG ( <i>nitazoxanide</i> )	3	PA-QL QL= 6 tabs/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	1	-
LAMPIT TAB 120MG, 30MG ( <i>nifurtimox</i> )	2	RS Restricted to Infectious Disease Specialist
MEPRON SUSP 750MG/5ML ( <i>atovaquone</i> )	3	-
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
<b>CARBAPENEMS - Drugs to treat bacterial infections</b>		
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	M
INVANZ INJ ( <i>ertapenem sodium</i> )	M	M
INVANZ INJ 1GM ( <i>ertapenem sodium</i> )	M	M
<i>meropenem inj 1GM, 500MG</i> (MERREM Equiv)	M	M
<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		
FIRVANQ SOLN 25MG/ML 25MG/ML ( <i>vancomycin hcl</i> )	1	-
FIRVANQ SOLN 50MG/ML 50MG/ML ( <i>vancomycin hcl</i> )	1	-
VANCOCIN CAP 125MG, 250MG ( <i>vancomycin hcl</i> )	3	QL QL= 56 caps/fill

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<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
<b>LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)</b>		
<i>dapsone tab 100MG, 25MG</i>	1	-
<b>LINCOSAMIDES - Drugs to treat bacterial infections</b>		
CLEOCIN CAP ( <i>clindamycin hcl cap</i> )	3	-
CLEOCIN SOLN 75MG/5ML ( <i>clindamycin palmitate hydrochloride</i> )	3	-
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	1	-
<i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv)	1	-
<b>MONOBACTAMS - Drugs to treat bacterial infections</b>		
CAYSTON INH SOLN 75MG ( <i>aztreonam lysine</i> )	4	KMSP-RS
<b>OXAZOLIDINONES - Drugs to treat bacterial infections</b>		
<i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ( <i>tedizolid phosphate</i> )	2	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist

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ZYVOX SUSP 100MG/5ML ( <i>linezolid</i> )	3	RS Restricted to Infectious Disease Specialist
ZYVOX TAB 600MG ( <i>linezolid</i> )	3	RS Restricted to Infectious Disease Specialist
<b>PLEUROMUTILINS - Drugs to treat infections</b>		
XENLETA TAB 600MG ( <i>lefamulin acetate</i> )	2	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
HIPREX TAB 1GM ( <i>methenamine hippurate</i> )	3	-
MACROBID CAP 100MG ( <i>nitrofurantoin monohydrate macro</i> )	3	-
MACRODANTIN CAP 100MG, 50MG ( <i>nitrofurantoin macrocrystal</i> )	3	-
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	1	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	1	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	1	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<b>ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)</b>		

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<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	1	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG ( <i>atovaquone-proguanil hcl</i> )	3	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<i>chloroquine tab</i> (ARALEN Equiv)	1	-
<i>hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG</i> (PLAQUENIL Equiv)	1	-
KRINTAFEL TAB 150MG ( <i>tafenoquine succinate</i> )	2	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	1	-
PLAQUENIL TAB 200MG ( <i>hydroxychloroquine sulfate</i> )	3	-
PRIMAQUINE TAB 26.3MG ( <i>primaquine phosphate</i> )	3	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	1	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	1	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
FIRDAPSE TAB 10MG ( <i>amifampridine phosphate</i> )	4	LD-PA Only available through AnovoRx 844-288-5007
GUANIDINE TAB 125MG ( <i>guanidine hcl</i> )	3	-
MESTINON TAB 60MG ( <i>pyridostigmine bromide</i> )	3	-

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MESTINON TIMESPAN TAB 180MG ( <i>pyridostigmine bromide</i> )	3	-
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine soln 60MG/5ML</i> (MESTINON Equiv)	1	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		
RIFAMATE CAP ( <i>isoniazid &amp; rifampin</i> )	2	-
RIFATER TAB ( <i>isoniazid-rifampin w/ pyrazinamide</i> )	3	PA
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	1	-
<i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv)	1	-
ISONIAZID TAB 100MG ( <i>isoniazid</i> )	1	-
<i>isoniazid tab 300MG</i>	1	-
MYAMBUTOL TAB 400MG ( <i>ethambutol hcl</i> )	3	-
MYCOBUTIN CAP 150MG ( <i>rifabutin</i> )	3	-
PRETOMANID TAB 200MG ( <i>pretomanid</i> )	2	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	2	-
<i>pyrazinamide tab 500MG</i>	1	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	1	-
RIFADIN CAP 150MG, 300MG ( <i>rifampin</i> )	3	-

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<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	1	-
TRECTOR TAB 250MG ( <i>ethionamide</i> )	3	RS Restricted to Infectious Disease Specialist
<b>ANTINEOPLASTICS - Drugs to treat cancer</b>		
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	1	LMSP-ONC
<b>TOPOISOMERASE I INHIBITORS - Drugs to treat cancer</b>		
HYCANTIN CAP .25MG, 1MG ( <i>topotecan hcl</i> )	4	LMSP-ONC-PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
ALKERAN TAB 2MG ( <i>melphalan</i> )	3	LMSP-ONC
<i>busulfan inj 6MG/ML</i>	M	M
BUSULFEX INJ 6MG/ML ( <i>busulfan</i> )	M	M
CYCLOPHOSPHAMIDE CAP 25MG, 50MG ( <i>cyclophosphamide</i> )	3	ONC
<i>cyclophosphamide cap 25MG, 50MG</i>	1	ONC
CYCLOPHOSPHAMIDE TAB 25MG, 50MG ( <i>cyclophosphamide</i> )	2	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG ( <i>lomustine</i> )	2	ONC
HEXALEN CAP ( <i>altretamine</i> )	4	LMSP-ONC
MELPHALAN TAB 2MG ( <i>melphalan</i> )	1	LMSP-ONC
MYLERAN TAB 2MG ( <i>busulfan</i> )	4	LMSP-ONC

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<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	1	LMSP-ONC
ZANOSAR INJ 1GM ( <i>streptozocin</i> )	M	M
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	1	LMSP-ONC
JYLAMVO SOLN, XATMEP SOLN 2.5MG/ML, 2MG/ML ( <i>methotrexate</i> )	3	PA Prior Authorization required for members age 9 or older
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	1	ONC
<i>methotrexate inj 1GM</i>	1	-
<i>methotrexate tab 2.5MG</i> (Trexall Equiv)	1	ONC
PURIXAN SUSP 2000MG/100ML ( <i>mercaptopurine</i> )	3	PA Members age 9 or older require Prior Authorization
TABLOID TAB 40MG ( <i>thioguanine</i> )	2	ONC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer</b>		
FRUZAQLA CAP 1MG 1MG ( <i>fruquintinib</i> )	4	LD-PA-QL QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRUZAQLA CAP 5MG 5MG ( <i>fruquintinib</i> )	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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INLYTA TAB 1MG, 5MG ( <i>axitinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 8 tabs/day
LENVIMA CAP 10MG, 4MG ( <i>lenvatinib mesylate</i> )	4	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Optum 877-445-6874
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer</b>		
TUKYSA TAB 150MG, 50MG ( <i>tucatinib</i> )	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer</b>		
VENCLEXTA STARTER PACK ( <i>venetoclax</i> )	4	LD-ONC-PA Only available through Optum 877-445-6874
VENCLEXTA TAB 100MG, 10MG, 50MG ( <i>venetoclax</i> )	4	LD-ONC-PA Only available through Optum 877-445-6874
<b>ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer</b>		
<i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	1	LMSP-ONC-PA-QL QL= 3 tabs/day
<i>gefitinib tab 250MG</i> (IRESSA Equiv)	1	LD-ONC-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553

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GILOTRIF TAB 20MG, 30MG, 40MG ( <i>afatinib dimaleate</i> )	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TAGRISSE TAB 40MG, 80MG ( <i>osimertinib mesylate</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
VIZIMPRO TAB 15MG, 30MG, 45MG ( <i>dacomitinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	4	LMSP-ONC-PA-SF
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	4	LMSP-ONC-PA-SF
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer</b>		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	1	LMSP-ONC-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
ARIMIDEX TAB 1MG ( <i>anastrozole</i> )	3	ONC
AROMASIN TAB 25MG ( <i>exemestane</i> )	3	ONC
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	1	ONC
CASODEX TAB 50MG ( <i>bicalutamide</i> )	3	ONC
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	2	ONC

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ERLEADA TAB 60MG ( <i>apalutamide</i> )	4	LMSP-ONC-PA-QL QL= 4 tabs/day
ERLEADA TAB 240MG 240MG ( <i>apalutamide</i> )	4	LMSP-ONC-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG ( <i>flutamide</i> )	2	ONC
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
FARESTON TAB 60MG ( <i>toremifene citrate</i> )	3	ONC
FEMARA TAB 2.5MG ( <i>letrozole</i> )	3	ONC
FLUTAMIDE CAP 125MG ( <i>flutamide</i> )	2	ONC
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	1	ONC
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	1	ONC
LUPRON DEPOT INJ 45MG ( <i>leuprolide acetate (6 month)</i> )	M	M
LYSODREN TAB 500MG ( <i>mitotane</i> )	4	LD-ONC Only available through Walgreens 888-347-3416
<i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv)	1	ONC
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	1	ONC
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	1	LMSP-ONC

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NUBEQA TAB 300MG ( <i>darolutamide</i> )	4	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG ( <i>relugolix</i> )	4	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 86MG ( <i>elacestrant hydrochloride</i> )	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 345MG 345MG ( <i>elacestrant hydrochloride</i> )	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	1	ONC
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors</b>		
WELIREG TAB 40MG ( <i>belzutifan</i> )	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<b>ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer</b>		

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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POMALYST CAP 1MG, 2MG, 3MG, 4MG ( <i>pomalidomide</i> )	4	KMSP-PA-QL QL= 21 caps/28 days
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer</b>		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG ( <i>avapritinib</i> )	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer</b>		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG ( <i>selinexor</i> )	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Onco360 877-662-6633
<b>ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer</b>		
INQOVI TAB 35MG-100MG ( <i>decitabine-cedazuridine</i> )	4	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG ( <i>ribociclib succinate-letrozole</i> )	4	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG ( <i>trifluridine-tipiracil</i> )	4	MSP-ONC-PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
ALECENSA CAP 150MG ( <i>alectinib hcl</i> )	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG ( <i>brigatinib</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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ALUNBRIG TAB 90MG, 180MG 180MG, 90MG ( <i>brigatinib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
AUGTYRO CAP 40MG ( <i>repotrectinib</i> )	4	LMSP-PA-QL-SF QL= 8 caps/day
BALVERSA TAB 3MG 3MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF CAP 100MG, 50MG ( <i>bosutinib</i> )	4	MSP-PA
BOSULIF TAB 100MG, 400MG, 500MG ( <i>bosutinib</i> )	4	KMSP-ONC-PA-SF
BRAFTOVI CAP 75MG 75MG ( <i>encorafenib</i> )	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
CABOMETYX TAB 20MG, 40MG, 60MG ( <i>cabozantinib s-malate</i> )	4	MSP-ONC-PA-QL-SF QL= 1 tab/day

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CALQUENCE CAP 100MG ( <i>acalabrutinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
CALQUENCE TAB 100MG ( <i>acalabrutinib maleate</i> )	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
CAPRELSA TAB 100MG ( <i>vandetanib</i> )	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG 300MG ( <i>vandetanib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG ( <i>cabozantinib s-malate</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ( <i>duvelisib</i> )	4	LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	4	LMSP-ONC-PA-QL QL= 3 tabs/day
<i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day

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<i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR DISPERZ Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
FOTIVDA CAP .89MG, 1.34MG ( <i>tivozanib hcl</i> )	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
GAVRETO CAP 100MG ( <i>pralsetinib</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
GAVRETO CAP 100MG ( <i>pralsetinib</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ( <i>ponatinib hcl</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ( <i>enasidenib mesylate</i> )	4	MSP-ONC-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	1	LMSP-ONC-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118

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IMBRUVICA SUSP 70MG/ML ( <i>ibrutinib</i> )	4	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ( <i>ruxolitinib phosphate</i> )	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day
JAYPIRCA TAB 100MG, 50MG ( <i>pirtobrutinib</i> )	4	LMSP-PA-QL QL= 2 tabs/day
KISQALI TAB 200MG ( <i>ribociclib succinate</i> )	4	LMSP-PA-QL QL= 63 caps/28 days
KOSELUGO CAP 25MG ( <i>selumetinib sulfate</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG 10MG ( <i>selumetinib sulfate</i> )	4	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB 200MG ( <i>adagrasib</i> )	4	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	1	LMSP-ONC-PA
LORBRENA TAB 100MG 100MG ( <i>lorlatinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day

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LORBRENA TAB 25MG 25MG ( <i>lorlatinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day
LUMAKRAS TAB 120MG ( <i>sotorasib</i> )	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG 320MG ( <i>sotorasib</i> )	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
LYNPARZA TAB 100MG, 150MG ( <i>olaparib</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI THERAPY PACK 4MG ( <i>futibatinib</i> )	4	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633
MEKINIST SOLN .05MG/ML ( <i>trametinib dimethyl sulfoxide</i> )	4	LMSP-PA
MEKINIST TAB 0.5MG .5MG ( <i>trametinib dimethyl sulfoxide</i> )	4	LMSP-ONC-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ( <i>trametinib dimethyl sulfoxide</i> )	4	LMSP-ONC-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ( <i>binimetinib</i> )	4	MSP-ONC-PA-QL QL= 6 tabs/day

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NERLYNX TAB 40MG ( <i>neratinib maleate</i> )	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NINLARO CAP 2.3MG, 3MG, 4MG ( <i>ixazomib citrate</i> )	4	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
OJJAARA TAB 100MG, 150MG, 200MG ( <i>momelotinib dihydrochloride</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>pazopanib tab 200MG</i> (VOTRIENT Equiv)	1	LMSP-ONC-PA-QL QL= 4 tabs/day
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG ( <i>pemigatinib</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG ( <i>alpelisib</i> )	4	LMSP-PA-SF
QINLOCK TAB 50MG ( <i>ripretinib</i> )	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG ( <i>selpercatinib</i> )	4	LMSP-PA-QL-SF QL= 4 caps/day
RETEVMO TAB 120MG, 160MG, 80MG ( <i>selpercatinib</i> )	4	LMSP-PA-QL-SF QL= 2 tabs/day

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RETEVMO TAB 40MG 40MG ( <i>selpercatinib</i> )	4	LMSP-PA-QL-SF QL= 3 tabs/day
REZLIDHIA CAP 150MG ( <i>olutasidenib</i> )	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306
ROZLYTREK CAP 100MG, 200MG ( <i>entrectinib</i> )	4	LMSP-PA-QL QL= 3 caps/day
ROZLYTREK PAK 50MG ( <i>entrectinib</i> )	4	LMSP-PA-QL QL= 6 packs/day
RUBRACA TAB 200MG, 250MG, 300MG ( <i>rucaparib camsylate</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG ( <i>midostaurin</i> )	4	LMSP-ONC-PA-QL QL= 56 caps/28 days
SCEMBLIX TAB 20MG, 40MG ( <i>asciminib hcl</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCEMBLIX TAB 100 MG 100MG ( <i>asciminib hcl</i> )	4	LD-PA-QL QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	1	LMSP-ONC-PA
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ( <i>dasatinib</i> )	3	LMSP-ONC-PA-SF

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STIVARGA TAB 40MG ( <i>regorafenib</i> )	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	1	LMSP-ONC-PA
TABRECTA TAB 150MG, 200MG ( <i>capmatinib hcl</i> )	4	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG ( <i>dabrafenib mesylate</i> )	4	LMSP-ONC-PA-QL QL= 4 caps/day
TAFINLAR TAB 10MG ( <i>dabrafenib mesylate</i> )	4	LMSP-PA
TALZENNA CAP 0.25MG .25MG ( <i>talazoparib tosylate</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG ( <i>talazoparib tosylate</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ( <i>nilotinib hcl</i> )	4	LMSP-ONC-PA-SF
TAZVERIK TAB 200MG ( <i>tazemetostat hbr</i> )	4	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG ( <i>tepotinib hcl</i> )	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG ( <i>ivosidenib</i> )	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306

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TRUQAP TAB 160MG, 200MG ( <i>capivasertib</i> )	4	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TURALIO CAP 125MG, 200MG ( <i>pexidartinib hcl</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VANFLYTA TAB 17.7MG ( <i>quizartinib dihydrochloride</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VANFLYTA TAB 26.5MG 26.5MG ( <i>quizartinib dihydrochloride</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ( <i>abemaciclib</i> )	4	LMSP-ONC-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG 25MG ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523

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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
VITRAKVI SOLN 20MG/ML ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP 100MG ( <i>pacritinib citrate</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
XALKORI CAP 200MG, 250MG ( <i>crizotinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day
XALKORI SPRINKLE CAP 150MG, 20MG, 50MG ( <i>crizotinib</i> )	4	MSP-PA-QL-SF QL= 4 caps/day
XOSPATA TAB 40MG ( <i>gilteritinib fumarate</i> )	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG ( <i>niraparib tosylate</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ( <i>vemurafenib</i> )	4	LMSP-ONC-PA-QL
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	4	LMSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG ( <i>idelalisib</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	OL	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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ZYKADIA CAP ( <i>ceritinib</i> )	4	LMSP-ONC-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG ( <i>ceritinib</i> )	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
ACTIMMUNE INJ 100MCG/0.5ML ( <i>interferon gamma-1b</i> )	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	1	LMSP-ONC-PA
HYDREA CAP 500MG ( <i>hydroxyurea</i> )	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ ( <i>interferon alfa-2b inj</i> )	4	KMSP
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	2	ONC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	1	ONC
MESNEX TAB 400MG ( <i>mesna</i> )	4	LMSP-ONC
<b>MITOTIC INHIBITORS - Drugs to treat cancer</b>		
ETOPOSIDE CAP 50MG ( <i>etoposide</i> )	4	LMSP-ONC
<b>ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease</b>		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG ( <i>carbidopa</i> )	3	-
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		

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<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-
<b>ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease</b>		
COMTAN TAB 200MG ( <i>entacapone</i> )	3	-
<i>entacapone tab 200MG</i> (COMTAN Equiv)	1	-
TASMAR TAB 100MG ( <i>tolcapone</i> )	3	-
<i>tolcapone tab 100MG</i> (TASMAR Equiv)	1	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	1	-
<i>amantadine syrup</i> (SYMMETREL Equiv)	1	-
<i>amantadine tab 100MG</i>	1	-
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	1	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	1	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	1	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	1	-
<i>carbidopa/levodopa tab</i> (SINEMET Equiv)	1	-
MIRAPEX TAB .125MG, .5MG, .75MG, 1MG ( <i>pramipexole dihydrochloride</i> )	3	-
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR ( <i>rotigotine</i> )	3	-
PARLODEL CAP 5MG ( <i>bromocriptine mesylate</i> )	3	-

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PARLODEL TAB 2.5MG ( <i>bromocriptine mesylate</i> )	3	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	1	-
REQUIP TAB ( <i>ropinirole hydrochloride</i> )	3	-
<i>ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG</i> (REQUIP XL Equiv)	1	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	1	-
SINEMET CR TAB ( <i>carbidopa-levodopa</i> )	3	-
SINEMET TAB 10MG-100MG, 25MG-100MG, 25MG-250MG ( <i>carbidopa-levodopa</i> )	3	-
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease</b>		
AZILECT TAB .5MG, 1MG ( <i>rasagiline mesylate</i> )	3	-
ELDEPYRL CAP ( <i>selegiline hcl</i> )	3	-
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	1	-
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	1	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	1	-
XADAGO TAB 100MG, 50MG ( <i>safinamide mesylate</i> )	3	PA-QL QL= 1 tab/day
ZELAPAR ODT 1.25MG ( <i>selegiline hcl</i> )	3	-
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	1	-

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TRIHENXYPHENIDYL SOLN .4MG/ML <i>(trihexyphenidyl hcl)</i>	1	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG <i>(carbidopa-levodopa)</i>	1	-
<i>carbidopa-levodopa-entacapone tab</i> 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 <i>(levodopa)</i>	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 <i>(carbidopa-levodopa-entacapone)</i>	3	-
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (ESKALITH ER Equiv) <i>(lithium carbonate)</i>	1	-
<i>lithium carbonate cap</i> (ESKALITH ER Equiv)	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-

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<i>lithium oral solution 8MEQ/5ML</i> (LITHIUM Equiv)	1	PA Prior Authorization Required for members age 9 and older
LITHOBID TAB 300MG ( <i>lithium carbonate</i> )	3	-
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		
EQUETRO CAP ( <i>carbamazepine (antipsychotic)</i> )	2	-
GEODON CAP 20MG, 40MG, 60MG, 80MG ( <i>ziprasidone hcl</i> )	3	-
LATUDA TAB 120MG, 20MG, 40MG, 60MG, 80MG ( <i>lurasidone hcl</i> )	3	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG</i> (LATUDA TAB Equiv)	1	QL
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	1	-
<b>BENZISOXAZOLES - Drugs to treat mood disorders</b>		
FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG ( <i>iloperidone</i> )	3	PA-QL QL= 2 tabs/day
FANAPT TITRATION PACK ( <i>iloperidone</i> )	3	PA-QL QL= 1 pack/plan year
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG ( <i>paliperidone</i> )	3	-
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	1	-
RISPERDAL M ODT ( <i>risperidone</i> )	3	-

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RISPERDAL SOLN 1MG/ML ( <i>risperidone</i> )	3	-
RISPERDAL TAB .5MG, 1MG, 2MG, 3MG, 4MG ( <i>risperidone</i> )	3	-
risperidone microspheres inj 12.5MG, 25MG, 37.5MG, 50MG (RISPERDAL Equiv) ( <i>risperidone microspheres</i> )	4	MSP
<i>risperidone microspheres inj 12.5MG, 25MG, 37.5MG, 50MG</i> (RISPERDAL Equiv)	4	MSP
RISPERIDONE ODT .25MG ( <i>risperidone</i> )	2	-
<i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv)	1	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	1	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	1	-
<b>BUTYROPHENONES - Drugs to treat mood disorders</b>		
<i>haloperidol lactate conc 10MG/5ML, 2MG/ML</i> (HALDOL Equiv)	1	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	1	-
<b>DIBENZAPINES - Drugs to treat mood disorders</b>		
<i>asenapine maleate SL tab 10MG, 2.5MG, 5MG</i> (SAPHRIS Equiv)	1	QL QL= 2 tabs/day
<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	1	-

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CLOZARIL TAB 100MG, 200MG, 25MG, 50MG ( <i>clozapine</i> )	3	-
<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	1	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	1	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	1	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	1	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	1	-
SAPHRIS SL TAB 10MG, 2.5MG, 5MG ( <i>asenapine maleate</i> )	3	QL QL= 2 tabs/day
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG ( <i>quetiapine fumarate</i> )	3	-
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG ( <i>quetiapine fumarate</i> )	3	-
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG ( <i>olanzapine</i> )	3	-
ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG ( <i>olanzapine</i> )	3	-
<b>PHENOTHIAZINES - Drugs to treat mood disorders</b>		

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<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	1	-
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv)	1	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	1	-
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	1	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	1	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	1	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	1	-
<b>QUINOLINONE DERIVATIVES - Drugs to treat mood disorders</b>		
ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG ( <i>aripiprazole</i> )	3	-
<i>aripiprazole soln 1MG/ML</i> (ABILIFY Equiv)	1	PA
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	1	-
<b>THIOXANTHENES - Drugs to treat mood disorders</b>		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	1	-
<b>ANTIVIRALS - Drugs to treat viral infection</b>		
<b>ANTIRETROVIRALS - Drugs to treat viral infections</b>		

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<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	1	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	1	-
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	1	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	1	-
APTIVUS CAP 250MG ( <i>tipranavir</i> )	4	-
APTIVUS SOLN 100MG/ML ( <i>tipranavir</i> )	4	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	1	-
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	4	QL QL= 1 tab/ day
CIMDUO TAB 300MG ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG ( <i>indinavir sulfate</i> )	4	-
<i>darunavir tab 600MG, 800MG</i> (PREZISTA Equiv)	1	-
DELSTRIGO TAB 100MG-300MG ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day

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DESCOVY TAB 15MG-120MG, 25MG-200MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	\$0	-
<i>didanosine DR cap</i> (VIDEX EC Equiv)	1	-
DOVATO TAB 50MG-300MG ( <i>dolutegravir sodium-lamivudine</i> )	4	QL QL= 1 tab/day
EDURANT TAB 25MG ( <i>rilpivirine hcl</i> )	4	-
EFAVIRENZ CAP 200MG, 50MG ( <i>efavirenz</i> )	1	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	1	-
<i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG</i> (ATRIPLA Equiv)	1	QL QL= 1 tab/day
<i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv)	1	QL QL= 1 tab/day
<i>emtricitabine cap 200MG</i> (EMTRIVA Equiv)	1	-
<i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv)	\$0	-
EMTRIVA SOLN 10MG/ML ( <i>emtricitabine</i> )	4	-
<i>etravirine tab 100MG, 200MG</i>	1	-
EVOTAZ TAB 150MG-300MG ( <i>atazanavir sulfate-cobicistat</i> )	4	-
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	1	-
FUZEON INJ 90MG ( <i>enfuvirtide</i> )	4	-

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GENVOYA TAB 10MG-150MG-200MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	4	-
INTELENCE TAB 25MG 25MG ( <i>etravirine</i> )	4	-
INVIRASE CAP ( <i>saquinavir mesylate</i> )	4	-
INVIRASE TAB 500MG ( <i>saquinavir mesylate</i> )	4	-
ISENTRESS (HD) TAB 400MG, 600MG ( <i>raltegravir potassium</i> )	3	-
ISENTRESS CHEW TAB 100MG, 25MG ( <i>raltegravir potassium</i> )	3	-
ISENTRESS POWDER PACK 100MG ( <i>raltegravir potassium</i> )	3	-
JULUCA TAB 25MG-50MG ( <i>dolutegravir sodium-rilpivirine hcl</i> )	4	QL QL= 1 tab/ day
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	1	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	1	-
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	1	-
LEXIVA SUSP 50MG/ML ( <i>fosamprenavir calcium</i> )	4	-
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	1	-
<i>lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv)	1	-
<i>maraviroc tab 150MG, 300MG</i> (SELZENTRY Equiv)	1	-

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NEVIRAPINE ER TAB 100MG (VIRAMUNE XR Equiv) <i>(nevirapine)</i>	1	-
<i>nevirapine ER tab 400MG</i> (VIRAMUNE XR Equiv)	1	-
NEVIRAPINE SUSP 50MG/5ML <i>(nevirapine)</i>	1	-
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	1	-
NORVIR CAP 100MG <i>(ritonavir)</i>	3	-
NORVIR POWDER PACK 100MG <i>(ritonavir)</i>	3	-
NORVIR SOLN 80MG/ML <i>(ritonavir)</i>	3	-
NORVIR TAB 100MG <i>(ritonavir)</i>	3	-
ODEFSEY TAB 25MG-200MG <i>(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)</i>	4	QL QL= 1 tab/day
PIFELTRO TAB 100MG <i>(doravirine)</i>	4	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG <i>(darunavir-cobicistat)</i>	4	-
PREZISTA SUSP 100MG/ML <i>(darunavir)</i>	4	-
PREZISTA TAB 150MG, 75MG <i>(darunavir)</i>	4	-
PREZISTA TAB 600MG, 800MG <i>(darunavir)</i>	4	-
RESCRIPTOR TAB <i>(delavirdine mesylate)</i>	4	-
REYATAZ POWDER PACK 50MG <i>(atazanavir sulfate)</i>	4	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	1	-

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RUKOBIA ER TAB 600MG ( <i>fostemsavir tromethamine</i> )	4	-
SELZENTRY SOLN 20MG/ML ( <i>maraviroc</i> )	4	-
SELZENTRY TAB 25MG, 75MG ( <i>maraviroc</i> )	4	-
SELZENTRY TAB 150MG, 300MG ( <i>maraviroc</i> )	4	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG ( <i>stavudine</i> )	1	-
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i>	1	-
STRIBILD TAB 150MG-200MG-300MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	4	-
SYMTUZA TAB 10MG-150MG-200MG-800MG ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	4	-
<i>tenofovir disoproxil fumarate tab 300MG</i> (VIREAD Equiv)	1	-
TIVICAY PD TAB 5MG ( <i>dolutegravir sodium</i> )	4	-
TIVICAY TAB 10MG, 25MG, 50MG ( <i>dolutegravir sodium</i> )	4	-
TRIUMEQ PD TAB 5MG-30MG-60MG ( <i>abacavir-dolutegravir-lamivudine</i> )	4	-
TRIUMEQ TAB 50MG-300MG-600MG ( <i>abacavir-dolutegravir-lamivudine</i> )	4	-
TRIZIVIR TAB 150MG-300MG ( <i>abacavir sulfate-lamivudine-zidovudine</i> )	2	-

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VIDEX SOLN ( <i>didanosine</i> )	4	-
VIRACEPT TAB 250MG, 625MG ( <i>nelfinavir mesylate</i> )	4	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ( <i>tenofovir disoproxil fumarate</i> )	4	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	1	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	1	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	1	-
<b>ANTIVIRAL COMBINATIONS- Drugs to treat viral infections</b>		
PAXLOVID TAB 150-100MG 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	\$0	QL QL= 20 tabs/fill
PAXLOVID TAB 300-100MG 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	\$0	QL QL= 30 tabs/fill
<b>CMV AGENTS - Drugs to treat viral infections</b>		
<i>foscarnet sodium inj 6000MG/250ML</i> (FOSCAVIR Equiv)	M	M
FOSCAVIR INJ 6000MG/250ML ( <i>foscarnet sodium</i> )	M	M
LIVTENCITY TAB 200MG ( <i>maribavir</i> )	4	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS TAB 240MG, 480MG ( <i>letermovir</i> )	4	LMSP-PA-QL QL= 1 tab/day; Limit 200 tabs/365 days
VALCYTE TAB 450MG ( <i>valganciclovir hcl</i> )	3	-
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	1	-

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<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	1	-
<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	4	LMSP
BARACLUDE SOLN .05MG/ML ( <i>entecavir</i> )	3	PA Members age 9 or older require Prior Authorization
BARACLUDE TAB .5MG, 1MG ( <i>entecavir</i> )	3	LMSP-QL QL= 1 tab/day
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	1	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbv)</i> )	4	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	1	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ( <i>ledipasvir-sofosbuvir</i> )	4	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG ( <i>glecaprevir-pibrentasvir</i> )	4	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG ( <i>glecaprevir-pibrentasvir</i> )	4	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	4	LMSP
PEG-INTRON INJ 50MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	4	LMSP
REBETOL SOLN ( <i>ribavirin (hepatitis c)</i> )	4	LMSP
RIBAVIRIN CAP 200MG ( <i>ribavirin (hepatitis c)</i> )	1	LMSP

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<i>ribavirin cap 200MG</i>	1	LMSP
RIBAVIRIN TAB 200MG ( <i>ribavirin (hepatitis c)</i> )	1	LMSP
SOFOBUVIR/VELPATASVIR TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir</i> )	4	LMSP-PA-QL QL= 1 tab/day
VEMLIDY TAB 25MG ( <i>tenofovir alafenamide fumarate</i> )	4	LMSP
VOSEVI TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	4	LMSP-PA-QL QL= 1 tab/day
<b>HERPES AGENTS - Drugs to treat viral infections</b>		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	1	-
<i>famciclovir tab 125MG, 250MG, 500MG</i> (FAMVIR Equiv)	1	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	1	-
VALTREX TAB 1GM, 500MG ( <i>valacyclovir hcl</i> )	3	-
ZOVIRAX CAP ( <i>acyclovir</i> )	3	-
ZOVIRAX SUSP 200MG/5ML ( <i>acyclovir</i> )	3	-
ZOVIRAX TAB ( <i>acyclovir</i> )	3	-
<b>INFLUENZA AGENTS - Drugs to treat viral infections</b>		
FLUMADINE TAB ( <i>rimantadine hydrochloride</i> )	3	-
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	1	QL QL= 10 caps/fill

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<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	1	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ( <i>zanamivir</i> )	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	1	-
TAMIFLU CAP 45MG, 75MG ( <i>oseltamivir phosphate</i> )	3	QL QL= 10 caps/fill
TAMIFLU CAP 30MG 30MG ( <i>oseltamivir phosphate</i> )	3	QL QL= 20 caps/fill
<b>MISC. ANTIVIRALS- Drugs to treat viral infections</b>		
LAGEVRIO CAP (EUA) 200MG ( <i>molnupiravir</i> )	\$0	QL QL= 40 caps/fill
LAGEVRIO CAP 200MG 200MG ( <i>molnupiravir</i> )	\$0	QL QL= 40 caps/fill
<b>ASSORTED CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
D-PENAMINE TAB ( <i>penicillamine</i> )	2	-
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
THALOMID CAP 100MG, 150MG, 200MG, 50MG ( <i>thalidomide</i> )	4	KMSP
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		

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<i>azathioprine tab 50MG</i> (IMURAN Equiv)	1	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	1	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	1	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	1	-
IMURAN TAB 50MG ( <i>azathioprine</i> )	3	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	1	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	1	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	1	-
<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML ( <i>cyclosporine</i> )	4	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	1	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	1	-
<b>POTASSIUM REMOVING RESINS - Drugs to manage potassium levels</b>		
<i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv)	1	-
<i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv)	1	-
<b>BETA BLOCKERS - Drugs to treat high blood pressure</b>		

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<b>ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	1	-
COREG TAB 12.5MG, 25MG, 3.125MG, 6.25MG ( <i>carvedilol</i> )	3	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	1	-
<b>BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv)	1	-
<i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv)	1	-
<i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv)	1	-
LOPRESSOR TAB 100MG, 50MG ( <i>metoprolol tartrate</i> )	3	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	1	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (LOPRESSOR Equiv)	1	-
<i>nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG</i> (BYSTOLIC Equiv)	1	-
TENORMIN TAB 100MG, 25MG, 50MG ( <i>atenolol</i> )	3	-
TOPROL XL TAB 100MG, 200MG, 25MG, 50MG ( <i>metoprolol succinate</i> )	3	-
<b>BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure</b>		

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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
BETAPACE AF TAB 120MG, 160MG, 80MG ( <i>sotalol hcl (afib/afl)</i> )	3	-
BETAPACE TAB 120MG, 160MG, 80MG ( <i>sotalol hcl</i> )	3	-
CORGARD TAB 20MG, 40MG, 80MG ( <i>nadolol</i> )	3	-
INDERAL LA CAP 120MG, 160MG, 60MG, 80MG ( <i>propranolol hcl</i> )	3	-
<i>nadolol tab</i> (CORGARD Equiv)	1	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	1	-
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	1	-
<i>propranolol oral soln 20mg/5ml 20MG/5ML</i> (PROPRANOLOL Equiv)	1	-
PROPRANOLOL SOLN 40MG/5ML ( <i>propranolol hcl</i> )	1	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	1	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	1	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	1	-
SOTYLIZE SOLN 5MG/ML 5MG/ML ( <i>sotalol hcl</i> )	3	PA Prior Authorization required for members age 9 or older
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	1	-

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	OL	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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure</b>		
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease</b>		
ADALAT CC TAB 30MG, 60MG, 90MG ( <i>nifedipine</i> )	3	-
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-
CALAN SR TAB 120MG, 180MG, 240MG ( <i>verapamil hcl</i> )	3	-
CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG ( <i>diltiazem hcl coated beads</i> )	3	-
CARDIZEM TAB 120MG, 30MG, 60MG ( <i>diltiazem hcl</i> )	3	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG</i> (CARDIZEM CD Equiv)	1	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	1	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	1	-
KATERZIA SUSP 1MG/ML ( <i>amlodipine benzoate</i> )	3	PA Prior Authorization required for members age 9 or older
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	1	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	1	-
<i>nimodipine cap 30MG</i> (NIMOTOP Equiv)	1	-

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NORLIQVA ORAL SOLN 1MG/ML ( <i>amlodipine besylate</i> )	3	PA Members age 9 or older require Prior Authorization
NORVASC TAB 10MG, 2.5MG, 5MG ( <i>amlodipine besylate</i> )	3	-
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG ( <i>diltiazem hcl extended release beads</i> )	3	-
VERAPAMIL ER CAP, VERELAN CAP 100MG, 360MG ( <i>verapamil hcl</i> )	3	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG ( <i>verapamil hcl</i> )	2	-
<i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv)	1	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	1	-
VERELAN CAP 120MG, 180MG, 240MG ( <i>verapamil hcl</i> )	3	-
VERELAN PM CAP ( <i>verapamil hcl</i> )	3	-
VERELAN PM ER CAP 200MG, 300MG 200MG, 300MG ( <i>verapamil hcl</i> )	3	-
VERELAN SR CAP 360mg 360MG ( <i>verapamil hcl</i> )	3	-
<b>CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm</b>		
<b>CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm</b>		

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<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	1	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML ( <i>digoxin</i> )	1	-
<i>digoxin tab</i> (LANOXIN Equiv)	1	-
LANOXIN TAB 125MCG, 250MCG ( <i>digoxin</i> )	3	-
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions</b>		
<b>CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy</b>		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG ( <i>mavacamten</i> )	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs</b>		
<i>amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG</i> (CADUET Equiv)	1	-
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG ( <i>amlodipine besylate-atorvastatin calcium</i> )	3	-
<b>IMPOTENCE AGENTS - Drugs to treat erectile dysfunction</b>		
CAVERJECT INJ 10MCG, 20MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days

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EDEX INJ 10MCG, 20MCG, 40MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	1	QL QL= 6 tabs/30 days
STENDRA TAB 100MG, 200MG, 50MG ( <i>avanafil</i> )	2	QL QL= 6 tabs/30 days
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>vardenafil ODT 10MG</i> (STAXYN Equiv)	1	QL QL= 6 tabs/30 days
<i>vardenafil tab 10MG, 2.5MG, 20MG, 5MG</i> (LEVITRA Equiv)	1	QL QL= 6 tabs/30 days
<b>PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions</b>		
ISOXSUPRINE TAB 10MG, 20MG ( <i>isoxsuprine hcl</i> )	2	-
<i>isoxsuprine tab 10MG, 20MG</i>	1	-
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		
ORENITRAM TAB .125MG, .25MG, 1MG, 2.5MG, 5MG ( <i>treprostinil diolamine</i> )	4	LD-PA Only available through CVS Specialty 800-237-2767

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TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG ( <i>treprostinil</i> )	4	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG ( <i>treprostinil</i> )	4	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG ( <i>treprostinil</i> )	4	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG ( <i>treprostinil</i> )	4	LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN 0.6 MG/ML .6MG/ML ( <i>treprostinil</i> )	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ( <i>iloprost</i> )	4	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension</b>		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	1	LMSP-PA-QL QL= 1 tab/day

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<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
OPSUMIT TAB 10MG ( <i>macitentan</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TRACLEER TAB 32MG 32MG ( <i>bosentan</i> )	4	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension</b>		
REVATIO SUSP 10MG/ML ( <i>sildenafil citrate (pulmonary hypertension)</i> )	3	PA Members age 9 or older require Prior Authorization
REVATIO TAB 20MG ( <i>sildenafil citrate (pulmonary hypertension)</i> )	3	PA
<i>sildenafil susp 10MG/ML</i> (REVATIO Equiv)	1	PA Members age 9 or older require Prior Authorization
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	1	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	1	PA
TADLIQ SUSP 20MG/5ML ( <i>tadalafil (pulmonary hypertension)</i> )	3	PA Members age 9 or older require Prior Authorization

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<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>selexipag</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension</b>		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ( <i>riociguat</i> )	4	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
<b>SINUS NODE INHIBITORS - Drugs to control heart rhythm</b>		
CORLANOR TAB 5MG, 7.5MG ( <i>ivabradine hcl</i> )	3	PA
<i>ivabradine hcl tab 5MG, 7.5MG</i> (CORLANOR Equiv)	1	PA
<b>TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis</b>		
VYNDAMAX CAP 61MG ( <i>tafamidis</i> )	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP 20MG ( <i>tafamidis meglumine (cardiac)</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		

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

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<i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv)	1	-
CEFOTAXIME INJ 1GM, 2GM ( <i>cefotaxime sodium</i> )	M	M
<i>cefotaxime inj</i>	M	M
<i>cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv)	1	-
<i>cefpodoxime proxetil tab 100MG, 200MG</i> (VANTIN Equiv)	1	-
<i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i>	M	M
OMNICEF SUSP ( <i>cefdinir</i> )	3	-
SPECTRACEF TAB ( <i>cefditoren pivoxil</i> )	3	-
SUPRAX CAP ( <i>cefixime</i> )	3	-
SUPRAX CAP 400MG ( <i>cefixime</i> )	3	-
SUPRAX CHEW TAB 100MG, 200MG ( <i>cefixime</i> )	3	-
SUPRAX SUSP 100MG/5ML, 200MG/5ML ( <i>cefixime</i> )	3	-
SUPRAX SUSP 500MG/5ML 500MG/5ML ( <i>cefixime</i> )	3	-
<b>CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy</b>		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-
<i>aranelle tab</i> (TRI-NORINYL Equiv)	\$0	-
<i>aviane tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-

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BALCOLTRA TAB .1MG-20MCG-36.5MG ( <i>levonorgestrel-ethinyl estradiol-iron</i> )	\$0	-
<i>cesia tab</i> (CYCLESSA Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
<i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	\$0	-
<i>jolessa tab, amethia tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	3 copays per Rx
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
<i>levonorgestrel-ethinyl estradiol-fe tab .02MG-.1MG-36.5MG, .1MG-20MCG-75MG</i> (BALCOLTRA Equiv)	\$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG ( <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i> )	\$0	-
<i>loestrin tab 1MG-20MCG</i>	\$0	-
NATAZIA TAB ( <i>estradiol valerate-dienogest</i> )	\$0	-

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NEXTSTELLIS TAB 3MG-14.2MG (drospirenone-estetrol)	\$0	-
norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG (TAYTULLA Equiv)	\$0	-
norethindrone acetate/ethinyl estradiol 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	-

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<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR <i>(levonorgestrel-ethinyl estradiol)</i>	\$0	-
<i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy</b>		
ANNOVERA RING .013MG/24HR-.15MG/24HR <i>(segesterone acetate-ethinyl estradiol)</i>	\$0	QL QL= 1 ring/year
NUVARING .015MG/24HR-.12MG/24HR <i>(etonogestrel-ethinyl estradiol)</i>	\$0	-
<b>COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy</b>		
PARAGARD IUD <i>(copper (iud))</i>	EXC	-
<b>EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
ELLA TAB 30MG <i>(ulipristal acetate)</i>	\$0	-
ELLA TAB 30MG <i>(ulipristal acetate)</i>	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
PLAN B TAB 1.5MG <i>(levonorgestrel (emergency oc))</i>	\$0	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy</b>		
NEXPLANON IMPLANT 68MG <i>(etonogestrel)</i>	EXC	-
NEXPLANON IMPLANT 68MG <i>(etonogestrel)</i>	EXC	-
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones</b>		
DEPO-PROVERA INJ 150MG/ML <i>(medroxyprogesterone acetate (contraceptive))</i>	3	--QL QL= 1 inj/90 days

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DEPO-PROVERA SC INJ 104MG 104MG/0.65ML <i>(medroxyprogesterone acetate (contraceptive))</i>	EXC	-
<i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv)	EXC	-
<b>PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy</b>		
MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY <i>(levonorgestrel (iud))</i>	EXC	-
<b>PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones</b>		
<i>norethindrone tab .35MG</i> (NORA-QD Equiv)	\$0	-
OPILL TAB .075MG <i>(norgestrel)</i>	\$0	OTC
SLYND TAB 4MG <i>(drospirenone)</i>	\$0	-
<b>CORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<b>GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
ALKINDI SPRINKLE CAP 0.5MG .5MG <i>(hydrocortisone)</i>	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG 1MG <i>(hydrocortisone)</i>	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
<i>budesonide ER tab 9MG</i> (UCERIS Equiv)	1	PA-QL QL=1 tab/day
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	1	-
CORTEF TAB 10MG, 20MG, 5MG <i>(hydrocortisone)</i>	3	-

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DEPO-MEDROL INJ 40MG/ML, 80MG/ML <i>(methylprednisolone acetate)</i>	3	-
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ 20MG/ML, 40MG/ML, 50MG/ML, 80MG/ML <i>(methylprednisolone acetate)</i>	3	-
DEXAMETHASONE CONC 1MG/ML <i>(dexamethasone)</i>	1	-
<i>dexamethasone elixir .5MG/5ML</i>	1	-
DEXAMETHASONE SODIUM PHOSPHATE INJ 10MG/ML, 4MG/ML <i>(dexamethasone sodium phosphate)</i>	1	-
<i>dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML</i>	1	-
DEXAMETHASONE SOLN .5MG/5ML <i>(dexamethasone)</i>	1	-
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 1MG, 2MG, 4MG, 6MG</i> (DECADRON Equiv)	1	-
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	1	-
KENALOG INJ 40MG/ML <i>(triamcinolone acetonide)</i>	3	-
MEDROL DOSE PACK 4MG <i>(methylprednisolone)</i>	3	-
MEDROL TAB 2MG <i>(methylprednisolone)</i>	2	-
MEDROL TAB 16MG, 32MG, 4MG, 8MG <i>(methylprednisolone)</i>	3	-

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<i>methylprednisolone acetate inj 40MG/ML, 80MG/ML</i> (DEPO-MEDROL Equiv)	1	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG</i> (SOLU-MEDROL Equiv)	1	-
ORAPRED ODT TAB 10MG, 15MG, 30MG ( <i>prednisolone sodium phosphate</i> )	3	-
ORAPRED SOLN 6.7MG/5ML ( <i>prednisolone sodium phosphate</i> )	3	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	1	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG ( <i>prednisolone sodium phosphate</i> )	2	-
PREDNISOLONE SOLN 25MG/5ML ( <i>prednisolone sodium phosphate</i> )	3	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 25MG/5ML, 5MG/5ML, 6.7MG/5ML</i>	1	-
PREDNISONONE SOLN 5MG/5ML ( <i>prednisone</i> )	2	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	1	-
SOLU-CORTEF INJ 1000MG, 250MG, 500MG ( <i>hydrocortisone sod succinate</i> )	2	QL QL= 1 vial/fill

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SOLU-CORTEF INJ 100MG 100MG ( <i>hydrocortisone sod succinate</i> )	2	QL QL= 2 vials/fill
SOLU-MEDROL INJ 1000MG, 500MG ( <i>methylprednisolone sod succ</i> )	3	-
SOLU-MEDROL INJ 2GM 2GM ( <i>methylprednisolone sod succ</i> )	2	-
SOLU-MEDROL PF INJ 1000MG, 125MG, 40MG, 500MG ( <i>methylprednisolone sod succ</i> )	3	-
<i>triamcinolone acetate inj 200MG/5ML, 400MG/10ML, 40MG/ML</i> (KENALOG Equiv)	1	-
UCERIS TAB 9MG ( <i>budesonide</i> )	3	PA-QL QL= 1 tab/day
<b>MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions</b>		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	1	-
<b>COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<b>ANTITUSSIVES - Drugs to treat cough</b>		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG</i> (TESSALON Equiv)	1	-
HYCODAN SYRUP 1.5MG/5ML-5MG/5ML ( <i>hydrocodone bitartrate-homatropine methylbromide</i> )	3	-
<i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML</i> (HYCODAN Equiv)	1	-
TESSALON CAP 100MG ( <i>benzonatate</i> )	3	-
<i>tussion tab 1.5MG-5MG</i> (HYCODAN Equiv)	1	-

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<b>COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms</b>		
BROVEX PEB LIQUID 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML <i>(brompheniramine &amp; phenyleph)</i>	EXC	OTC
CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-
CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-
<i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML</i> (BRONTEX Equiv)	1	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv) <i>(guaifenesin-codeine)</i>	1	OTC-QL QL= 240ml/fill
<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML</i> (TUSSI-ORGANIDIN-S Equiv)	1	OTC-QL QL= 240ml/fill
HYD POL/CPM SUSP 8MG/5ML-10MG/5ML <i>(hydrocodone polistirex-chlorpheniramine polistirex)</i>	1	QL QL= 120ml/fill; 2 fills/30 days
<i>hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML</i> (TUSSIONEX Equiv)	1	QL QL= 120ml/fill; 2 fills/30 days
<i>hydrocodone/chlorpheniramine/pseudoephedrine liquid</i> (ZUTRIPRO Equiv)	1	QL QL= 120ml/fill, 2 fills/30 days
<i>lohist liquid 2MG/10ML-5MG/10ML</i> (DECON-A Equiv)	EXC	OTC

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<i>promethazine DM syrup 6.25MG/5ML-15MG/5ML</i>	1	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv) <i>(promethazine &amp; phenylephrine)</i>	1	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> (PHENERGAN VC Equiv)	1	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML <i>(promethazine-phenylephrine-codeine)</i>	1	-
<i>promethazine VC/codeine syrup</i>	1	-
<i>promethazine/codeine syrup</i> <b>6.25MG/5ML-10MG/5ML</b> (PHENERGAN/CODEINE Equiv)	1	-
SEMPREX-D CAP 8MG-60MG ( <i>acrivastine &amp; pseudoephedrine</i> )	EXC	-
ZUTRIPRO LIQUID ( <i>pseudoephed-cpm w/ hydrocod</i> )	3	QL QL= 120ml/fill, 2 fills/30 days
<b>MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants</b>		
HYPER-SAL NEB SOLN 7% ( <i>sodium chloride (inhalant)</i> )	3	-
NEBUSAL NEB SOLN 3.5%, 6% ( <i>sodium chloride (inhalant)</i> )	2	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	1	-

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<b>MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	1	-
<b>DERMATOLOGICALS - Drugs to treat skin conditions</b>		
<b>ACNE PRODUCTS - Drugs to treat skin conditions</b>		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv)	1	-
<i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5%</i> (EPIDUO FORTE Equiv)	1	-
<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (ACCUTANE Equiv)	1	-
ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% ( <i>tretinoin</i> )	3	PA
BENZACLIN GEL 1%-5%, 1.2%-2.5% ( <i>clindamycin phosphate-benzoyl peroxide</i> )	3	-
BENZAMYCIN GEL 3%-5% ( <i>benzoyl peroxide-erythromycin</i> )	3	-

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CLEOCIN-T LOTION 1% ( <i>clindamycin phosphate (topical)</i> )	3	-
CLEOCIN-T PAD ( <i>clindamycin phosphate (topical)</i> )	3	-
CLEOCIN-T SOLN ( <i>clindamycin phosphate (topical)</i> )	3	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	1	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	1	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	1	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	1	-
<i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-5%</i> (BENZAACLIN Equiv)	1	-
DIFFERIN CREAM .1% ( <i>adapalene</i> )	3	PA
DIFFERIN GEL .3% ( <i>adapalene</i> )	3	PA
DUAC GEL ( <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> )	3	-
EPIDUO GEL 0.1-2.5% .1%-2.5% ( <i>adapalene-benzoyl peroxide</i> )	3	-
ERY PAD 2% ( <i>erythromycin (acne aid)</i> )	2	-
<i>erythromycin gel 2%</i>	1	-
<i>erythromycin pad</i>	1	-
<i>erythromycin soln 2%</i>	1	-
<i>erythromycin/benzoyl peroxide gel 3%-5%</i> (BENZAMYCIN Equiv)	1	-
KLARON LOTION 10% ( <i>sulfacetamide sodium (acne)</i> )	3	-

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RETIN-A CREAM .025%, .05%, .1% ( <i>tretinoin</i> )	3	PA
<i>sodium sulfacetamide lotion 10%</i> (KLARON Equiv)	1	-
<i>sodium sulfacetamide/sulfur cleanser 10-5% 5%-10%</i> (SUMAXIN Equiv)	1	-
<i>sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9%</i> (SUMADAN WASH Equiv)	1	-
<i>sodium sulfacetamide/sulfur emulsion 10-5%</i>	1	-
SUMADAN WASH 9-4.5% 4.5%-9% ( <i>sulfacetamide sodium w/ sulfur</i> )	3	-
<i>tretinoin cream .025%, .05%, .1%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .01%, .025%, .05%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel 0.08% .08%</i> (RETIN-A MICRO Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses</b>		
RENOVA CREAM .02%, .05% ( <i>tretinoin (facial wrinkles)</i> )	EXC	-
<b>ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections</b>		
CENTANY OINT 2% ( <i>mupirocin</i> )	3	-
CORTISPORIN CREAM ( <i>neomycin-polymyxin-hc</i> )	3	-

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CORTISPORIN OINT (bacitracin-polymyxin-neomycin hc)	3	-
gentamicin sulfate cream .1%	1	-
gentamicin sulfate oint .1%	1	-
mupirocin oint 2% (BACTROBAN OINT Equiv)	1	-
<b>ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections</b>		
ciclopirox cream .77% (LOPROX CREAM Equiv)	1	-
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 (sulconazole nitrate)	3	-
ketconazole cream 2% (NIZORAL CREAM Equiv)	1	-
ketconazole shampoo 2% (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% (ciclopirox olamine)	3	-
LOPROX SHAMPOO 1% (ciclopirox)	3	-
LOTRISONE CREAM (clotrimazole w/ betamethasone)	3	-
MENTAX CREAM 1% (butenafine hcl)	3	-
NAFTIFINE CREAM 1% (naftifine hcl)	3	-

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<i>naftifine cream 2%</i> (NAFTIN Equiv)	1	-
<i>naftifine gel 1%</i> (NAFTIN Equiv)	1	-
NAFTIN CREAM 2% ( <i>naftifine hcl</i> )	3	-
NAFTIN GEL 1% ( <i>naftifine hcl</i> )	3	-
NIZORAL A-D SHAMPOO 1% (NIZORAL Equiv) ( <i>ketoconazole (topical)</i> )	EXC	OTC
<i>nizoral a-d shampoo 1%</i> (NIZORAL Equiv)	EXC	OTC
NIZORAL SHAMPOO ( <i>ketoconazole (topical)</i> )	3	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<i>nystatin oint 100000UNIT/GM</i>	1	-
<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	1	-
<i>oxiconazole nitrate cream 1%</i> (OXISTAT Equiv)	1	-
<i>tavaborole soln 5%</i> (KERYDIN Equiv)	1	QL-ST QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation</b>		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	1	OTC-QL QL= 5 tubes/fill

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VOLTAREN GEL 1% ( <i>diclofenac sodium (topical)</i> )	3	OTC-QL QL= 5 tubes/fill
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer</b>		
<i>bexarotene gel 1%</i> (TARGRETIN Equiv)	1	LMSP-PA
<i>diclofenac gel 3%</i> (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days
EFUDEX CREAM 5% ( <i>fluorouracil (topical)</i> )	3	-
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	1	-
FLUOROURACIL CREAM 0.5% .5% ( <i>fluorouracil (topical)</i> )	3	-
FLUOROURACIL SOLN 2% ( <i>fluorouracil (topical)</i> )	2	-
<i>fluorouracil soln 5%</i> (FLUOROURACIL Equiv)	1	-
PICATO GEL .05% ( <i>ingenol mebutate</i> )	3	QL QL= 1 box/fill
VALCHLOR GEL .016% ( <i>mechlorethamine hcl (topical)</i> )	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
<b>ANTIPSORIATICS - Drugs to treat psoriasis</b>		
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	4	LMSP
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	1	QL QL= 120gm/30 days
<i>calcipotriene oint .005%</i>	1	-

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CALCIPOTRIENE SOLN .005% ( <i>calcipotriene</i> )	1	-
<i>calcipotriene soln .005%</i>	1	-
CALCITRIOL OINT 3MCG/GM ( <i>calcitriol (topical)</i> )	3	-
DOVONEX CREAM .005% ( <i>calcipotriene</i> )	3	-
DRITHO-SCALP CREAM 1% ( <i>anthralin</i> )	3	-
METHOXSALEN CAP 10MG ( <i>methoxsalen rapid</i> )	2	LMSP
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP 10MG ( <i>methoxsalen rapid</i> )	3	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML ( <i>risankizumab-rzaa</i> )	4	LMSP-PA-QL QL= 1 inj/84 days
SPEVIGO INJ 150MG/ML ( <i>spesolimab-sbzo</i> )	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
STELARA INJ 45MG/0.5ML ( <i>ustekinumab</i> )	4	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML ( <i>ixekizumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	1	-
TAZORAC CREAM .1% ( <i>tazarotene</i> )	3	-
TAZORAC CREAM 0.05% .05% ( <i>tazarotene</i> )	3	-
TREMFYA INJ 100MG/ML ( <i>guselkumab</i> )	4	LMSP-PA-QL QL= 1 inj/56 days

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ZORYVE CREAM .3% ( <i>roflumilast (topical)</i> )	2	PA-QL QL= 60 grams/30 days
<b>ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions</b>		
OVACE PLUS CREAM 10% ( <i>sulfacetamide sodium</i> )	3	-
<i>selenium sulfide lotion 1%</i>	EXC	OTC
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	1	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
<i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% ( <i>penciclovir</i> )	3	-
<i>penciclovir cream 1%</i> (DENAVIR Equiv)	1	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
SILVADENE CREAM 1% ( <i>silver sulfadiazine</i> )	3	-
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	1	-
SULFAMYLON CREAM 85MG/GM ( <i>mafenide acetate</i> )	2	-
<b>CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation</b>		
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	1	-
<i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv)	1	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	1	-
BETAMETHASONE AUGMENTED GEL .05% ( <i>betamethasone dipropionate augmented</i> )	2	-
<i>betamethasone augmented gel</i>	1	-

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<i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv)	1	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv)	1	-
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv)	1	-
<i>betamethasone dipropionate lotion .05%</i>	1	-
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv)	1	-
<i>betamethasone valerate cream .1%</i>	1	-
<i>betamethasone valerate lotion .1%</i>	1	-
<i>betamethasone valerate oint .1%</i>	1	-
<i>clobetasol foam .05%</i> (OLUX Equiv)	1	PA
<i>clobetasol lotion .05%</i> (CLOBEX Equiv)	1	PA
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv)	1	-
<i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv)	1	-
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate soln .05%</i> (TEMOVATE Equiv)	1	PA
<i>clobetasol shampoo .05%</i> (CLOBEX Equiv)	1	PA
<i>clobetasol spray .05%</i> (CLOBEX Equiv)	1	PA
CLOBEX LOTION .05% ( <i>clobetasol propionate</i> )	3	PA

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CLOBEX SHAMPOO .05% ( <i>clobetasol propionate</i> )	3	PA
CLOBEX SPRAY .05% ( <i>clobetasol propionate</i> )	3	PA
DERMA-SMOOTH/FS OIL .01% ( <i>fluocinolone acetonide</i> )	2	-
<i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv)	1	-
<i>desoximetasone oint .25%</i> (TOPICORT Equiv)	1	-
DIPROLENE AF CREAM .05% ( <i>betamethasone dipropionate augmented</i> )	3	-
DIPROLENE OINT .05% ( <i>betamethasone dipropionate augmented</i> )	3	-
ELOCON CREAM ( <i>mometasone furoate</i> )	3	-
ELOCON OINT ( <i>mometasone furoate</i> )	3	-
EPIFOAM AEROSOL 1% ( <i>pramoxine-hc</i> )	2	-
<i>fluocinolone acetonide cream .01%, .025%</i>	1	-
<i>fluocinolone acetonide oil .01%</i> (DERMA-SMOOTH/FS Equiv)	1	-
<i>fluocinolone acetonide oint .025%</i>	1	-
<i>fluocinolone acetonide soln .01%</i>	1	-
<i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv)	1	-
<i>fluocinonide cream 0.1% .1%</i> (VANOS CREAM Equiv)	1	-
<i>fluocinonide emollient cream .05%</i>	1	-
FLUOCINONIDE GEL .05% ( <i>fluocinonide</i> )	1	-
<i>fluocinonide gel .05%</i>	1	-

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<i>fluocinonide oint .05%</i>	1	-
<i>fluocinonide soln .05%</i>	1	-
<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	1	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	1	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	1	-
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	1	PA
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	1	-
<i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv)	1	-
HYDROCORTISONE LOTION 2.5% 2.5% <i>(hydrocortisone (topical))</i>	1	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	1	-
<i>mometasone cream .1%</i> (ELOCON Equiv)	1	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	1	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	1	-
NUCORT LOTION 2% <i>(hydrocortisone acetate (topical))</i>	3	-
OLUX FOAM .05% <i>(clobetasol propionate)</i>	3	PA
PROCTOCORT CREAM <i>(hydrocortisone (topical))</i>	3	-
TEMOVATE CREAM .05% <i>(clobetasol propionate)</i>	3	-
TEMOVATE OINT .05% <i>(clobetasol propionate)</i>	3	-
TOPICORT CREAM .25% <i>(desoximetasone)</i>	3	-
TOPICORT OINT .25% <i>(desoximetasone)</i>	3	-

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<i>triamcinolone cream .025%, .1%, .5%</i>	1	-
<i>triamcinolone lotion .025%, .1%</i>	1	-
<i>triamcinolone oint .025%, .1%, .5%</i>	1	-
ULTRAVATE CREAM ( <i>halobetasol propionate</i> )	3	-
ULTRAVATE OINT ( <i>halobetasol propionate</i> )	3	-
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		
ADBRY INJ 300MG/2ML ( <i>tralokinumab-ldrm</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG ( <i>abrocitinib</i> )	4	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 300MG/2ML ( <i>dupilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 300MG/2ML ( <i>dupilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
<b>EMOLLIENTS - Drugs to treat skin conditions</b>		
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
<i>ammonium lactate lotion 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM ( <i>lactic acid (ammonium lactate)</i> )	3	-
LAC-HYDRIN LOTION 12% ( <i>lactic acid (ammonium lactate)</i> )	3	-
LACTIC ACID LOTION 10%, 5% ( <i>lactic acid (ammonium lactate)</i> )	1	-
<b>ENZYMES - TOPICAL - Drugs to treat skin conditions</b>		

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ST	Step Therapy	VAC	Vaccine Program		

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SANTYL OINT 250UNIT/GM ( <i>collagenase</i> )	2	QL QL= 90gm/30 days
<b>HAIR GROWTH AGENTS - Drugs to grow hair</b>		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
LITFULO CAP 50MG ( <i>ritlecitinib tosylate</i> )	4	LD-PA-QL QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
<b>HAIR REDUCTION AGENTS - Drugs to remove hair</b>		
VANIQA CREAM 13.9% ( <i>eflornithine hcl</i> )	EXC	-
<b>IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
ALDARA CREAM 5% ( <i>imiquimod</i> )	3	-
<i>imiquimod cream 5%</i> (ALDARA Equiv)	1	-
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
ELIDEL CREAM 1% ( <i>pimecrolimus</i> )	3	Covered for members 2 years or older
HYFTOR GEL .2% ( <i>sirolimus (topical)</i> )	4	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
<i>pimecrolimus cream 1%</i> (ELIDEL Equiv)	1	Covered for members 2 years or older
PROTOPIC OINT .03%, .1% ( <i>tacrolimus (topical)</i> )	3	-
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	1	-
<b>KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions</b>		
PODOCON SOLN 25% ( <i>podophyllum resin</i> )	2	-

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PODOFILOX SOLN .5% ( <i>podofilox</i> )	1	-
<i>podofilox soln .5%</i>	1	-
SALEX SHAMPOO 2%, 3% ( <i>salicylic acid</i> )	3	-
SALEX SHAMPOO 6% ( <i>salicylic acid</i> )	3	-
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel .5%, 2%, 2.8%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint</i>	1	QL QL= 107gm/30 days
<i>lidocaine patch 4%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine patch 5% 5%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% ( <i>lidocaine</i> )	3	QL QL= 3 patches/day
<b>MISC. TOPICAL - Miscellaneous topical products</b>		
DRYSOL SOLN 20% ( <i>aluminum chloride</i> )	1	-
<b>PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration</b>		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ( <i>fluocinolone-hydroquinone-tretinoin</i> )	EXC	-
<b>ROSACEA AGENTS - Drugs to treat skin conditions</b>		

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<i>azelaic acid gel 15%</i> (FINACEA Equiv)	1	-
<i>brimonidine tartrate gel .33%</i> (MIRVASO Equiv)	EXC	-
FINACEA GEL 15% ( <i>azelaic acid</i> )	3	-
METROCREAM .75% ( <i>metronidazole (topical)</i> )	3	-
METROGEL 1% 1% ( <i>metronidazole (topical)</i> )	3	-
METROLOTION .75% ( <i>metronidazole (topical)</i> )	3	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	1	-
<i>metronidazole gel 1%</i> (METROGEL Equiv)	1	-
<i>metronidazole gel 0.75% .75%</i> (METROGEL Equiv)	1	-
<i>metronidazole lotion .75%</i> (METROLOTION Equiv)	1	-
MIRVASO GEL .33% ( <i>brimonidine tartrate (topical)</i> )	EXC	-
RHOFADE CREAM 1% ( <i>oxymetazoline hcl (topical)</i> )	EXC	-
<b>SCABICIDES &amp; PEDICULICIDES - Drugs to treat skin conditions</b>		
CROTAN LOTION 10% ( <i>crotamiton</i> )	3	-
ELIMITE CREAM 5% ( <i>permethrin</i> )	3	-
LINDANE SHAMPOO 1% ( <i>lindane</i> )	1	-
<i>malathion lotion .5%</i> (OVIDE Equiv)	1	QL QL= 2 bottles/fill
NATROBA SUSP .9% ( <i>spinosad</i> )	3	QL QL= 1 bottle/fill
OVIDE LOTION .5% ( <i>malathion</i> )	3	QL QL= 2 bottles/fill
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	1	-

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SPINOSAD SUSP .9% ( <i>spinosad</i> )	2	QL QL= 1 bottle/fill
<b>WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers</b>		
REGRANEX GEL .01% ( <i>becaplermin</i> )	2	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM ( <i>balsam peru-castor oil</i> )	2	-
<b>DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products</b>		
<b>DIAGNOSTIC TESTS - Miscellaneous diagnostic test products</b>		
ACCU-CHEK AVIVA PLUS TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK GUIDE TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
COVID-19 TEST ( <i>covid-19 at home test</i> )	\$0	OTC-QL QL= 8 tests/30 days

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CUE COVID-19 TEST CARTRIDGE ( <i>covid-19 at home test</i> )	EXC	OTC
CUE HEALTH MONITOR ( <i>covid-19 at home test</i> )	EXC	OTC
KETO-DIASTIX TEST STRIP ( <i>urine glucose-ketones test</i> )	1	OTC
KETOSTIX ( <i>acetone (urine) test</i> )	1	OTC
ONETOUCH TEST STRIP ( <i>glucose blood</i> )	2	OTC
ONETOUCH VERIO TEST STRIP ( <i>glucose blood</i> )	2	OTC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition</b>		
<b>DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency</b>		
ASTAMED MYO CAP ( <i>astaxanthin-tocotrienol-zinc-cholecalciferol</i> )	EXC	-
DEPLIN CAP ( <i>l-methylfolate-algae</i> )	EXC	-
ELIGEN B12 TAB ( <i>cyanocobalamin-salcaprozate sodium</i> )	EXC	-
FALESSA TAB ( <i>levomefolate glucosamine</i> )	EXC	-
FOLTANX TAB ( <i>l-methylfolate w/ vitamin b6-vitamin b12</i> )	EXC	-
GLYGEST PAK ( <i>2-fucosyllactose &amp; lacto-n-neotetraose</i> )	EXC	-
L-METHYLFOLATE TAB ( <i>l-methylfolate</i> )	EXC	-
LUVIRA CAP ( <i>omega-3-acid ethyl esters (dietary management)</i> )	EXC	-

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METANX CAP ( <i>l-methylfolate w/ algae-vitamin b12-vitamin b6</i> )	EXC	-
OLLIZAC POWDER ( <i>2-fucosyllactose &amp; lacto-n-neotetraose</i> )	EXC	-
PODIAPN CAP ( <i>l-methylfolate w/ vitamin b6-vitamin b12</i> )	EXC	-
XAQUIL XR TAB ( <i>levomefolate glucosamine</i> )	EXC	-
XYZBAC TAB ( <i>dietary management product</i> )	EXC	-
<b>INFANT FOODS</b>		
INFANT FORMULA LIQUID ( <i>infant foods</i> )	2	OTC-PA
INFANT FORMULA POWDER ( <i>infant foods</i> )	2	OTC-PA
<b>NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency</b>		
NUTRITIONAL SUPPLEMENT LIQUID ( <i>nutritional supplements</i> )	2	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER ( <i>nutritional supplements</i> )	2	OTC-PA
<b>DIGESTIVE AIDS - Drugs to treat low digestive enzymes</b>		
<b>DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes</b>		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	-

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<b>DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	1	-
<i>acetazolamide tab 125MG, 250MG</i>	1	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	1	-
NEPTAZANE TAB ( <i>methazolamide</i> )	3	-
<b>DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
ALDACTAZIDE TAB 25MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	3	-
ALDACTAZIDE TAB 50-50MG 50MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	3	-
AMILORIDE/HCTZ TAB 5MG-50MG ( <i>amiloride &amp; hydrochlorothiazide</i> )	1	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	1	-
MAXZIDE TAB 25MG-37.5MG, 50MG-75MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	3	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	1	-

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<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	1	-
<b>LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	1	-
EDECIN TAB 25MG ( <i>ethacrynic acid</i> )	3	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	1	-
FUROSCIX KIT 80MG/10ML ( <i>furosemide</i> )	4	LD-QL QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633
FUROSEMIDE SOLN 40MG/5ML, 8MG/ML ( <i>furosemide</i> )	1	-
<i>furosemide soln 10MG/ML</i>	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG ( <i>furosemide</i> )	3	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
<b>POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
ALDACTONE TAB ( <i>spironolactone tab</i> )	3	-
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	1	-
CARISPIR SUSP 25MG/5ML ( <i>spironolactone</i> )	3	PA
<i>spironolactone susp 25MG/5ML</i> (CAROSPIR Equiv)	1	PA
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	1	-

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<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
CHLOROTHIAZIDE TAB (DIURIL Equiv) <i>(chlorothiazide)</i>	1	-
<i>chlorothiazide tab</i> (DIURIL Equiv)	1	-
<i>chlorthalidone tab 25MG, 50MG</i>	1	-
DIURIL SUSP 250MG/5ML <i>(chlorothiazide)</i>	2	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	1	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	1	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	1	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	1	-
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones</b>		
<b>BONE DENSITY REGULATORS - Drugs to treat bone disease</b>		
ACTONEL TAB 150MG, 35MG <i>(risedronate sodium)</i>	3	ST Step Therapy requires trial of alendronate
<i>alendronate sodium oral soln 70MG/75ML</i> (FOSAMAX Equiv)	1	-
<i>alendronate tab 10MG, 35MG, 70MG</i> (FOSAMAX Equiv)	1	-
ALENDRONATE TAB 40MG 5MG <i>(alendronate sodium)</i>	2	-

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AELVIA TAB 35MG ( <i>risedronate sodium</i> )	3	ST Step Therapy requires trial of alendronate
BONIVA TAB 150MG 150MG ( <i>ibandronate sodium</i> )	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	1	-
FOSAMAX TAB 70MG ( <i>alendronate sodium</i> )	3	-
<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ( <i>parathyroid hormone (recombinant)</i> )	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>risedronate DR tab 35MG</i> (ATELVIA Equiv)	1	ST Step Therapy requires trial of alendronate
<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate
TERIPARATIDE INJ 620MCG/2.48ML 620MCG/2.48ML ( <i>teriparatide (recombinant)</i> )	4	LMSP
TYMLOS INJ 3120MCG/1.56ML ( <i>abaloparatide</i> )	4	LMSP

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<b>CORTICOTROPIN ***</b>		
ACTHAR GEL INJ 80UNIT/ML ( <i>corticotropin</i> )	4	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis</b>		
ORLISSA TAB 150MG 150MG ( <i>elagolix sodium</i> )	2	PA-QL QL= 1 tab/day
ORLISSA TAB 200MG 200MG ( <i>elagolix sodium</i> )	2	PA-QL QL= 2 tabs/day
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ( <i>pegvisomant</i> )	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution</b>		
EGRIFTA INJ 2MG ( <i>tesamorelin acetate</i> )	EXC	-
<b>GROWTH HORMONES - Drugs to regulate hormones</b>		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG ( <i>somatropin</i> )	4	LMSP-PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML ( <i>somatropin</i> )	4	LMSP-PA

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SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG <i>(lonapegsomatropin-tcgd)</i>	4	LMSP-PA
SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML <i>(somapacitan-beco)</i>	4	LMSP-PA
<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
EVISTA TAB 60MG <i>(raloxifene hcl)</i>	3	-
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones</b>		
INCRELEX INJ 40MG/4ML <i>(mecasermin)</i>	4	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones</b>		
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG <i>(leuprolide acetate (cpp))</i>	M	M
SYNAREL NASAL SOLN 2MG/ML <i>(nafarelin acetate)</i>	4	LMSP
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	1	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	1	-

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<i>carglumic acid tab 200MG</i> (CARBAGLU Equiv)	1	LD-PA Only available through AnovoRx 844-288-5007
CARNITOR SOLN 1GM/10ML ( <i>levocarnitine (metabolic modifiers)</i> )	3	-
CARNITOR TAB 330MG ( <i>levocarnitine (metabolic modifiers)</i> )	3	-
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	4	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	1	-
HECTOROL CAP ( <i>doxercalciferol</i> )	3	-
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	1	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	1	-
PALYNZIQ INJ 20MG/ML ( <i>pegvaliase-pqpz</i> )	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	1	-
PHEBURANE ORAL PELLETS 483MG/GM ( <i>sodium phenylbutyrate</i> )	4	LD Only available through Accredo 800-803-2523
ROCALTROL CAP .25MCG, .5MCG ( <i>calcitriol</i> )	3	-
ROCALTROL SOLN 1MCG/ML ( <i>calcitriol</i> )	3	-

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<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	1	LMSP-PA
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	1	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ( <i>asfotase alfa</i> )	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
XPHOZAH TAB 20MG, 30MG ( <i>tenapanor hcl (ckd)</i> )	3	PA-QL QL= 2 tabs/day
ZEMPLAR CAP 1MCG, 2MCG ( <i>paricalcitol</i> )	3	-
<b>NATRIURETIC PEPTIDES ***</b>		
VOXZOGO INJ .4MG, .56MG, 1.2MG ( <i>vosoritide</i> )	4	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
<b>POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones</b>		
DDAVP NASAL SOLN .01% ( <i>desmopressin acetate refrigerated</i> )	3	-
DDAVP NASAL SPRAY .01% ( <i>desmopressin acetate spray</i> )	3	-
DDAVP TAB .1MG, .2MG ( <i>desmopressin acetate</i> )	3	-
<i>desmopressin acetate nasal spray .01%</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-

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STIMATE NASAL SOLN 1.5MG/ML ( <i>desmopressin acetate</i> )	2	LMSP
<b>PROGESTERONE RECEPTOR ANTAGONISTS ***</b>		
<i>mifepristone tab 200mg 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG ( <i>mifepristone</i> )	EXC	-
<b>PROLACTIN INHIBITORS - Drugs to regulate hormones</b>		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	1	-
<b>SOMATOSTATIC AGENTS - Drugs to regulate hormones</b>		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	1	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML ( <i>octreotide acetate</i> )	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ( <i>pasireotide diaspertate</i> )	4	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<b>VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
JYNARQUE PAK 15MG ( <i>tolvaptan</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ( <i>tolvaptan</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416

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<b>ESTROGENS - Drugs to replace female hormones</b>		
<b>ESTROGEN COMBINATIONS - Drugs to replace female hormones</b>		
ACTIVELLA TAB .5MG-1MG ( <i>estradiol &amp; norethindrone acetate</i> )	3	-
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	1	-
FEMHRT TAB .5MG-2.5MCG ( <i>norethindrone acetate-ethinyl estradiol</i> )	3	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	1	-
MYFEMBREE TAB .5MG-1MG-40MG ( <i>relugolix-estradiol-norethindrone acetate</i> )	2	PA-QL QL= 1 tab/day
ORIAHNN CAP .5MG-1MG-300MG ( <i>elagolix sodium-estradiol-norethindrone acetate</i> )	2	PA-QL QL= 2 caps/day
PREFEST TAB ( <i>estradiol-norgestimate</i> )	3	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	-
<b>ESTROGENS - Drugs used for contraception</b>		
ALORA PATCH .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ( <i>estradiol</i> )	3	-
CLIMARA PATCH .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR ( <i>estradiol</i> )	3	-

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DELESTROGEN INJ 10MG/ML, 20MG/ML, 40MG/ML ( <i>estradiol valerate</i> )	3	QL QL= 5ml/fill
ESTRACE TAB .5MG, 1MG, 2MG ( <i>estradiol</i> )	3	-
<i>estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR</i> (CLIMARA Equiv)	1	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	1	-
<i>estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv)	1	QL QL= 5ml/fill
MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG ( <i>esterified estrogens</i> )	3	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ( <i>estrogens, conjugated</i> )	2	-
VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ( <i>estradiol</i> )	3	-
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
AVELOX TAB ( <i>moxifloxacin hcl</i> )	3	-
CIPRO SUSP 500MG/5ML, 5GM/100ML ( <i>ciprofloxacin</i> )	3	-
CIPRO TAB 250MG, 500MG ( <i>ciprofloxacin hcl</i> )	3	-
CIPROFLOXACIN 100MG TAB 100MG ( <i>ciprofloxacin hcl</i> )	3	-

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<i>ciprofloxacin susp 500MG/5ML, 5GM/100ML</i> (CIPRO Equiv)	1	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	1	-
LEVAQUIN TAB 250MG, 500MG, 750MG ( <i>levofloxacin</i> )	3	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	1	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	1	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	1	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	1	-
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs</b>		
<b>5-HT4 RECEPTOR AGONISTS - Drugs to treat constipation</b>		
MOTEGRITY TAB 1MG, 2MG ( <i>prucalopride succinate</i> )	3	PA-QL QL= 1 tab/day
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation</b>		
TRULANCE TAB 3MG ( <i>plecanatide</i> )	2	PA-QL QL= 1 tab/day
<b>BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders</b>		
CHOLBAM CAP 250MG, 50MG ( <i>cholic acid</i> )	4	LD-PA Only available through Dohmen LSS 844-246-5226
<b>FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis</b>		

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OCALIVA TAB 10MG, 5MG ( <i>obeticholic acid</i> )	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Walgreens 888-347-3416
<b>GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
ACTIGALL CAP 300MG ( <i>ursodiol</i> )	3	-
URSO FORTE TAB 250MG, 500MG ( <i>ursodiol</i> )	3	-
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	1	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	1	-
<b>GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	1	-
GASTROCROM CONC 100MG/5ML ( <i>cromolyn sodium (mastocytosis)</i> )	3	-
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation</b>		
<i>lubiprostone cap 24MCG, 8MCG</i> (AMITIZA Equiv)	1	PA-QL QL= 2 caps/day
<b>GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	1	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	1	-
REGLAN TAB 10MG, 5MG ( <i>metoclopramide hcl</i> )	3	-
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions</b>		

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BYLVAY CAP 1200MCG 1200MCG ( <i>odevixibat</i> )	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG ( <i>odevixibat</i> )	4	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG ( <i>odevixibat</i> )	4	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG ( <i>odevixibat</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML ( <i>maralixibat chloride</i> )	4	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481
<b>INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system</b>		
AZULFIDINE EN TAB 500MG ( <i>sulfasalazine</i> )	3	-
AZULFIDINE TAB 500MG ( <i>sulfasalazine</i> )	3	-
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	1	-
CIMZIA INJ 200MG/ML ( <i>certolizumab pegol</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML ( <i>certolizumab pegol</i> )	4	LMSP-PA-QL QL= 1 kit/plan year

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COLAZAL CAP 750MG ( <i>balsalazide disodium</i> )	3	-
DIPENTUM CAP 250MG ( <i>olsalazine sodium</i> )	3	-
ENTYVIO SC INJ 108MG/0.68ML ( <i>vedolizumab</i> )	4	MSP-PA-QL QL= 2 inj/28 days
<i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv)	1	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	1	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	1	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	1	-
MESALAMINE TAB DR ( <i>mesalamine</i> )	1	-
SFROWASA ENEMA 4GM/60ML ( <i>mesalamine</i> )	3	-
SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML ( <i>risankizumab-rzaa (crohn's)</i> )	4	LMSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML ( <i>risankizumab-rzaa (crohn's)</i> )	4	LMSP-PA-QL QL= 1 inj/56 days
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	1	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	1	-
<b>INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>lactulose soln 10GM/15ML, 20GM/30ML</i>	1	-
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system</b>		
<i>alosectron tab .5MG, 1MG</i> (LOTRONEX Equiv)	1	-
LINZESS CAP 145MCG, 290MCG, 72MCG ( <i>linaclotide</i> )	3	PA-QL QL= 1 cap/day
LOTRONEX TAB .5MG, 1MG ( <i>alosectron hcl</i> )	3	-
<b>LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections</b>		

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VOWST CAP ( <i>fecal microbiota spores, live-brpk</i> )	4	LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
MOVANTIK TAB 12.5MG, 25MG ( <i>naloxegol oxalate</i> )	2	PA
SYMPROIC TAB ( <i>naldemedine tosylate</i> )	2	PA
SYMPROIC TAB .2MG ( <i>naldemedine tosylate</i> )	2	PA
<b>PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels</b>		
AURYXIA TAB 210MG ( <i>ferric citrate</i> )	3	-
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	1	-
FOSRENOL CHEW TAB 1000MG, 500MG, 750MG ( <i>lanthanum carbonate</i> )	3	-
FOSRENOL POWDER PACK 1000MG, 750MG ( <i>lanthanum carbonate</i> )	2	-
<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv)	1	-
PHOSLO CAP 667MG ( <i>calcium acetate (phosphate binder)</i> )	3	-
PHOSLYRA SOLN 667MG/5ML ( <i>calcium acetate (phosphate binder)</i> )	2	-
RENVELA TAB 800MG ( <i>sevelamer carbonate</i> )	3	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv)	1	-
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	1	-

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VELPHORO CHEW TAB 500MG ( <i>sucroferric oxyhydroxide</i> )	3	-
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs</b>		
<b>ALKALINIZERS - Drugs to treat low pH</b>		
CYTRA K CRYSTALS 1002MG-3300MG ( <i>potassium citrate-citric acid</i> )	1	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ( <i>pot &amp; sod citrates w/citric ac</i> )	1	-
ORACIT SOLN 490MG/5ML-640MG/5ML ( <i>sodium citrate &amp; citric acid</i> )	1	-
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROCIT-K TAB Equiv)	1	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv)	1	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv)	1	-
<i>sodium citrate/citric acid soln 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	1	-
<i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML</i> (POLYCITRA-LC Equiv)	1	-

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UROCIT-K TAB 1080MG, 15MEQ, 540MG ( <i>potassium citrate (alkalinizer)</i> )	3	-
<b>CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies</b>		
CYSTAGON CAP 150MG, 50MG ( <i>cysteamine bitartrate</i> )	4	LD-PA Only available through CVS Specialty 800-238-7828
<b>IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease</b>		
FILSPARI TAB 200MG, 400MG ( <i>sparsentan</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695
<b>INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence</b>		
ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	2	-
<b>PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate</b>		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-
AVODART CAP .5MG ( <i>dutasteride</i> )	3	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG ( <i>tamsulosin hcl</i> )	3	-
PROSCAR TAB ( <i>finasteride tab</i> )	3	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG ( <i>alfuzosin hcl</i> )	3	-

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<b>URINARY ANALGESICS - Drugs to treat urinary pain</b>		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	1	-
<b>URINARY STONE AGENTS - Drugs to prevent kidney stones</b>		
LITHOSTAT TAB 250MG ( <i>acetohydroxamic acid</i> )	3	-
<i>tiopronin tab 100MG</i> (THIOLA Equiv)	1	LMSP-PA
<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	1	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<i>allopurinol tab 100MG, 300MG</i> (ZYLOPRIM Equiv)	1	-
<i>colchicine tab .6MG</i> (COLCRYS Equiv)	2	-
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	1	ST Step Therapy requires trial of allopurinol
GLOPERBA SOLN .6MG/5ML ( <i>colchicine</i> )	3	PA Prior Authorization required for members age 9 or older
ULORIC TAB 40MG, 80MG ( <i>febuxostat</i> )	3	ST Step Therapy requires trial of allopurinol
ZYLOPRIM TAB 100MG, 300MG ( <i>allopurinol</i> )	3	-
<b>URICOSURICS - Drugs to treat gout</b>		

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<i>probenecid tab 500MG</i> (BENEMID Equiv)	1	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML ( <i>emicizumab-kxwh</i> )	4	LMSP-PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions</b>		
<i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv)	M	M
<b>COMPLEMENT INHIBITORS - Drugs to treat blood disorders</b>		
CINRYZE INJ 500UNIT ( <i>c1 esterase inhibitor (human)</i> )	M	M
EMPAVELI INJ 1080MG/20ML ( <i>pegcetacoplan</i> )	4	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG ( <i>avacopan</i> )	4	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	1	-
<b>PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions</b>		
TAKHZYRO INJ 300MG/2ML ( <i>lanadelumab-flyo</i> )	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523

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TAKHZYRO INJ 150MG/ML 150MG/ML (lanadelumab-flyo)	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
<b>PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood</b>		
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	-
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
<b>HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency</b>		
PYRUKYND TAB 20MG, 50MG, 5MG (mitapivat sulfate)	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306

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PYRUKYND TAPER PACK 5MG ( <i>mitapivat sulfate</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
<b>HEMATOPOIETIC AGENTS - Drugs to treat blood disorders</b>		
<b>AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders</b>		
CERDELGA CAP 84MG ( <i>eliglustat tartrate</i> )	4	MSP-PA
CEREZYME INJ 400UNIT ( <i>imiglucerase</i> )	M	M
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	1	LD-PA Only available through Accredo 800-803-2523
<b>AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders</b>		
DROXIA CAP 200MG, 300MG, 400MG ( <i>hydroxyurea (sickle cell disease)</i> )	2	-
<b>AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders</b>		
<i>l-glutamine powder packet 5GM</i> (ENDARI Equiv)	1	LMSP-PA-QL QL= 6 packets/day
OXBRYTA TAB FOR ORAL SUSP 300MG ( <i>voxelotor</i> )	4	LD-PA-QL QL= 5 tabs/day; Only available through Accredo 800-803-2523
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
<i>cyanocobalamin nasal spray 500 mcg/0.1ml 500MCG/0.1ML</i> (NASCOBAL Equiv)	1	-

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NASCOBAL SPRAY 500MCG/0.1ML ( <i>cyanocobalamin</i> )	3	-
<b>FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency</b>		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		
DOPTELET TAB 20MG ( <i>avatrombopag maleate</i> )	4	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	4	LMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-aafi</i> )	4	LMSP
NYVEPRIA INJ 6MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	4	LMSP
PROMACTA POWDER 12.5MG, 25MG ( <i>eltrombopag olamine</i> )	4	LMSP-PA-QL QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG ( <i>eltrombopag olamine</i> )	4	LMSP-PA-QL QL= 1 tab/day
PROMACTA TAB 50MG 50MG ( <i>eltrombopag olamine</i> )	4	LMSP-PA-QL QL= 2 tabs/day

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PROMACTA TAB 75MG 75MG ( <i>eltrombopag olamine</i> )	4	LMSP-PA-QL QL= 2 tabs/day
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML ( <i>epoetin alfa-epbx</i> )	4	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-sndz</i> )	4	LMSP
<b>HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders</b>		
<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG ( <i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i> )	3	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG ( <i>fe asp gly-fe polysaccharide-succ acid-c-threonic acid-b12-fa</i> )	1	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ( <i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i> )	1	-

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MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ( <i>fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa</i> )	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ( <i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i> )	1	-
MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG ( <i>iron-vitamin c-vitamin b12-folic acid</i> )	3	-
<i>multivitamin tab 1MG-25MCG-100MG-250MG</i>	1	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG ( <i>ferrous fumarate w/ fa-dss-b complex-vit c</i> )	2	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	1	-
<b>HEMOSTATICS - Drugs to stop bleeding/treat blood disorders</b>		
<b>HEMOSTATICS - SYSTEMIC - Drugs to thin the blood</b>		
AMICAR SOLN .25GM/ML ( <i>aminocaproic acid</i> )	3	-
AMICAR TAB 1000MG, 500MG ( <i>aminocaproic acid</i> )	3	-
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	1	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	1	-

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LYSTEDA TAB 650MG ( <i>tranexamic acid</i> )	3	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
<b>HYPNOTICS - Drugs to treat insomnia</b>		
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia</b>		
<b>ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<b>BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>phenobarbital elixir 20MG/5ML</i>	1	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	1	-
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
AMBIEN CR TAB 12.5MG, 6.25MG ( <i>zolpidem tartrate</i> )	3	QL QL= 1 tab/day
AMBIEN TAB ( <i>zolpidem tartrate tab</i> )	3	QL QL= 1 tab/day
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	1	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	1	QL QL= 1 tab/day
HALCION TAB .25MG ( <i>triazolam</i> )	3	-

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LUNESTA TAB 1MG, 2MG, 3MG ( <i>eszopiclone</i> )	3	QL QL= 1 tab/day
<i>midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML</i> (MIDAZOLAM Equiv)	1	RS Restricted to Neurology Specialist
RESTORIL CAP 15MG 15MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 22.5MG 22.5MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 30MG 30MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 7.5MG 7.5MG ( <i>temazepam</i> )	3	-
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 22.5mg 22.5MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 7.5mg 7.5MG</i> (RESTORIL Equiv)	1	-
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	1	-
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	1	QL QL= 1 cap/day
<i>zolpidem ER tab 12.5MG, 6.25MG</i> (AMBIEN CR Equiv)	1	QL QL= 1 tab/day
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia</b>		
<i>ramelteon tab 8MG</i> (ROZEREM Equiv)	1	QL QL= 1 tab/day
ROZEREM TAB 8MG ( <i>ramelteon</i> )	3	QL QL= 1 tab/day
<b>LAXATIVES - Drugs to treat constipation</b>		

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<b>LAXATIVE COMBINATIONS - Drugs to treat constipation</b>		
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	\$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 ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	\$0	QL Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
<i>peg 3350 soln (100 gram Moviprep equiv)</i> 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
<i>peg 3350/electrolytes soln</i> 1.48GM-5.72GM-11.2GM-420GM (COLYTE Equiv)	\$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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<i>sodium/magnesium/potassium soln</i> <b>1.6GM/177ML-3.13GM/177ML-17.5GM/177ML</b> (SUPREP Equiv)	\$0	QL QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM ( <i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i> )	2	QL QL= 2 fills/calendar year
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		
<i>lactulose soln</i>	1	-
MIRALAX 17GM/SCOOP ( <i>polyethylene glycol 3350</i> )	EXC	OTC
<i>polyethylene glycol 3350 powder 17GM/SCOOP</i> (MIRALAX Equiv)	EXC	OTC
<b>MACROLIDES - Drugs to treat bacterial infections</b>		
<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	1	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	1	-
ZITHROMAX POWDER PACK 1GM ( <i>azithromycin</i> )	3	-
ZITHROMAX SUSP 100MG/5ML, 200MG/5ML ( <i>azithromycin</i> )	3	-
ZITHROMAX TAB 250MG, 500MG ( <i>azithromycin</i> )	3	-
<b>CLARITHROMYCIN - Drugs to treat bacterial infections</b>		

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BIAXIN TAB ( <i>clarithromycin</i> )	3	-
<i>clarithromycin ER tab 500MG</i> (BIAXIN XL Equiv)	1	-
CLARITHROMYCIN SUSP 125MG/5ML, 250MG/5ML ( <i>clarithromycin</i> )	2	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	1	-
<b>ERYTHROMYCINS - Drugs to treat bacterial infections</b>		
ERYTHROMYCIN EC CAP 250MG ( <i>erythromycin base</i> )	2	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	1	-
<i>erythromycin tab 250MG, 500MG</i> (ERYTHROMYCIN Equiv)	1	all forms except PCE
PCE TAB ( <i>erythromycin base (coated)</i> )	3	-
<b>FIDAXOMICIN - Drugs to treat infections</b>		
DIFICID SUSP 40MG/ML ( <i>fidaxomicin</i> )	2	QL-ST QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	2	QL-ST QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		

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CERVICAL CAP ( <i>cervical caps</i> )	\$0	-
DIAPHRAGM 2% ( <i>diaphragm wide seal</i> )	\$0	-
FEMALE CONDOMS ( <i>condoms - female</i> )	\$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS ( <i>condoms non-latex lubricated - male</i> )	\$0	OTC-QL QL= 12 condoms/fill
<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
ACCU-CHEK AVIVA PLUS METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK GUIDE CARE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK GUIDE ME KIT ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK NANO METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
CALIBRATION LIQUID ( <i>blood glucose calibration</i> )	1	OTC
DEXCOM G6 RECEIVER ( <i>continuous glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR ( <i>continuous glucose system sensor</i> )	2	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER ( <i>continuous glucose system transmitter</i> )	2	PA-QL QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER ( <i>continuous glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year

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DEXCOM G7 SENSOR ( <i>continuous glucose system sensor</i> )	2	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER ( <i>continuous glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR ( <i>continuous glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3 READER ( <i>continuous glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR ( <i>continuous glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3-PLUS SENSOR ( <i>continuous glucose system sensor</i> )	2	PA-QL QL= 2 sensors/30 days
FREESTYLE LIBRE RECEIVER ( <i>continuous glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY) ( <i>continuous glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days
LANCET DEVICE ( <i>lancet devices</i> )	1	OTC
LANCET KIT ( <i>lancets misc.</i> )	1	OTC
LANCETS ( <i>lancets</i> )	1	OTC
OMNIPOD 5 G6 INTRO KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/year
OMNIPOD 5 G6 PODS MISC ( <i>insulin infusion disposable pump</i> )	2	QL QL= 10 pods/30 days

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OMNIPOD 5 G7 KIT INTRO ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS ( <i>insulin infusion disposable pump</i> )	2	QL QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS ( <i>insulin infusion disposable pump</i> )	2	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/year
OMNIPOD DASH PODS ( <i>insulin infusion disposable pump</i> )	2	QL QL= 10 pods/month
OMNIPOD GO KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 10 pods/month
OMNIPOD STARTER KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/year
ONETOUCH DELICA LANCETS ( <i>lancets</i> )	2	OTC
ONETOUCH DELICA PLUS LANCETS ( <i>lancets</i> )	2	OTC
ONETOUCH DELICA ULTRASOFT LANCETS ( <i>lancets</i> )	2	OTC
ONETOUCH METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ONETOUCH VERIO FLEX METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC

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ONETOUCH VERIO IQ METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ONETOUCH VERIO METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ONETOUCH VERIO REFLECT METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
V-GO INJ KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/day
<b>MISC. DEVICES - Drugs for miscellaneous use</b>		
ALCOHOL SWABS 70% ( <i>alcohol swabs</i> )	1	OTC
<b>PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies</b>		
B-D AUTOSHIELD DUO PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
B-D INSULIN SYRINGE U-500 ( <i>insulin syringe/needle u-500</i> )	1	-
CARETOUCH MIS ( <i>needle (disp) 27 g</i> )	1	OTC
TECHLITE INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	OTC
TECHLITE PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
TRUEPLUS INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	OTC
TRUEPLUS PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
<b>RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders</b>		
AEROCHAMBER ( <i>respiratory therapy supplies</i> )	2	OTC

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AEROCHAMBER SUPPLIES ( <i>spacer/aerosol-holding chamber supplies - bags</i> )	2	-
PEAK FLOW METER ( <i>peak flow meter</i> )	1	OTC
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache</b>		
UBRELVY TAB 100MG, 50MG ( <i>ubrogepant</i> )	2	PA-QL QL= 10 tabs/30 days, 6 fills/year
ZAVZPRET NASAL SPRAY 10MG/ACT ( <i>zavegepant hcl</i> )	2	PA-QL QL= 6 units/fill; 60 units/365 days
<b>MIGRAINE COMBINATIONS - Drugs to treat migraine headaches</b>		
<i>ergotamine tartrate/caffeine tab</i> (CAFERGOT Equiv)	1	-
ERGOTAMINE W/ CAFFEINE 1MG-100MG ( <i>ergotamine w/ caffeine</i> )	1	-
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv)	1	QL QL= 10 inj/14 days
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches</b>		
AIMOVIG INJ ( <i>erenumab-aooe</i> )	2	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML ( <i>fremanezumab-vfrm</i> )	2	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA-QL QL= 1 inj/28 days

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EMGALITY INJ 100MG/ML 100MG/ML <i>(galcanezumab-gnlm)</i>	2	PA-QL QL= 3 inj/fill, 6 fills/year
<b>SEROTONIN AGONISTS - Drugs to treat migraine headaches</b>		
IMITREX INJ 4MG/0.5ML <i>(sumatriptan succinate)</i>	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML, 6MG/0.5ML <i>(sumatriptan succinate)</i>	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB 100MG, 25MG, 50MG <i>(sumatriptan succinate)</i>	3	QL QL= 9 tabs/fill, 2 fills/30 days
MAXALT MLT TAB 10MG <i>(rizatriptan benzoate)</i>	3	QL QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB 10MG <i>(rizatriptan benzoate)</i>	3	QL QL= 12 tabs/fill, 3 fills/60 days
REYVOW TAB 100MG, 50MG <i>(lasmiditan succinate)</i>	2	PA-QL QL= 8 tabs/30 days, 6 fills/year
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML <i>(sumatriptan succinate)</i>	1	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	1	QL QL= 4 inj/fill, 2 fills/30 days

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SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML <i>(sumatriptan succinate)</i>	2	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<b>MINERALS &amp; ELECTROLYTES - Drugs to treat electrolyte disorders</b>		
<b>FLUORIDE - Drugs to treat mineral deficiency</b>		
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<b>PHOSPHATE - Drugs to treat electrolyte deficiency</b>		
K-PHOS NEUTRAL TAB 130MG-155MG-852MG <i>(pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic)</i>	3	-
K-PHOS TAB 500MG ( <i>potassium phosphate monobasic</i> )	2	-

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<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	1	-
<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	1	-
<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
K-TAB 8MEQ ( <i>potassium chloride</i> )	3	-
K-TAB 10MEQ, 20MEQ ( <i>potassium chloride</i> )	3	-
<i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv)	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-
<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	1	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	1	-
<i>potassium chloride soln 10%, 20%</i>	1	-
POTASSIUM CHLORIDE TAB ER 8MEQ ( <i>potassium chloride</i> )	3	-
<b>SODIUM - Drugs to treat electrolyte disorders</b>		
SOD CHLORIDE INJ .9%, 4MEQ/ML ( <i>sodium chloride</i> )	M	M
<b>ZINC - Drugs to treat mineral deficiency</b>		

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GALZIN CAP 25MG, 50MG ( <i>zinc acetate (oral)</i> )	2	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
DEPEN TITRATAB 250MG ( <i>penicillamine</i> )	3	-
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	1	LMSP-PA
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
JOENJA TAB 70MG ( <i>leniolisib phosphate</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
<i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG</i> (REVLIMID Equiv)	1	LD-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ( <i>lenalidomide</i> )	3	LD-PA-QL QL= 1 cap/day; Only available through Walgreens 888-347-3416
REZUROCK TAB 200MG ( <i>belumosudil mesylate</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
ENSPRYNG INJ 120MG/ML ( <i>satralizumab-mwge</i> )	4	LMSP-PA-QL QL= 1 inj/28 days

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<i>everolimus tab (ZORTRESS equiv) .25MG, .5MG, .75MG, 1MG</i>	4	LMSP-PA
LUPKYNIS CAP 7.9MG ( <i>voclosporin</i> )	4	LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
<i>sirolimus soln 1MG/ML (RAPAMUNE Equiv)</i>	1	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS- Drugs to treat PIK3CA-Related OverGrowth Spectrum (PROS)</b>		
VIJOICE GRANULES PACKET 50MG ( <i>alpelisib (pros agents)</i> )	4	MSP-PA-QL QL= 1 packet/day
VIJOICE TAB 125MG, 50MG ( <i>alpelisib (pros agents)</i> )	4	MSP-PA-QL QL= 1 tab/day
VIJOICE TAB 250MG ( <i>alpelisib (pros agents)</i> )	4	MSP-PA-QL QL= 2 tabs/day
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		
LOKELMA PAK 10GM, 5GM ( <i>sodium zirconium cyclosilicate</i> )	4	LMSP-PA
<b>PROGERIA TREATMENT AGENTS ***</b>		
ZOKINVY CAP 50MG, 75MG ( <i>lonafarnib</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		

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BENLYSTA AUTO-INJECTOR 200MG/ML ( <i>belimumab</i> )	4	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ( <i>belimumab</i> )	4	LMSP-PA-QL QL= 4 inj/28 day
<b>MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth</b>		
<b>ANESTHETICS TOPICAL ORAL - Drugs for numbing</b>		
FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM /119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15G M/237ML ( <i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i> )	3	-
<i>lidocaine viscous soln 2%</i> (LIDOCAINE HCL (MOUTH-THROAT) Equiv)	1	-
<b>ANTI-INFECTIVES - THROAT - Drugs to treat throat infections</b>		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	1	-
<i>nystatin susp 100000UNIT/ML</i>	1	-
<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		
<i>chlorhexidine gluconate soln</i> (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% ( <i>chlorhexidine gluconate</i> ( <i>mouth-throat</i> ))	3	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		

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FLUORIDEX SENSITIVITY PASTE 1.1%-5% ( <i>sodium fluoride-potassium nitrate</i> )	1	-
PREVIDENT SOLN .02%, .022%, .2% ( <i>sodium fluoride (dental)</i> )	2	-
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	1	-
<b>STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling</b>		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	1	-
<b>THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat</b>		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	1	-
EVOXAC CAP 30MG ( <i>cevimeline hcl</i> )	3	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	1	-
SALAGEN TAB 5MG, 7.5MG ( <i>pilocarpine hcl (oral)</i> )	3	-
<b>MULTIVITAMINS - Drugs to treat vitamin deficiency</b>		
<b>B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency</b>		

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DIALYVITE TAB ( <i>b-complex w/ c-biotin-e-minerals &amp; folic acid</i> )	1	-
DIALYVITE/ZINC TAB ( <i>b-complex w/ c-zn &amp; folic acid</i> )	1	-
FOLBEE PLUS CZ TAB ( <i>b-complex w/ c-biotin-minerals &amp; folic acid</i> )	1	-
NEPHROCAP ( <i>b-complex w/ c &amp; folic acid</i> )	3	-
<i>renaphro cap</i> (NEPHROCAP Equiv)	1	-
<b>MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency</b>		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	1	-
V-C FORTE CAP ( <i>multiple vitamins w/ minerals</i> )	3	-
<i>v-c forte cap</i> (V-C FORTE Equiv)	1	-
<b>PED MULTI VITAMINS W/FL &amp; FE - Drugs to treat vitamin deficiency</b>		
ESCAVITE CHEW TAB ( <i>ped multivitamins w/fl &amp; iron</i> )	3	-
<i>pediatric multiple vitamins/fluoride/iron soln</i>	1	-
<b>PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency</b>		
FLORIVA PLUS DROPS ( <i>pediatric multivitamins w/fl</i> )	2	-
MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML ( <i>pediatric multivitamins w/fl</i> )	1	-
MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML ( <i>pediatric multivitamins w/fl</i> )	1	-

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

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PRENATAL VITAMINS (NON-PREFERRED) <i>(prenatal mv &amp; min w/fe polysaccharide complex-fa-dha)</i>	3	-
VITAFOL STRIPS <i>(prenatal w/ vit b6-b12-cholecalciferol-folic acid)</i>	3	-
VP-PNV-DHA CAP <i>(prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)</i>	3	-
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
BACLOFEN ORAL SOLN 10 MG/5ML 10MG/5ML <i>(baclofen)</i>	3	PA Prior Authorization Required for members age 9 and older
BACLOFEN ORAL SOLN 5 MG/5ML 5MG/5ML <i>(baclofen)</i>	3	PA Prior Authorization Required for members age 9 and older
BACLOFEN SUSP 25MG/5ML <i>(baclofen)</i>	1	PA Prior Authorization Required for members age 9 or older
<i>baclofen susp 25MG/5ML</i>	1	PA Prior Authorization Required for members age 9 or older
<i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv)	1	-
<i>carisoprodol tab 350MG</i> (SOMA Equiv)	1	QL QL=120 tabs/30 days

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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<i>chlorzoxazone tab 500mg 500MG</i>	1	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	1	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	1	-
FLEQSUVY SUSP 1MG/ML, 5MG/ML ( <i>baclofen</i> )	3	PA Prior Authorization required for members age 9 or older
LYVISPAH GRANULE PACKET 10MG, 20MG, 5MG ( <i>baclofen</i> )	3	PA Members age 9 or older require Prior Authorization
<i>metaxalone tab 400MG, 800MG</i> (SKELAXIN Equiv)	1	-
METAXALONE TAB 400MG ( <i>metaxalone</i> )	3	-
<i>methocarbamol tab 500MG, 750MG</i> (ROBAXIN Equiv)	1	-
ROBAXIN TAB 750MG ( <i>methocarbamol</i> )	3	-
SKELAXIN TAB 800MG ( <i>metaxalone</i> )	3	-
SOMA TAB 350MG ( <i>carisoprodol</i> )	3	QL QL=120 tabs/30 days
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG ( <i>tizanidine hcl</i> )	3	-
<b>DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
DANTRIUM CAP 25MG, 50MG ( <i>dantrolene sodium</i> )	3	-
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	1	-
<b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS ***</b>		

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SOHONOS CAP 1.5MG 1.5MG ( <i>palovarotene</i> )	4	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 10MG 10MG ( <i>palovarotene</i> )	4	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 1MG 1MG ( <i>palovarotene</i> )	4	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 2.5MG 2.5MG ( <i>palovarotene</i> )	4	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 5MG 5MG ( <i>palovarotene</i> )	4	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<b>NASAL AGENTS - MISC. - Miscellaneous nasal agents</b>		
ALCOHOL SWABS 62% ( <i>alcohol (nasal)</i> )	1	OTC
<b>NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	1	-
<b>NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	1	-

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<b>NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms</b>		
BECONASE AQ NASAL SPRAY 42MCG/SPRAY ( <i>beclomethasone diprop monohyd</i> )	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT ( <i>triamcinolone acetonide (nasal)</i> )	3	OTC-QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	1	OTC-QL QL= 2 bottles/fill
ZETONNA NASAL SPRAY 37MCG/ACT ( <i>ciclesonide (nasal)</i> )	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
<b>NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles</b>		
<b>ALS AGENTS - Drugs to treat ALS</b>		
RADICAVA ORS STARTER KIT 105MG/5ML ( <i>edaravone</i> )	4	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP 105MG/5ML ( <i>edaravone</i> )	4	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	1	-

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<b>FRIEDRICH'S ATAXIA AGENTS ***</b>		
SKYCLARYS CAP 50MG ( <i>omaveloxolone</i> )	4	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
<b>RETT SYNDROME AGENTS ***</b>		
DAYBUE SOLN 200MG/ML ( <i>trofinetide</i> )	4	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy</b>		
EVRYSDI SOLN .75MG/ML ( <i>risdiplam</i> )	4	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
<b>NUTRIENTS - Drugs to treat nutrient disorders</b>		
<b>LIPIDS - Drugs to treat nutrient disorders</b>		
LIQUIGEN ( <i>medium chain triglycerides</i> )	2	OTC-PA
MCT OIL ( <i>medium chain triglycerides</i> )	2	OTC-PA
<b>MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances</b>		
CREATINE PACKET 5000MG ( <i>creatine</i> )	2	OTC-PA
<b>PROTEINS - Drugs to treat nutrient disorders</b>		
CITRULLINE PACKET ( <i>citrulline</i> )	2	OTC-PA
NUTRITIONAL SUPPLEMENT LIQUID ( <i>protein</i> )	2	OTC-PA
<i>phlexy-10 tab</i>	1	OTC-PA
<i>pro-stat liquid</i>	1	OTC-PA
<b>OPHTHALMIC AGENTS - Drugs to treat eye conditions</b>		

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<b>BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma</b>		
BETAGAN OPHTH SOLN ( <i>levobunolol hcl</i> )	3	-
<i>brimonidine/timolol ophth soln .2%-.5%</i> (COMBIGAN Equiv)	1	-
COMBIGAN OPHTH SOLN .2%-.5% ( <i>brimonidine tartrate-timolol maleate</i> )	3	-
COSOPT OPHTH SOLN 6.8MG/ML-22.3MG/ML ( <i>dorzolamide hcl-timolol maleate</i> )	3	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	1	-
LEVOBUNOLOL OPHTH SOLN .5% ( <i>levobunolol hcl</i> )	1	-
<i>levobunolol ophth soln</i>	1	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	1	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	1	-
TIMOPTIC OPHTH SOLN .25%, .5% ( <i>timolol maleate (ophth)</i> )	3	-
TIMOPTIC-XE OPHTH GEL .25%, .5% ( <i>timolol maleate (ophth)</i> )	3	-
<b>CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions</b>		
<i>atropine ophth oint 1%</i>	1	-
<i>atropine ophth soln 1%</i> (ISOPTO ATROPINE Equiv)	1	-

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ATROPINE SUL SOLN 1% OPHTH 1% ( <i>atropine sulfate (ophthalmic)</i> )	1	-
ATROPINE SULFATE OPHTH OINT 1% ( <i>atropine sulfate (ophthalmic)</i> )	1	-
CYCLOGYL OPHTH SOLN .5%, 2% ( <i>cyclopentolate hcl</i> )	3	-
CYCLOGYL OPHTH SOLN 1% ( <i>cyclopentolate hcl</i> )	3	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ( <i>cyclopentolate w/ phenylephrine</i> )	2	-
<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	1	-
HOMATROPINE OPHTH SOLN 5% ( <i>homatropine hbr</i> )	2	-
MYDRIACYL OPHTH SOLN ( <i>tropicamide ophth soln</i> )	3	-
<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	1	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	1	-
<b>MIOTICS - Drugs to treat eye conditions</b>		
ISOPTO CARBACHOL OPHTH SOLN ( <i>carbachol (ophth)</i> )	2	-
ISOPTO CARPINE OPHTH SOLN 1%, 2%, 4% ( <i>pilocarpine hcl</i> )	3	-

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<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	1	-
<b>OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions</b>		
ALPHAGAN P OPHTH SOLN 0.15% .1%, .15% <i>(brimonidine tartrate)</i>	3	-
APRACLONIDINE OPHTH SOLN .5% <i>(apraclonidine hcl)</i>	2	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	1	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	1	-
<i>brimonidine ophth soln 0.2% .2%</i>	1	-
<i>brimonidine tartrate ophth soln 0.1% .1%</i> (ALPHAGAN Equiv)	1	-
IOPIDINE OPHTH SOLN 1% <i>(apraclonidine hcl)</i>	2	-
IOPIDINE OPHTH SOLN <i>(apraclonidine hcl)</i>	3	-
SIMBRINZA OPHTH SUSP .2%-1% <i>(brinzolamide-brimonidine tartrate)</i>	2	-
<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% <i>(azithromycin (ophth))</i>	2	-
BACITRACIN OPHTH OINT 500UNIT/GM <i>(bacitracin (ophthalmic))</i>	2	-

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<i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv)	1	-
<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	1	-
BLEPH-10 OPHTH SOLN 10% ( <i>sulfacetamide sodium (ophth)</i> )	3	-
CILOXAN OPHTH OINT .3% ( <i>ciprofloxacin hcl (ophth)</i> )	3	-
CILOXAN OPHTH SOLN .3% ( <i>ciprofloxacin hcl (ophth)</i> )	3	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	1	-
<i>erythromycin ophth oint 5MG/GM</i>	1	-
<i>gatifloxacin ophth soln .5%</i> (ZYMAXID Equiv)	1	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
GENTAK OPHTH OINT .3% ( <i>gentamicin sulfate (ophth)</i> )	1	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	1	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	1	-
LEVOFLOXACIN OPHTH SOLN 0.5% .5% ( <i>levofloxacin (ophth)</i> )	1	-

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<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	1	-
NATACYN OPHTH SUSP 5% ( <i>natamycin</i> )	2	QL QL= 15ml/fill
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-gramicidin</i> )	1	-
NEOSPORIN OPHTH SOLN ( <i>neomycin-polymyxin-gramicidin</i> )	3	-
OCUFLOX OPHTH SOLN .3% ( <i>ofloxacin (ophth)</i> )	3	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	1	-
<i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv)	1	-
POLYTRIM OPHTH SOLN .1%-10000UNIT/ML ( <i>polymyxin b-trimethoprim</i> )	3	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	1	-
<i>tobramycin ophth soln</i> (TOBEX Equiv)	1	-
TOBEX OPHTH OINT .3% ( <i>tobramycin (ophth)</i> )	3	-
TOBEX OPHTH SOLN ( <i>tobramycin sulfate (ophth)</i> )	3	-
TRIFLURIDINE OPHTH SOLN 1% ( <i>trifluridine</i> )	1	-
VIGAMOX OPHTH SOLN .5% ( <i>moxifloxacin hcl (ophth)</i> )	3	-

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XDEMVIY OPHTH SOLN .25% ( <i>lotilaner</i> )	4	LD-PA-QL QL= 1 bottle/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416
ZIRGAN OPHTH GEL .15% ( <i>ganciclovir ophthalmic</i> )	2	-
ZYMAXID OPHTH SOLN .5% ( <i>gatifloxacin (ophth)</i> )	3	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
<b>OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes</b>		
<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	1	QL-RS QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
<b>OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing</b>		
ALCAINE OPHTH SOLN .5% ( <i>proparacaine hcl</i> )	3	-
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	1	-
<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		
ALREX OPHTH SUSP 0.2% .2% ( <i>loteprednol etabonate</i> )	3	-
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	1	-

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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	OL	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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BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% <i>(sulfacetamide sod-prednisolone)</i>	3	-
DEXAMETHASONE OPHTH SOLN .1% <i>(dexamethasone sodium phosphate (ophth))</i>	2	-
<i>difluprednate ophth emulsion .05%</i> (DUREZOL Equiv)	1	-
DUREZOL OPHTH EMULSION .05% <i>(difluprednate)</i>	3	-
FLAREX OPHTH SUSP .1% <i>(fluorometholone acetate)</i>	3	-
<i>fluorometholone ophth soln</i> (FML LIQUIFILM Equiv)	1	-
FML FORTE OPHTH SUSP .25% <i>(fluorometholone ophth)</i>	3	-
FML LIQUIFILM OPHTH SUSP .1% <i>(fluorometholone ophth)</i>	3	-
FML S.O.P. OPHTH OINT .1% <i>(fluorometholone ophth)</i>	3	-
LOTEMAX OPHTH OINT .5% <i>(loteprednol etabonate)</i>	2	-
LOTEMAX OPHTH SUSP .5% <i>(loteprednol etabonate)</i>	3	-
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	1	-
<i>loteprednol ophth susp .2%, .5%</i> (LOTEMAX, ALREX Equiv)	1	-
MAXIDEX OPHTH SOLN .1%, 9% <i>(dexamethasone ophth)</i>	2	-

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MAXITROL OPHTH OINT .1%-3.5MG/GM-10000UNIT/GM <i>(neomycin-polymy-dexameth)</i>	3	-
MAXITROL OPHTH SUSP .1%-3.5MG/ML-10000UNIT/ML <i>(neomycin-polymy-dexameth)</i>	3	-
<i>neomycin/polymyxin/dexamethasone ophth oint</i> .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln</i> .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-hc (ophth))</i>	1	-
PRED FORTE OPHTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	3	-
PRED FORTE OPHTH SUSP <i>(prednisolone acetate (ophth))</i>	3	-
PRED MILD OPHTH SOLN .12% <i>(prednisolone acetate (ophth))</i>	2	-
PRED-G OPHTH SOLN .3%-1% <i>(gentamicin-prednisolone acetate)</i>	2	-
PREDNISOLONE OPHTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	1	-

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PREDNISOLONE OPHTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	1	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ( <i>prednisolone sodium phosphate (ophth)</i> )	2	-
<i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% ( <i>sulfacetamide sod-prednisolone</i> )	1	-
TOBRADEX OPHTH OINT .1%-.3% ( <i>tobramycin-dexamethasone</i> )	2	-
TOBRADEX OPHTH SOLN .1%-.3% ( <i>tobramycin-dexamethasone</i> )	3	-
TOBRADEX ST OPHTH SUSP ( <i>tobramycin-dexamethasone ophth susp</i> )	3	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	1	-
ZYLET OPHTH SUSP .3%-.5% ( <i>loteprednol etabonate-tobramycin</i> )	2	QL QL= 5ml/fill (10ml bottle is Not Covered)
<b>OPHTHALMICS - MISC. - Miscellaneous eye agents</b>		
ACULAR (LS) OPHTH SOLN .4%, .5% ( <i>ketorolac tromethamine (ophth)</i> )	3	-
ACUVAIL OPHTH SOLN .45% ( <i>ketorolac tromethamine (ophth)</i> )	3	-

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ALOCRILOPHTH SOLN 2% ( <i>nedocromil sodium (ophth)</i> )	2	-
ALOMIDOPHTH SOLN .1% ( <i>lodoxamide tromethamine</i> )	2	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	1	-
AZOPTOPHTH SUSP 1% ( <i>brinzolamide</i> )	3	-
<i>bepotastine ophth soln 1.5%</i> (BEPREVE Equiv)	1	-
BEPREVEOPHTH SOLN 1.5% ( <i>bepotastine besilate</i> )	3	-
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	1	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	1	-
BROMFENACOPHTH SOLN 0.09% (TWICE DAILY) ( <i>bromfenac sodium (ophth)</i> )	1	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	1	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-
CROMOLYN SODIUMOPHTH SOLN 4% ( <i>cromolyn sodium (ophth)</i> )	1	-
CYSTADROPS SOLN .37% ( <i>cysteamine hcl</i> )	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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CYSTARAN OPHTH SOLN .44% ( <i>cysteamine hcl</i> )	4	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	1	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	1	-
ELESTAT OPHTH SOLN ( <i>epinastine hcl (ophth)</i> )	3	-
EMADINE OPHTH SOLN ( <i>emedastine difumarate</i> )	3	-
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-
FLURBIPROFEN OPHTH SOLN .03% ( <i>flurbiprofen sodium</i> )	2	-
ILEVRO OPHTH SUSP .3% ( <i>nepafenac</i> )	2	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	1	OTC OTC covered only
LASTACAFT OPHTH SOLN .25% ( <i>alcaftadine</i> )	3	QL QL= 3ml/30 days
NEVANAC OPHTH SUSP .1% ( <i>nepafenac</i> )	2	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	1	OTC
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	1	OTC-QL QL= 2.5ml/30 days
PATANOL OPHTH SOLN .1% ( <i>olopatadine hcl</i> )	3	-

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PROLENSA OPHTH SOLN .07% ( <i>bromfenac sodium (ophth)</i> )	3	-
TRUSOPT OPHTH SOLN 2% ( <i>dorzolamide hcl</i> )	3	-
UPNEEQ SOLN .1% ( <i>oxymetazoline hcl (blepharoptosis)</i> )	EXC	-
<b>PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>bimatoprost ophth soln .03%</i>	1	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% ( <i>bimatoprost</i> )	2	QL QL= 2.5ml/30 days
TRAVATAN Z DROPS .004% ( <i>travoprost</i> )	3	QL QL= 2.5ml/30 days
<i>travoprost ophth soln .004%</i> (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days
XALATAN OPHTH SOLN .005% ( <i>latanoprost</i> )	3	QL QL= 2.5ml/30 days
<b>OTIC AGENTS - Drugs to treat ear infection</b>		
<b>OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents</b>		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	1	-
<b>OTIC ANTI-INFECTIVES - Drugs to treat ear infections</b>		
CIPROFLOXACIN OTIC SOLN .2% ( <i>ciprofloxacin hcl (otic)</i> )	2	-

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<i>ofloxacin otic soln .3%</i> (FLOXIN Equiv)	1	-
<b>OTIC COMBINATIONS - Drugs to treat ear conditions</b>		
CIPRO HC OTIC SUSP .2%-1% ( <i>ciprofloxacin-hydrocortisone</i> )	3	-
CIPRODEX OTIC SUSP .1%-.3% ( <i>ciprofloxacin-dexamethasone</i> )	3	-
<i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv)	1	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ( <i>neomycin-colistin-hc-thonzonium</i> )	2	-
<i>neomycin/polymixin/hydrocortisone otic soln 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
<i>neomycin/polymixin/hydrocortisone otic susp 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% ( <i>fluocinolone acetonide (otic)</i> )	3	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	1	-
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
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<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	1	QL QL= 28 tabs/fill, 1 fill/365 days
<b>PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
GAMASTAN INJ ( <i>immune globulin (human) im</i> )	M	M
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM ( <i>immune globulin (human) iv</i> )	M	M
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	2	KMSP-PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency</b>		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	4	KMSP-PA
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	2	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human)-klhw</i> )	4	LD-PA Only available through Diplomat Pharmacy 877-977-9118

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<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG ( <i>amoxicillin</i> )	1	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	1	-
<b>NATURAL PENICILLINS - Drugs to treat bacterial infections</b>		
PENICILLIN G PROCAINE INJ 600000UNIT/ML ( <i>penicillin g procaine</i> )	M	M
PENICILLIN G SODIUM INJ 5000000UNIT ( <i>penicillin g sodium</i> )	M	M
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML ( <i>penicillin v potassium</i> )	1	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	1	-
PFIZERPEN G INJ 20000000UNIT, 5000000UNIT ( <i>penicillin g potassium</i> )	M	M
<i>pfizerpen g inj 20000000UNIT, 5000000UNIT</i>	M	M
<b>PENICILLIN COMBINATIONS - Drugs to treat bacterial infections</b>		
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-

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<i>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)</i>	1	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)</i>	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i>	M	M
AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
AUGMENTIN TAB 125MG-500MG ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
<i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i>	M	M
<b>PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections</b>		
<i>dicloxacillin cap 250MG, 500MG (DYNAPEN Equiv)</i>	1	-
<i>nafcillin inj 10GM, 1GM, 2GM</i>	M	M

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<i>oxacillin inj 10GM, 1GM, 2GM</i>	M	M
<b>PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects</b>		
<b>SEMI SOLID VEHICLES - Miscellaneous compounding ingredients</b>		
POLYETHYLENE GLYCOL 8000 GRANULES ( <i>polyethylene glycol 8000</i> )	2	-
<b>PROGESTINS - Drugs to replace female hormones</b>		
<b>PROGESTINS - Drugs used for contraception</b>		
AYGESTIN TAB 5MG ( <i>norethindrone acetate</i> )	3	-
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	4	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG ( <i>progesterone</i> )	3	-
PROVERA TAB 10MG, 2.5MG, 5MG ( <i>medroxyprogesterone acetate</i> )	3	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency</b>		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
ANTABUSE TAB 250MG, 500MG ( <i>disulfiram</i> )	3	-

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<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	1	-
<b>ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders</b>		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM ( <i>sodium oxybate</i> )	4	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523
SODIUM OXYBATE SOLN 500MG/ML ( <i>sodium oxybate</i> )	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
<b>ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss</b>		
ARICEPT TAB 10MG, 5MG ( <i>donepezil hydrochloride</i> )	3	QL QL= 2 tabs/day
ARICEPT TAB 23MG 23MG ( <i>donepezil hydrochloride</i> )	3	QL QL= 1 tab/day
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR ( <i>rivastigmine</i> )	3	ST Step Therapy requires trial of rivastigmine cap

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<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	1	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	1	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
NAMENDA TAB 10MG, 5MG ( <i>memantine hcl</i> )	3	-
RAZADYNE ER CAP 16MG, 24MG, 8MG ( <i>galantamine hydrobromide</i> )	3	-
RAZADYNE TAB 4MG ( <i>galantamine hydrobromide</i> )	3	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
<b>COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG ( <i>chlordiazepoxide-amitriptyline</i> )	1	-

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<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	1	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG ( <i>perphenazine-amitriptyline</i> )	1	-
SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG ( <i>olanzapine-fluoxetine hcl</i> )	3	-
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK ( <i>milnacipran hcl</i> )	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ( <i>milnacipran hcl</i> )	2	QL QL= 2 tabs/day
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		
AUSTEDO XR TAB 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG ( <i>deutetrabenazine</i> )	4	LMSP-PA-QL QL= 1 tab/day
INGREZZA CAP 40MG, 60MG, 80MG ( <i>valbenazine tosylate</i> )	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
INGREZZA PACK 40-80MG ( <i>valbenazine tosylate</i> )	4	LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585

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INGREZZA SPRINKLE CAP 40MG, 60MG, 80MG ( <i>valbenazine tosylate</i> )	4	LD-PA-QL QL= 1 cap/day; Only available through PantheRx 855-726-8479
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	1	LMSP
<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		
AVONEX INJ 30MCG/0.5ML ( <i>interferon beta-1a</i> )	4	LMSP
BETASERON INJ .3MG ( <i>interferon beta-1b</i> )	4	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	1	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	1	LMSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	1	LMSP
GILENYA CAP 0.25MG .25MG ( <i>fingolimod hcl</i> )	4	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	1	LMSP
KESIMPTA INJ 20MG/0.4ML ( <i>ofatumumab (ms)</i> )	4	LMSP
MAVENCLAD PAK 10MG ( <i>cladribine (multiple sclerosis)</i> )	4	LD Only available through Walgreens 888-347-3416
MAYZENT TAB .25MG, 1MG, 2MG ( <i>siponimod fumarate</i> )	4	LMSP

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MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	4	LMSP
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	LMSP
<i>teriflunomide tab 14MG, 7MG</i> (AUBAGIO TAB Equiv)	1	LMSP
ZEPOSIA CAP .92MG ( <i>ozanimod hcl</i> )	4	LMSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK ( <i>ozanimod hcl</i> )	4	LMSP-PA-QL QL= 1 cap/day
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders</b>		
NUEDEXTA CAP 10MG-20MG ( <i>dextromethorphan hbr-quinidine sulfat</i> e)	2	PA-QL QL= 2 caps/day
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs</b>		
ERGOLOID MESYLATES TAB 1MG ( <i>ergoloid mesylates</i> )	3	-
ORAP TAB ( <i>pimozide</i> )	3	-
PIMOZIDE TAB 1MG, 2MG ( <i>pimozide</i> )	2	-
<b>SMOKING DETERRENTS - Drugs to treat smoking urges</b>		
<i>bupropion SR tab 150MG</i> (ZYBAN Equiv)	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
NICOTINE KIT ( <i>nicotine</i> )	\$0	OTC-SMKG

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<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
NICOTROL INHALER 10MG ( <i>nicotine</i> )	\$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML ( <i>nicotine</i> )	\$0	SMKG
VARENICLINE TAB .5MG, 1MG ( <i>varenicline tartrate</i> )	\$0	SMKG
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	SMKG
<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	SMKG
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG ( <i>ivacaftor</i> )	4	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	4	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG ( <i>lumacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ( <i>lumacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML ( <i>dornase alfa</i> )	4	LMSP

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SYMDEKO TAB 100MG-150MG, 50MG-75MG ( <i>tezacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG ( <i>elexacaftor-tezacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 84 tabs/28 days
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG ( <i>elexacaftor-tezacaftor-ivacaftor</i> )	4	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
<b>PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis</b>		
ESBRIET CAP 267MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 9 caps/day
ESBRIET TAB 267MG 267MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG ( <i>nintedanib esylate</i> )	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>pirfenidone cap 267MG</i> (ESBRIET Equiv)	1	LMSP-PA-QL QL= 9 caps/day
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	1	LMSP-PA-QL QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	1	LMSP-PA-QL QL= 3 tabs/day

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<b>SULFONAMIDES - Drugs to treat bacterial infections</b>		
<b>SULFONAMIDES - Drugs to treat infection</b>		
<i>sulfadiazine tab 500MG</i>	1	-
<b>TETRACYCLINES - Drugs to treat bacterial infections</b>		
<b>TETRACYCLINES - Drugs to treat infections</b>		
<i>demeclocycline tab 150MG, 300MG (DECLOMYCIN Equiv)</i>	1	-
<i>doxycycline hyclate cap 100MG, 50MG (VIBRAMYCIN Equiv)</i>	1	-
<i>doxycycline hyclate tab 100MG, 20MG (VIBRATAB Equiv)</i>	1	-
<i>doxycycline monohydrate cap 100mg 100MG (MONODOX Equiv)</i>	1	-
<i>doxycycline monohydrate cap 50mg 50MG (MONODOX Equiv)</i>	1	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG (ADOXA Equiv)</i>	1	-
<i>doxycycline susp 25MG/5ML (VIBRAMYCIN Equiv)</i>	1	-
<i>MINOCIN CAP 100MG (minocycline hcl)</i>	3	-
<i>minocycline cap 100MG, 50MG, 75MG (MINOCIN Equiv)</i>	1	-
<i>MONODOX CAP (doxycycline (monohydrate))</i>	3	-
<i>tetracycline cap 250MG, 500MG</i>	1	-
<i>VIBRAMYCIN CAP 100MG (doxycycline hyclate)</i>	3	-

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VIBRAMYCIN SUSP 25MG/5ML ( <i>doxycycline (monohydrate)</i> )	3	-
VIBRAMYCIN SYRUP 50MG/5ML ( <i>doxycycline calcium</i> )	3	-
<b>THYROID AGENTS - Drugs to regulate thyroid hormones</b>		
<b>ANTITHYROID AGENTS - Drugs to treat high thyroid level</b>		
<i>methimazole tab 10MG, 5MG</i> (TAPAZOLE Equiv)	1	-
<i>propylthiouracil tab 50MG</i>	1	-
TAPAZOLE TAB 10MG ( <i>methimazole</i> )	3	-
<b>THYROID HORMONES - Drugs to regulate thyroid hormones</b>		
ARMOUR THYROID TAB, NATURE THROID TAB 120MG, 130MG, 15MG, 16.25MG, 180MG, 240MG, 300MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 97.5MG ( <i>thyroid</i> )	1	-
ARMOUR THYROID TAB, NATURE THROID TAB 60MG ( <i>thyroid</i> )	1	-
CYTOMEL TAB 25MCG, 50MCG, 5MCG ( <i>liothyronine sodium</i> )	3	-
<i>levothyroxine tab</i> (SYNTHROID Equiv)	1	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	1	-
<i>np thyroid tab</i> (ARMOUR THYROID, NATURE THROID Equiv)	1	-

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SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG ( <i>levothyroxine sodium</i> )	3	-
THYROLAR TAB ( <i>liotrix (t3-t4)</i> )	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 ( <i>levothyroxine sodium</i> )	3	PA-QL QL=1 ml/day; Prior Authorization required for members age 9 or older
<b>TOXOIDS - Drugs to prevent infection</b>		
<b>TOXOID COMBINATIONS - Drugs to prevent infection</b>		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	\$0	VAC Covered for members age 19 years or older
TETANUS/DIPHThERIA TOXOID INJ 2LF/0.5ML ( <i>tetanus-diphtheria toxoids (td)</i> )	\$0	VAC Covered for members age 19 years or older
<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
ANASPAZ ODT .125MG ( <i>hyoscyamine sulfate</i> )	3	-
BENTYL CAP ( <i>dicyclomine hcl</i> )	3	-

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

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PEPCID TAB 10MG, 20MG, 40MG ( <i>famotidine</i> )	3	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
CARAFATE TAB 1GM ( <i>sucralfate</i> )	3	-
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	1	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
ACIPHEX TAB 20MG ( <i>rabeprazole sodium</i> )	3	-
<i>esomeprazole cap 20MG, 40MG</i> (NEXIUM Equiv)	1	OTC
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	1	OTC
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	1	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	1	-
PREVACID CAP 30MG ( <i>lansoprazole</i> )	3	OTC
PREVACID OTC CAP 15MG ( <i>lansoprazole</i> )	3	OTC
<i>rabeprazole EC tab 20MG</i> (ACIPHEX Equiv)	1	-
<b>ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions</b>		
CYTOTEC TAB 100MCG, 200MCG ( <i>misoprostol</i> )	3	-
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
CUVPOSA SOLN 1MG/5ML ( <i>glycopyrrolate</i> )	4	MSP
<i>glycopyrrolate oral soln 1MG/5ML</i> (CUVPOSA Equiv)	4	MSP
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
NIZATIDINE CAP 150MG, 300MG ( <i>nizatidine</i> )	1	-

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<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
CARAFATE SUSP 1GM/10ML ( <i>sucralfate</i> )	3	-
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	1	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
<i>omeprazole tab 20MG</i>	1	OTC
<b>ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions</b>		
ZEGERID CAP OTC 20MG-1100MG ( <i>omeprazole-sodium bicarbonate</i> )	1	OTC
<b>URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms</b>		
<i>darifenacin SR tab 15MG, 7.5MG</i> (ENABLEX Equiv)	1	PA
DETROL LA CAP 2MG, 4MG ( <i>tolterodine tartrate</i> )	3	-
DETROL TAB 1MG, 2MG ( <i>tolterodine tartrate</i> )	3	-
DITROPAN XL TAB 10MG, 5MG ( <i>oxybutynin chloride</i> )	3	-
ENABLEX TAB 7.5MG ( <i>darifenacin hydrobromide</i> )	3	PA
<i>fesoterodine fumarate ER tab 4MG, 8MG</i> (TOVIAZ Equiv)	1	-
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	1	-
<i>oxybutynin syrup 5MG/5ML</i>	1	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	1	-
OXYTROL PATCH (OTC) 3.9MG/24HR ( <i>oxybutynin</i> )	1	OTC

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<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	1	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	1	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	1	-
TOVIAZ TAB 4MG, 8MG ( <i>fesoterodine fumarate</i> )	3	-
<i>trospium chloride SR cap 60MG</i> (SANCTURA XR Equiv)	1	PA
<i>trospium tab 20MG</i> (SANCTURA Equiv)	1	-
VESICARE TAB 10MG, 5MG ( <i>solifenacin succinate</i> )	3	-
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms</b>		
MYRBETRIQ TAB 25MG, 50MG ( <i>mirabegron</i> )	1	-
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention</b>		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	1	-
URECHOLINE TAB ( <i>bethanechol chloride</i> )	3	-
<b>VACCINES - Drugs to prevent infection</b>		
<b>BACTERIAL VACCINES - Drugs to prevent infection</b>		
BEXSERO INJ ( <i>meningococcal vac group b (recombant omv adjuvanted)</i> )	\$0	VAC Covered for members age 19 years or older
CAPVAXIVE INJ .5ML ( <i>pneumococcal 21-valent conjugate vaccine</i> )	\$0	VAC
PNEUMOVAX INJ 25MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	\$0	VAC

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PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	\$0	PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.
PREVNAR 20 INJ ( <i>pneumococcal 20-valent conjugate vaccine</i> )	\$0	QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older
TRUMENBA INJ ( <i>meningococcal group b vaccine (recombinant)</i> )	\$0	VAC Covered for members age 19 years or older
VAXNEUVANCE INJ ( <i>pneumococcal 15-valent conjugate vaccine</i> )	\$0	QL-VAC QL= 1 vaccine/lifetime
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
AFLURIA INJ, FLUZONE INJ ( <i>influenza virus vaccine split</i> )	\$0	QL-VAC QL= 1 inj/28 days
COMIRNATY INJ 30MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML 30MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 50MCG/0.5ML ( <i>covid-19 mrna bivalent virus vaccine (moderna)</i> )	\$0	QL-VAC QL= 1 inj/fill

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COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 30MCG/0.3ML ( <i>covid-19 mrna bivalent virus vaccine (pfizer)</i> )	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 10MCG/0.2ML ( <i>covid-19 mrna bivalent virus vaccine (pfizer)</i> )	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 3MCG/0.2ML ( <i>covid-19 mrna bivalent virus vaccine (pfizer)</i> )	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 10MCG/0.2ML ( <i>covid-19 mrna bivalent virus vaccine (moderna)</i> )	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN) .5ML ( <i>covid-19 (sars-cov-2) adenovirus vaccine</i> )	\$0	QL-VAC QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX) 5MCG/0.5ML ( <i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA) 25MCG/0.25ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days

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COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 5MCG/0.5ML ( <i>hepatitis b vaccine (recomb)</i> )	\$0	VAC Covered for members age 19 years or older
FLUAD INJ ( <i>influenza virus vaccine types a &amp; b surface antigen adjuvant</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUAD QUAD INJ .5ML ( <i>influenza virus vacc types a &amp; b surf antigen adjuvant quad</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUBLOK INJ ( <i>influenza virus vaccine recombinant hemagglutinin (ha)</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUBLOK QUAD PF INJ ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX INJ ( <i>influenza virus vaccine tissue-cultured subunit</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX QUAD INJ ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLULAVAL INJ, FLUARIX INJ ( <i>influenza virus vaccine split preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUMIST NASAL ( <i>influenza virus vaccine live</i> )	\$0	QL-VAC QL= 1 dose/28 days

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FLUMIST QUADRIVALENT NASAL SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HD PF INJ ( <i>influenza virus vac split high-dose quad preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ ( <i>influenza virus vaccine split high-dose preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
HEPLISAV-B INJ 20MCG/0.5ML ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	\$0	VAC Covered for members age 19 years or older
IMOVAX INJ 2.5UNIT/ML ( <i>rabies virus vaccine, hdc</i> )	\$0	VAC Covered for members age 19 years or older
IXCHIQ INJ ( <i>chikungunya virus vaccine live</i> )	EXC	VAC
PREHEVBRIO SUSP 10MCG/ML ( <i>hepatitis b vaccine 3-antigen recombinant</i> )	\$0	VAC
RABAVERT INJ ( <i>rabies vaccine, pcec</i> )	\$0	VAC
SHINGRIX INJ 50MCG/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	\$0	VAC Covered for members age 19 years or older
SPIKEVAX INJ 100MCG/0.5ML, 50MCG/0.5ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days

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SPIKEVAX INJ 50MCG/0.5ML 50MCG/0.5ML <i>(covid-19 (sars-cov-2) mrna virus vaccine)</i>	\$0	QL-VAC QL= 1 dose/24 days
VARIVAX INJ 1350PFU/0.5ML <i>(varicella virus vaccine live)</i>	\$0	VAC Covered for members age 19 years or older
<b>VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections</b>		
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
CLINDESSE VAGINAL CREAM 2% <i>(clindamycin phosphate (one dose))</i>	2	QL QL= 1 applicator/fill
XACIATO GEL 2% <i>(clindamycin phosphate vaginal)</i>	2	QL QL= 1 applicator/fill
<b>VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy</b>		
PHEXXI GEL .4%-1%-1.8% <i>(lactic acid-citric acid-potassium bitartrate)</i>	\$0	QL QL= 1 box/fill
<b>VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders</b>		
FEM PH GEL .025%-.9% <i>(acetic acid-oxyquinoline vaginal)</i>	3	-
<b>SPERMICIDES - Drugs to prevent pregnancy</b>		
CONCEPTROL GEL 4% <i>(nonoxynol-9)</i>	\$0	OTC
CONTRACEPTIVE FILM 28% <i>(nonoxynol-9)</i>	\$0	OTC
CONTRACEPTIVE FOAM 12.5% <i>(nonoxynol-9)</i>	\$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% <i>(nonoxynol-9)</i>	\$0	OTC

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 9/4/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CONTRACEPTIVE SUPP 100MG ( <i>nonoxynol-9</i> )	\$0	OTC
TODAY SPONGE 1000MG ( <i>nonoxynol-9</i> )	\$0	OTC
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
CLEOCIN VAGINAL CREAM 2% ( <i>clindamycin phosphate vaginal</i> )	3	-
CLEOCIN VAGINAL SUPP 100MG ( <i>clindamycin phosphate vaginal</i> )	3	QL QL= 3 suppositories/fill
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	1	QL QL=1 tube/fill
METROGEL VAGINAL GEL ( <i>metronidazole vaginal</i> )	3	-
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	1	-
MICONAZOLE 3 SUPP 200MG 200MG ( <i>miconazole nitrate vaginal</i> )	3	-
TERAZOL CREAM ( <i>terconazole vaginal</i> )	3	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% ( <i>terconazole vaginal</i> )	1	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	1	-
<b>VAGINAL ESTROGENS - Drugs to treat low hormones</b>		
ESTRACE VAGINAL CREAM .1MG/GM ( <i>estradiol vaginal</i> )	3	-
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	1	-
<i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv)	1	QL QL= 8 tabs/28 days (18 tabs on first fill)

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Last Updated 9/4/2024

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ESTRING 2MG, 7.5MCG/24HR ( <i>estradiol vaginal</i> )	2	-
FEMRING .05MG/24HR, .1MG/24HR ( <i>estradiol acetate vaginal</i> )	3	3 copays per Rx
PREMARIN VAGINAL CREAM .625MG/GM ( <i>estrogens, conjugated vaginal</i> )	2	-
VAGIFEM TAB 10MCG ( <i>estradiol vaginal</i> )	3	QL QL= 8 tabs/28 days (18 tabs on first fill)
<b>VAGINAL PROGESTINS - Drugs to treat low hormones</b>		
CRINONE GEL 4%, 8% ( <i>progesterone (vaginal)</i> )	2	PA
ENDOMETRIN INSERT 100MG ( <i>progesterone (vaginal)</i> )	2	PA
PROGESTERONE SUPP 100MG, 200MG ( <i>progesterone (vaginal)</i> )	3	PA
<b>VASOPRESSORS - Drugs to treat heart and circulation conditions</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions</b>		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	1	QL QL= 2 inj/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
<i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	1	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency</b>		

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PRENATAL VITAMINS (NON-PREFERRED) <i>(prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid)</i>	3	-
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	1	-
<b>OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
DRISDOL CAP 50000UNIT <i>(ergocalciferol)</i>	3	-
MEPHYTON TAB 5MG <i>(phytonadione)</i>	3	-
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	1	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	1	Rx covered Only
<i>vitamin D cap 1000unit 1000UNIT, 25MCG</i>	\$0	OTC
<i>vitamin D cap 400unit 10MCG, 400UNIT</i>	\$0	OTC
VITAMIN D TAB 400UNIT 400UNIT <i>(ergocalciferol)</i>	\$0	OTC Covered for members 65 years or older
<b>WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>niacin cap</i>	1	OTC
<i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv)	1	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	1	OTC
NIACIN TR CAP 500MG <i>(niacin)</i>	1	OTC
NIACIN TR TAB 1000MG <i>(niacin)</i>	1	OTC
<i>niacinamide tab 100MG, 500MG</i>	1	OTC
POTABA CAP 500MG <i>(potassium aminobenzoate)</i>	3	-

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POTABA POWDER PACKET ( <i>potassium aminobenzoate</i> )	2	-
SLO-NIACIN TAB 250MG, 500MG, 750MG ( <i>niacin</i> )	3	OTC

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ALPHABETICAL LISTING OF DRUGS

<b>A</b>					
abacavir soln	105	ACCU-CHEK TEST STRIP	150	acyclovir susp	112
abacavir tab	105	ACCUPRIL TAB	67	acyclovir tab	112
abacavir/lamivudine tab	105	acebutolol cap	115	ADACEL/BOOSTRIX INJ	228
abacavir/lamivudine/zidovudine tab	105	acetaminophen/codeine soln	16	ADALAT CC TAB	117
ABILIFY TAB	104	acetaminophen/codeine tab	16	ADALIMUMAB FKJP KIT	6
abiraterone tab 250mg	83	acetaminophen/codeine tab	16	INJ 20MG/0.4ML	
ABSTRAL SL TAB	12	acetazolamide ER cap	153	ADALIMUMAB-AATY 20	7
acamprosate calcium DR	218	acetazolamide tab	153	MG/0.2 ML PFS (2	
tab		acetic acid otic soln	213	SYRINGE) KIT	
acarbose tab	48	acetic acid/hydrocortisone	214	ADALIMUMAB-AATY 40	7
ACCOLATE TAB	27	otic soln		MG/0.4 ML PEN (1 PEN)	
ACCU-CHEK AVIVA	183	acetylcysteine soln	135	KIT	
PLUS METER		ACIPHEX TAB	230	ADALIMUMAB-AATY 40	7
ACCU-CHEK AVIVA	150	acitretin cap	140	MG/0.4 ML PEN (2 PEN)	
PLUS TEST STRIP		ACTEMRA ACTPEN INJ	9	KIT	
ACCU-CHEK GUIDE	183	ACTEMRA SC INJ	9	ADALIMUMAB-AATY 40	7
CARE METER		ACTHAR GEL INJ	157	MG/0.4 ML PFS (2	
ACCU-CHEK GUIDE ME	183	ACTIGALL CAP	165	SYRINGE) KIT	
KIT		ACTIMMUNE INJ	97	ADALIMUMAB-AATY 80	7
ACCU-CHEK GUIDE	150	ACTIQ LOZENGE	13	MG/0.8 ML PEN (1 PEN)	
TEST STRIP		ACTIVELLA TAB	162	KIT	
ACCU-CHEK NANO	183	ACTONEL TAB	155	ADALIMUMAB-ADAZ	7
METER		ACTOS TAB	55	INJ	
ACCU-CHEK	150	ACULAR (LS) OPHTH	210	ADALIMUMAB-ADAZ	7
SMARTVIEW TEST STRIP		SOLN		PFS INJ	
		ACUVAIL OPHTH SOLN	210	ADALIMUMAB-FKJP	7
		acyclovir cap	112	AUTO-INJECTOR KIT	
		acyclovir oint	142		

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ALPHABETICAL LISTING OF DRUGS

ADALIMUMAB-FKJP	7	albendazole tab	21	aliskiren tab	73
AUTO-INJECTOR KIT		ALBENZA TAB	21	ALKERAN TAB	80
40MG/0.8ML		albuterol HFA inhaler	29	ALKINDI SPRINKLE CAI	129
ADALIMUMAB-FKJP	8	albuterol neb soln	29	0.5MG	
PFS KIT 20 MG/0.4ML		ALBUTEROL	29	ALKINDI SPRINKLE CAI	129
ADALIMUMAB-FKJP	8	NEBULIZER SOLN		1MG	
PFS KIT 40 MG/0.8ML		albuterol sulfate syrup	29	ALLEGRA ODT	62
adapalene cream	135	albuterol sulfate tab	29	allopurinol tab	171
adapalene gel	135	albuterol/ipratropium neb	29	ALOCRILOPHTH SOLN	211
adapalene/benzoyl	135	soln		ALOGLIPTIN TAB	51
peroxide gel 0.1-2.5%		ALCAINE OPHTH SOLN	207	ALOGLIPTIN-METFORM	48
adapalene/benzoyl	135	alclometasone cream	142	IN TAB	
peroxide gel 0.3-2.5%		alclometasone oint	142	ALOGLIPTIN-PIOGLITAZ	48
ADBRY INJ	146	ALCOHOL SWABS	186	ONE TAB	
adefovir dipivoxil tab	111	ALDACTAZIDE TAB	153	ALOMIDE OPHTH SOLN	211
ADEMPAS TAB	123	ALDACTAZIDE TAB	153	ALORA PATCH	162
ADIPEX-P CAP	2	50-50MG		alosetron tab	167
ADIPEX-P TAB	2	ALDACTONE TAB	154	ALPHAGAN P OPHTH	204
ADVAIR HFA INHALER	29	ALDARA CREAM	147	SOLN 0.15%	
AEROCHAMBER	186	ALECENSA CAP	86	alprazolam tab	24
AEROCHAMBER	187	alendronate sodium oral	155	ALREX OPHTH SUSP	207
SUPPLIES		soln		0.2%	
AFLURIA INJ, FLUZONE	233	alendronate tab	155	ALTACE CAP	67
INJ		ALENDRONATE TAB	155	ALUNBRIG TAB 30MG	86
AGRYLIN CAP	173	40MG		ALUNBRIG TAB 90MG,	87
AIMOVIG INJ	187	alfuzosin SR tab	170	180MG	
AJOVY INJ	187	ALINIA SUSP	75	ALVESCO INHALER	28
AKYNZEO CAP	59	ALINIA TAB	75	amantadine cap	98

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ALPHABETICAL LISTING OF DRUGS

amantadine syrup	98	amoxapine tab	47	ANDROGEL 1.62%	19
amantadine tab	98	amoxicillin cap	216	1.25GM	
AMARYL TAB	55	AMOXICILLIN CHEW	216	ANDROGEL 1.62%	19
AMBIEN CR TAB	178	TAB		2.5GM	
AMBIEN TAB	178	amoxicillin susp	216	ANDROGEL PUMP	19
ambrisentan tab	121	amoxicillin tab	216	1.62%	
amethyst tab	125	AMOXICILLIN/CLAVUL	216	ANNOVERA RING	128
AMICAR SOLN	177	ANATE ER TAB		ANORO ELLIPTA	29
AMICAR TAB	177	amoxicillin/clavulanate	217	INHALER	
amikacin inj	5	susp		ANTABUSE TAB	218
amiloride tab	154	amoxicillin/clavulanate tab	217	ANUSOL-HC CREAM	21
AMILORIDE/HCTZ TAB	153	500-125mg, 875-125mg		ANZEMET TAB	58
amiloride/hydrochlorothia	153	amphetamine/dextroamphe	1	APAP/CODEINE SOLN	17
zide tab		tamine ER cap		APRACLONIDINE	204
aminocaproic acid soln	177	amphetamine/dextroamphe	1	OPHTH SOLN	
aminocaproic acid tab	177	tamine tab		aprepitant pak	60
amiodarone tab	25	ampicillin cap	216	APTIVUS CAP	105
amitriptyline tab	47	ampicillin/sulbactam inj	217	APTIVUS SOLN	105
amlodipine tab	117	ANAFRANIL CAP	47	aranelle tab	125
amlodipine/atorvastatin tab	119	anagrelide cap	173	arformoterol tartrate neb	29
amlodipine/benazepril cap	70	ANASPAZ ODT	228	soln	
amlodipine/olmesartan tab	70	anastrozole tab	83	ARICEPT TAB	219
amlodipine/valsartan tab	70	ANCOBON CAP	60	ARICEPT TAB 23MG	219
ammonium lactate cream	146	ANDRODERM PATCH	19	ARIMIDEX TAB	83
ammonium lactate lotion	146	ANDROGEL 1% 25MG	19	aripiprazole soln	104
amnesteem cap, claravis	135	ANDROGEL 1% 50MG,	19	aripiprazole tab	104
cap, isotretinoin cap,		TESTIM GEL 1%		ARIXTRA INJ	33
myorisan cap, zenatane cap				armodafinil tab	4

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ALPHABETICAL LISTING OF DRUGS

ARMOUR THYROID TAB, NATURE THROID TAB	227	ATROPINE SUL SOLN 1% OPHTH	203	azithromycin tab	181
ARNUITY ELLIPTA INHALER	28	ATROPINE SULFATE OPHTH OINT	203	AZOPT OPHTH SUSP	211
AROMASIN TAB	83	ATROVENT HFA INHALER	26	AZOR TAB	70
ARTHROTEC TAB	9	AUGMENTIN ES-600 SUSP	217	AZULFIDINE EN TAB	166
asenapine maleate SL tab	102	AUGMENTIN SUSP	217	AZULFIDINE TAB	166
ASMANEX HFA INHALER	28	AUGMENTIN TAB	217	<b>B</b>	
ASMANEX INHALER	28	AUGTYRO CAP	87	BACITRACIN OPHTH OINT	204
aspirin chew tab 81mg	12	AURYXIA TAB	168	bacitracin/neomycin/poly myxin b ophth oint	205
aspirin ec tab 81mg	12	AUSTEDO XR TAB	221	bacitracin/polymyxin b	205
ASTAMED MYO CAP	151	AVALIDE TAB	70	ophth oint	
atazanavir cap	105	AVAPRO TAB	68	bacitracin/polymyxin/neo mycin/hydrocortisone	207
ATELVIA TAB	156	AVELOX TAB	163	ophth oint	
atenolol tab	115	aviane tab	125	BACLOFEN ORAL SOLN	197
atenolol/chlorthalidone tab	70	AVODART CAP	170	10 MG/5ML	
atomoxetine cap	3	AVONEX INJ	222	BACLOFEN ORAL SOLN	197
ATORVALIQ SUSP	65	AYGESTIN TAB	218	5 MG/5ML	
atorvastatin tab	65	AYVAKIT TAB	86	baclofen susp	197
atovaquone susp	75	AZASITE SOLN	204	baclofen tab	197
atovaquone/proguanil tab	78	azathioprine tab	114	BACTRIM DS TAB	74
ATRALIN GEL, RETIN-A GEL	135	azelaic acid gel	149	BALCOLTRA TAB	126
atropine ophth oint	202	azelastine nasal spray 0.1%	199	balsalazide cap	166
atropine ophth soln	202	azelastine ophth soln	211	BALVERSA TAB 3MG	87
		AZILECT TAB	99	BALVERSA TAB 4MG	87
		azithromycin susp	181	BALVERSA TAB 5MG	87
				BANZEL SUSP	35

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ALPHABETICAL LISTING OF DRUGS

BAQSIMI NASAL POWDER	50	betamethasone augmented cream	142	bicalutamide tab	83
BARACLUDE SOLN	111	betamethasone augmented gel	142	BIKTARVY TAB	105
BARACLUDE TAB	111	betamethasone augmented lotion	143	BILTRICIDE TAB	22
B-D AUTOSHIELD DUO PEN NEEDLE	186	betamethasone augmented oint	143	bimatoprost ophth soln	147
B-D INSULIN SYRINGE U-500	186	betamethasone dipropionate cream	143	bisoprolol tab	115
BECONASE AQ NASAL SPRAY	200	betamethasone dipropionate lotion	143	bisoprolol/hydrochlorothia zide tab	71
benazepril tab	67	betamethasone valerate cream	143	BLEPH-10 OPHTH SOLN	205
benazepril/hydrochlorothia zide tab	70	betamethasone valerate lotion	143	BLEPHAMIDE S.O.P. OPHTH OINT	208
BENICAR HCT TAB	71	BETAPACE AF TAB	116	BONIVA TAB 150MG	156
BENLYSTA	193	BETAPACE TAB	116	bosentan tab	122
AUTO-INJECTOR		BETASERON INJ	222	BOSULIF CAP	87
BENLYSTA INJ	193	bethanechol tab	232	BOSULIF TAB	87
BENTYL CAP	228	bexarotene cap	97	BRAFTOVI CAP 75MG	87
BENTYL SYRUP	229	bexarotene gel	140	BREO ELLIPTA	30
BENZAACLIN GEL	135	BEXSERO INJ	232	INHALER	
BENZAMYCIN GEL	135	BIAXIN TAB	182	BREO ELLIPTA	30
BENZNIDAZOLE TAB	22			INHALER 50-25 MCG/ACT	
benzonatate cap 100mg, 200mg	132			BREZTRI AEROSPHERE	30
benztropine tab	98			INHALER	
bepotastine ophth soln	211			BRILINTA TAB	173
BEPREVE OPHTH SOLN	211			brimonidine ophth soln 0.15%	204
BETAGAN OPHTH SOLN	202			brimonidine ophth soln 0.2%	204
				brimonidine tartrate gel	149

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## ALPHABETICAL LISTING OF DRUGS

brimonidine tartrate ophth soln 0.1%	204	buprenorphine/naloxone SL tab	18	calcipotriene cream	140
brimonidine/timolol ophth soln	202	bupropion ER tab	43	calcipotriene oint	140
brinzolamide ophth susp	211	bupropion SR tab	223	CALCIPOTRIENE SOLN	141
bromfenac ophth soln	211	bupropion tab	43	calcitonin nasal spray	156
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	211	bupropion XL tab	43	calcitriol cap	158
bromfenac sodium ophth soln 0.07%	211	buspirone tab	23	CALCITRIOL OINT	141
bromocriptine cap	98	busulfan inj	80	calcitriol soln	158
bromocriptine tab	98	BUSULFEX INJ	80	calcium acetate cap	168
BROVANA NEB SOLN	30	butorphanol nasal spray	18	CALIBRATION LIQUID	183
BROVEX PEB LIQUID	133	BUTRANS PATCH	18	CALQUENCE CAP	88
BRUKINSA CAP	87	BYDUREON BCISE AUTO INJ	52	CALQUENCE TAB	88
budesonide ER tab	129	BYDUREON INJ	52	CAMZYOS CAP	119
budesonide inh susp	28	BYDUREON PEN INJ	52	capecitabine tab	81
budesonide rectal foam	21	BYETTA INJ	52	CAPRELSA TAB	88
budesonide SR cap	129	BYLVAY CAP 1200MCG	166	CAPRELSA TAB 300MG	88
budesonide/formoterol inhaler	30	BYLVAY CAP 400MCG	166	captopril tab	67
bumetanide tab	154	BYLVAY SPRINKLE CAP 200MCG	166	CAPTOPRIL/HYDROCHL OROTHIAZIDE TAB	71
buprenorphine patch	18	BYLVAY SPRINKLE CAP 600MCG	166	CAPVAXIVE INJ	232
buprenorphine SL tab	18	<b>C</b>		CARAFATE SUSP	231
buprenorphine/naloxone sl film	18	cabergoline tab	161	CARAFATE TAB	230
		CABLIVI INJ KIT	173	carbamazepine chew tab	35
		CABOMETYX TAB	87	carbamazepine ER cap	35
		CADUET TAB	119	carbamazepine ER tab	35
		CALAN SR TAB	117	carbamazepine susp	35
				carbamazepine tab	35
				CARBATROL CAP	35
				carbidopa tab	97

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## ALPHABETICAL LISTING OF DRUGS

carbidopa/levodopa ER tab	98	cefdinir susp	124	chlorhexidine gluconate	193
CARBIDOPA/LEVODOPA ODT	98	CEFDITOREN TAB	124	soln	
carbidopa/levodopa tab	98	cefixime cap	124	chloroquine tab	78
carbidopa-levodopa-entacapon tab	100	cefixime susp	125	chlorothiazide tab	155
CARBINOXAMINE SOLN	61	cefotaxime inj	125	chlorpromazine tab	104
carbinoxamine tab	62	cefoxitin inj	124	chlorthalidone tab	155
CARDIZEM CD CAP	117	cefpodoxime proxetil susp	125	chlorzoxazone tab 500mg	198
CARDIZEM TAB	117	cefpodoxime proxetil tab	125	CHOLBAM CAP	164
CARDURA TAB	69	ceftriaxone inj	125	cholestyramine lite	63
CARETOUCH MIS	186	cefuroxime tab	124	powder	
carglumic acid tab	159	CELEBREX CAP	9	cholestyramine lite	63
carisoprodol tab	197	celecoxib cap	9	powder pack	
CARISPIR SUSP	154	CELEXA TAB	44	cholestyramine powder	63
CARNITOR SOLN	159	CELONTIN CAP	42	cholestyramine powder	64
CARNITOR TAB	159	CENTANY OINT	137	pack	
carvedilol tab	115	cephalexin cap	124	CIBINQO TAB	146
CASODEX TAB	83	cephalexin susp	124	ciclopirox cream	138
CATAPRES-TTS PATCH	69	CERDELGA CAP	174	ciclopirox gel	138
CAVERJECT INJ	119	CEREZYME INJ	174	ciclopirox nail soln	138
CAYSTON INH SOLN	76	CERVICAL CAP	183	ciclopirox shampoo	138
CEFACLOR CAP	124	CESAMET CAP	59	ciclopirox topical susp	138
CEFACLOR ER TAB	124	cesia tab	126	cilostazol tab	173
CEFACLOR SUSP	124	cevimeline cap	194	CILOXAN OPHTH OINT	205
cefazolin inj	124	CHEMET CAP	57	CILOXAN OPHTH SOLN	205
CEFAZOLIN INJ	124	chlordiazepoxide cap	24	CIMDUO TAB	105
cefdinir cap	124	CHLORDIAZEPOXIDE/A MITRIPTYLINE TAB	220	cimetidine tab	229
				CIMZIA INJ	166

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ALPHABETICAL LISTING OF DRUGS

CIMZIA STARTER INJ KIT	166	CLEOCIN CAP	76	clobetasol propionate emollient cream	143
cinacalcet tab	159	CLEOCIN SOLN	76	clobetasol propionate gel	143
CINRYZE INJ	172	CLEOCIN VAGINAL CREAM	238	clobetasol propionate oint	143
CIPRO HC OTIC SUSP	214	CLEOCIN VAGINAL SUPP	238	clobetasol propionate soln	143
CIPRO SUSP	163	CLEOCIN-T LOTION	136	clobetasol shampoo	143
CIPRO TAB	163	CLEOCIN-T PAD	136	clobetasol spray	143
CIPRODEX OTIC SUSP	214	CLEOCIN-T SOLN	136	CLOBEX LOTION	143
CIPROFLOXACIN 100MG TAB	163	CLIMARA PATCH	162	CLOBEX SHAMPOO	144
ciprofloxacin ophth soln	205	clindamycin cap	76	CLOBEX SPRAY	144
CIPROFLOXACIN OTIC SOLN	213	clindamycin gel	136	clomipramine cap	47
ciprofloxacin susp	164	clindamycin lotion	136	clonazepam ODT	34
ciprofloxacin tab	164	clindamycin pad	136	clonazepam tab	34
ciprofloxacin/dexamethasone otic susp	214	clindamycin soln	76	clonidine ER tab	3
citalopram soln	45	clindamycin topical soln	136	clonidine patch	69
citalopram tab	45	clindamycin vaginal cream	238	clonidine tab	69
CITRULLINE PACKET	201	clindamycin/benzoyl peroxide gel	136	clopidogrel tab 75mg	173
CLARINEX SYRUP	62	CLINDESSE VAGINAL CREAM	237	clotrimazole troches	193
CLARINEX TAB	62	CREAM		clotrimazole/betamethasone cream	138
CLARINEX-D TAB	133	clobazam susp	34	clozapine tab	102
clarithromycin ER tab	182	clobazam tab	34	CLOZARIL TAB	103
CLARITHROMYCIN SUSP	182	clobetasol foam	143	CODEINE SULFATE TAB 15MG	13
clarithromycin tab	182	clobetasol lotion	143	CODEINE SULFATE TAB 60MG	13
CLARITIN CHEW TAB	62	clobetasol propionate cream	143	codeine sulfate tablet 15mg, 30mg	13

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ALPHABETICAL LISTING OF DRUGS

COLAZAL CAP	167	CONTRACEPTIVE GEL	237	COVID-19 VACCINE	234
colchicine tab	171	CONTRACEPTIVE SUPP	238	BIVALENT BOOSTER INJ.	
colchicine/probenecid tab	171	CONTRAVE TAB	2	6M-5Y (MODERNA)	
colesevelam pack	64	COPIKTRA CAP	88	COVID-19 VACCINE INJ	234
colesevelam tab	64	CORDARONE TAB	25	(JANSSEN)	
COLESTID GRANULE	64	COREG TAB	115	COVID-19 VACCINE INJ	234
COLESTID POWDER	64	CORGARD TAB	116	(NOVAVAX)	
PACK		CORLANOR TAB	123	COVID-19 VACCINE INJ	234
COLESTID TAB	64	CORTEF TAB	129	5-11Y (PFIZER)	
colestipol granule	64	CORTENEMA	21	COVID-19 VACCINE INJ	234
colestipol powder packet	64	CORTISPORIN CREAM	137	6M-11Y (MODERNA)	
colestipol tab	64	CORTISPORIN OINT	138	COVID-19 VACCINE INJ	235
COLY-MYCIN S OTIC	214	COSOPT OPHTH SOLN	202	6M-4Y (PFIZER)	
SUSP		COTELIC TAB	88	COZAAR TAB	68
COMBIGAN OPHTH	202	COUMADIN TAB	33	CREATINE PACKET	201
SOLN		COVID-19 TEST	150	5000MG	
COMBIVENT RESPIMAT	30	COVID-19 VACCINE	233	CREON CAP	152
INHALER		BIVALENT BOOSTER INJ.		CRESTOR TAB	65
COMETRIQ KIT	88	(MODERNA)		CRINONE GEL	239
COMIRNATY INJ	233	COVID-19 VACCINE	234	CRIXIVAN CAP	105
COMIRNATY INJ	233	BIVALENT BOOSTER INJ.		cromolyn conc	165
30MCG/0.3ML		(PFIZER)		cromolyn neb soln	26
COMPLERA TAB	105	COVID-19 VACCINE	234	cromolyn ophth soln	211
COMTAN TAB	98	BIVALENT BOOSTER INJ.		CROMOLYN SODIUM	211
CONCEPT DHA CAP	196	5-11Y (PFIZER)		OPHTH SOLN	
CONCEPTROL GEL	237	COVID-19 VACCINE	234	CROTAN LOTION	149
CONTRACEPTIVE FILM	237	BIVALENT BOOSTER INJ.		cryselle tab	126
CONTRACEPTIVE FOAM	237	6M-4Y (PFIZER)			

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ALPHABETICAL LISTING OF DRUGS

CUE COVID-19 TEST	151	CYSTAGON CAP	170	DELESTROGEN INJ	163	
CARTRIDGE		CYSTARAN OPHTH	212	DELSTRIGO TAB	105	
CUE HEALTH MONITOR	151	SOLN		demeclocycline tab	226	
CUVPOSA SOLN	230	CYTOMEL TAB	227	DENAVIR CREAM	142	
cyanocobalamin inj	174	CYTOTEC TAB	230	DEPAKENE CAP	42	
cyanocobalamin nasal	174	CYTRA K CRYSTALS	169	DEPAKENE SYRUP	42	
spray 500 mcg/0.1ml		CYTRA-3 SYRUP	169	DEPAKOTE ER TAB	42	
cyclobenzaprine tab 10mg	198	<hr/>			DEPAKOTE SPRINKLE	42
cyclobenzaprine tab 5mg	198	<b>D</b>		CAP		
CYCLOGYL OPHTH	203	dabigatran etexilate	34	DEPAKOTE TAB	42	
SOLN		mesylate cap		DEPEN TITRATAB	191	
CYCLOMYDRIL OPHTH	203	dalfampridine ER tab	222	DEPLIN CAP	151	
SOLN		DALIRESP TAB	27	DEPO-MEDROL INJ	130	
cyclopentolate ophth soln	203	danazol cap	19	DEPO-MEDROL INJ,	130	
CYCLOPHOSPHAMIDE	80	DANTRIUM CAP	198	METHYLPREDNISOLON		
CAP		dantrolene cap	198	E ACE INJ		
CYCLOPHOSPHAMIDE	80	dapsone tab	76	DEPO-PROVERA INJ	128	
TAB		darifenacin SR tab	231	DEPO-PROVERA SC INJ	129	
CYCLOSET TAB	52	darunavir tab	105	104MG		
cyclosporine cap	114	DAYBUE SOLN	201	DERMA-SMOOTH/FS	144	
cyclosporine modified cap	114	DDAVP NASAL SOLN	160	OIL		
cyclosporine modified	114	DDAVP NASAL SPRAY	160	DERMOTIC OIL	214	
soln		DDAVP TAB	160	DESCOVY TAB	106	
cyclosporine ophth	207	deferasirox granules	57	desipramine tab	47	
emulsion		packet		DESLORATADINE ODT	62	
cyproheptadine syrup	62	deferasirox tab	57	desloratadine tab	62	
cyproheptadine tab	62	deferasirox tab for oral	57	desmopressin acetate nasal	160	
CYSTADROPS SOLN	211	susp		spray		
		deferiprone tab	57			

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ALPHABETICAL LISTING OF DRUGS

desmopressin acetate tab	160	dextroamphetamine soln	1	diclofenac/misoprostol	9
desoximetasone cream	144	dextroamphetamine tab	1	DR tab	
desoximetasone oint	144	DIACOMIT CAP	36	dicloxacillin cap	217
desvenlafaxine ER tab	46	DIACOMIT POWDER	36	dicyclomine cap	229
DETROL LA CAP	231	PACK		dicyclomine soln	229
DETROL TAB	231	DIALYVITE TAB	195	dicyclomine tab	229
DEXAMETHASONE	130	DIALYVITE/ZINC TAB	195	didanosine DR cap	106
CONC		DIAPHRAGM	183	DIFFERIN CREAM	136
dexamethasone elixir	130	DIASTAT ACDL GEL	34	DIFFERIN GEL	136
DEXAMETHASONE	208	DIASTAT RECTAL GEL,	34	DIFICID SUSP	182
OPHTH SOLN		DIAZEPAM RECTAL GEL		DIFICID TAB	182
dexamethasone sodium	130	diazepam conc	24	DIFLUCAN SUSP	60
phosphate inj		DIAZEPAM GEL	34	DIFLUCAN TAB	61
DEXAMETHASONE	130	diazepam oral soln	24	difluprednate ophth	208
SOLN		5mg/5ml		emulsion	
dexamethasone tab	130	diazepam rectal gel	35	digoxin soln	119
DEXCOM G6 RECEIVER	183	diazepam tab 2mg, 10mg	24	DIGOXIN SOLN	119
DEXCOM G6 SENSOR	183	diazepam tab 5mg	24	0.05MG/ML	
DEXCOM G6	183	diazoxide susp	50	digoxin tab	119
TRANSMITTER		DIBENZYLINE CAP	68	dihydroergotamine	187
DEXCOM G7 RECEIVER	183	diclofenac gel	140	mesylate inj	
DEXCOM G7 SENSOR	184	diclofenac gel 1%	139	DILANTIN CAP 100MG	41
DEXEDRINE CAP	1	diclofenac potassium tab	9	DILANTIN CAP 30MG	41
dexmethylphenidate ER	4	diclofenac sodium EC tab	9	DILANTIN INFATABS	41
cap		diclofenac sodium ophth	212	DILANTIN SUSP	42
dexmethylphenidate tab	4	soln		DILAUDID TAB 2MG	13
dextroamphetamine ER	1	diclofenac sodium XR tab	9	DILAUDID TAB 4MG	13
cap				DILAUDID TAB 8MG	13

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ALPHABETICAL LISTING OF DRUGS

diltiazem ER cap	117	donepezil tab 23mg	219	DUAC GEL	136
diltiazem tab	117	DOPTelet TAB	175	DULERA INHALER	30
dimethyl fumarate DR cap	222	dorzolamide ophth soln	212	duloxetine EC cap	46
dimethyl fumarate DR	222	dorzolamide/timolol ophth	202	DUPIXENT INJ	146
starter pack		soln		DUPIXENT PEN INJ	146
DIOVAN HCT TAB	71	DOVATO TAB	106	DURAGESIC PATCH	13
DIOVAN TAB	69	DOVONEX CREAM	141	DUREZOL OPHTH	208
DIPENTUM CAP	167	doxazosin tab	69	EMULSION	
diphenhydramine cap	62	doxepin cap	47	dutasteride cap	170
50mg		doxepin conc	47	<b>E</b>	
diphenhydramine inj	62	doxercalciferol cap	159	econazole cream	138
DIPHENOXYLATE/ATRO	56	doxycycline hyclate cap	226	EDECRIN TAB	154
PINE LIQUID		doxycycline hyclate tab	226	EDEX INJ	120
diphenoxylate/atropine tab	56	doxycycline monohydrate	226	EDURANT TAB	106
DIPROLENE AF CREAM	144	cap 100mg		EFAVIRENZ CAP	106
DIPROLENE OINT	144	doxycycline monohydrate	226	efavirenz tab	106
dipyridamole tab	173	cap 50mg		efavirenz/emtricitabine/ten	106
disopyramide cap	25	doxycycline monohydrate	226	ofovir df tab	
disulfiram tab	219	tab		efavirenz/lamivudine/tenof	106
DITROPAN XL TAB	231	doxycycline susp	226	ovir df (lo) tab	
DIURIL SUSP	155	D-PENAMINE TAB	113	EFFEXOR XR CAP	46
divalproex ER tab	42	DRISDOL CAP	240	EFFIENT TAB	173
divalproex sodium DR tab	43	DRITHO-SCALP CREAM	141	EFUDEX CREAM	140
divalproex sprinkle cap	43	dronabinol cap	59	EGRIFTA INJ	157
dofetilide cap	25	drospirenone/ethinyl	126	ELDEPYRL CAP	99
DOLOPHINE TAB	13	estradiol/levomefolate tab		ELESTAT OPHTH SOLN	212
donepezil ODT	219	DROXIA CAP	174	ELIDEL CREAM	147
donepezil tab	219	DRYSOL SOLN	148	ELIGEN B12 TAB	151

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ELIMITE CREAM	149	ENBREL MINI INJ	12	ERIVEDGE CAP	83
ELIQUIS TAB, ELIQUIS STARTER PACK	33	ENBREL SURECLICK INJ 50MG	12	ERLEADA TAB	84
ELIXOPHYLLIN ELIXIR	32	ENDOMETRIN INSERT	239	ERLEADA TAB 240MG	84
ELLA TAB	128	ENGERIX-B INJ,	235	erlotinib tab	82
ELMIRON CAP	170	RECOMBIVAX-HB INJ		erlotinib tab 25mg	82
ELOCON CREAM	144	enoxaparin inj	33	ertapenem inj	75
ELOCON OINT	144	enpresse tab	126	ERY PAD	136
EMADINE OPHTH SOLN	212	ENSPRYNG INJ	191	ERYTHROMYCIN EC CAP	182
EMCYT CAP	83	entacapone tab	98	erythromycin	182
EMEND CAP	60	entecavir tab	111	ethylsuccinate susp	
EMGALITY INJ	187	ENTYVIO SC INJ	167	erythromycin gel	136
EMGALITY INJ 100MG/ML	188	EPIDIOLEX SOLN	36	erythromycin ophth oint	205
EMPAVELI INJ	172	EPIDUO GEL 0.1-2.5%	136	erythromycin pad	136
EMSAM PATCH	44	EPIFOAM AEROSOL	144	erythromycin soln	136
emtricitabine cap	106	epinastine ophth soln	212	erythromycin tab	182
emtricitabine/tenofovir	106	epinephrine pen inj 0.15mg, 0.3mg	239	erythromycin/benzoyl peroxide gel	136
disoproxil fumarate tab		EPIVIR HBV SOLN	111	ESBRIET CAP	225
EMTRIVA SOLN	106	eplerenone tab	73	ESBRIET TAB 267MG	225
EMVERM TAB	22	EPRONTIA SOLN	36	ESBRIET TAB 801MG	225
ENABLEX TAB	231	EQUETRO CAP	101	ESCAVITE CHEW TAB	195
enalapril maleate oral soln	67	ERGOLOID MESYLATES TAB	223	escitalopram soln	45
enalapril tab	67	ergotamine	187	escitalopram tab	45
enalapril/hydrochlorothiazide tab	71	tartrate/caffeine tab		esomeprazole cap	230
ENBREL INJ 25MG	12	ERGOTAMINE W/ CAFFEINE	187	estazolam tab	178
ENBREL INJ 50MG	12			ESTRACE TAB	163

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ESTRACE VAGINAL CREAM	238	EVOXAC CAP	194	FEMALE CONDOMS	183
estradiol cream	238	EVRYSDI SOLN	201	FEMARA TAB	84
estradiol patch	163	EXELDERM SOLN	138	FEMHRT TAB	162
estradiol tab	163	EXELON PATCH	219	FEMRING	239
estradiol vaginal tab,	238	exemestane tab	84	fenofibrate cap 67mg,	64
yuvafem vaginal tab		EXFORGE TAB	71	134mg, 200mg	
estradiol valerate inj	163	EZALLOR SPRINKLE	65	fenofibrate tab 48mg,	64
estradiol/norethindrone tab	162	CAP		54mg, 145mg, 160mg	
ESTRING	239	ezetimibe tab	66	fenofibric acid DR cap	64
eszopiclone tab	178	<b>F</b>		FENOFIBRIC TAB,	64
ethacrynic tab	154	FALESSA TAB	151	FIBRICOR TAB	
ethambutol tab	79	famciclovir tab	112	fentanyl citrate lollipop	13
ethosuximide cap	42	famotidine susp	229	fentanyl patch	14
ethosuximide soln	42	famotidine tab	229	FENTORA TAB,	14
etodolac cap	9	FANAPT TAB	101	FENTANYL BUCCAL TA	
etodolac ER tab	9	FANAPT TITRATION	101	ferrex 150 forte cap	176
etodolac tab	10	PACK		FERREX 28 TAB	176
ETOPOSIDE CAP	97	FARESTON TAB	84	FERRIPROX SOLN	57
etravirine tab	106	FARXIGA TAB	55	fesoterodine fumarate ER	231
EULEXIN CAP	84	FASENRA PEN INJ	26	tab	
everolimus tab	88	febuxostat tab	171	FILSPARI TAB	170
everolimus tab	192	felbamate susp	40	FINACEA GEL	149
(ZORTRESS equiv)		felbamate tab	40	finasteride tab	147
everolimus tab for oral	89	FELBATOL SUSP	40	finolimod hcl cap 0.5mg	222
susp		FELBATOL TAB	40	FINTEPLA SOLN	36
EVISTA TAB	158	FELDENE CAP	10	FIRDAPSE TAB	78
EVOTAZ TAB	106	felodipine ER tab	117	FIRST	73
		FEM PH GEL	237	METRONIDAZOLE SUSP	

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ALPHABETICAL LISTING OF DRUGS

FIRST MOUTHWASH	193	FLUMIST NASAL	235	fluoxetine soln	45
BLM		FLUMIST	236	fluoxetine tab 60mg	45
FIRVANQ SOLN	75	QUADRIVALENT NASAL		fluphenazine tab	104
25MG/ML		SUSP		FLURBIPROFEN OPHTH	212
FIRVANQ SOLN	75	fluocinolone acetonide	144	SOLN	
50MG/ML		cream		FLURBIPROFEN TAB	10
FLAGYL TAB	73	fluocinolone acetonide oil	144	flutamide cap	84
FLAREX OPHTH SUSP	208	fluocinolone acetonide	144	FLUTICASONE DISKUS	28
flecainide tab	25	ointment		INHALER	
FLEQSUVY SUSP	198	fluocinolone acetonide	144	FLUTICASONE HFA	28
FLOLIPID SUSP	65	soln		INHALER	
FLOMAX CAP	170	fluocinolone otic oil	214	fluticasone nasal spray	200
FLORIVA PLUS DROPS	195	fluocinonide cream 0.05%	144	fluticasone propionate	145
FLUAD INJ	235	fluocinonide cream 0.1%	144	cream	
FLUAD QUAD INJ	235	fluocinonide emollient	144	fluticasone propionate oint	145
FLUBLOK INJ	235	cream		fluticasone/salmeterol	31
FLUBLOK QUAD PF INJ	235	FLUOCINONIDE GEL	144	inhaler, wixela inhaler	
FLUCELVAX INJ	235	fluocinonide oint	145	FLUTICASONE-SALMET	31
FLUCELVAX QUAD INJ	235	fluocinonide soln	145	EROL INHALER 113-14	
fluconazole susp	61	FLUORIDEX	194	MCG/ACT	
fluconazole tab	61	SENSITIVITY PASTE		FLUTICASONE-SALMET	31
flucytosine cap	60	fluorometholone ophth	208	EROL INHALER 232-14	
fludrocortisone tab	132	soln		MCG/ACT	
FLULAVAL INJ, FLUARI	235	fluorouracil cream	140	FLUTICASONE-SALMET	31
INJ		FLUOROURACIL	140	EROL INHALER 55-14	
FLULAVAL QUAD INJ,	235	CREAM 0.5%		MCG/ACT	
FLUZONE QUAD INJ		fluorouracil soln	140	fluvastatin ER tab	65
FLUMADINE TAB	112	fluoxetine cap	45	flvoxamine ER cap	45

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ALPHABETICAL LISTING OF DRUGS

fluvoxamine tab	45	fosinopril/hydrochlorothia	71	<b>G</b>	
FLUZONE HD PF INJ	236	zide tab		gabapentin cap	36
FLUZONE HIGH DOSE	236	FOSRENOL CHEW TAB	168	gabapentin soln	36
PF INJ		FOSRENOL POWDER	168	gabapentin tab 600mg	36
FLUZONE/FLUARIX	236	PACK		gabapentin tab 800mg	36
QUAD INJ		FOTIVDA CAP	89	GABITRIL TAB	41
FML FORTE OPHTH	208	FRAGMIN INJ	33	galantamine ER cap	220
SUSP		FREESTYLE LIBRE 2	184	galantamine tab	220
FML LIQUIFLIM OPHTH	208	RECEIVER		GALZIN CAP	191
SUSP		FREESTYLE LIBRE 2	184	GAMASTAN INJ	215
FML S.O.P. OPHTH OINT	208	SENSOR		GAMMAGARD INJ	215
FOCALIN TAB	4	FREESTYLE LIBRE 3	184	GASTROCROM CONC	165
FOCALIN XR CAP	4	READER		gatifloxacin ophth soln	205
FOLBEE PLUS CZ TAB	195	FREESTYLE LIBRE 3	184	GAVILYTE-C SOLN	180
folbee tab	176	SENSOR		GAVRETO CAP	89
folic acid tab 1mg	175	FREESTYLE LIBRE	184	gefitinib tab	82
folic acid tab 400mcg	175	3-PLUS SENSOR		gemfibrozil tab	65
folic acid tab 800mcg	175	FREESTYLE LIBRE	184	GENOTROPIN INJ	157
FOLTANX TAB	151	RECEIVER		GENTAK OPHTH OINT	205
fondaparinux inj	33	FREESTYLE LIBRE	184	gentamicin ophth soln	205
formoterol fumarate neb	31	SENSOR (14-DAY)		gentamicin sulfate cream	138
soln		FRUZAQLA CAP 1MG	81	gentamicin sulfate oint	138
FOSAMAX TAB	156	FRUZAQLA CAP 5MG	81	GENVOYA TAB	107
fosamprenavir tab	106	FULPHILA INJ	175	GEODON CAP	101
foscarnet sodium inj	110	FUROSCIX KIT	154	gianvi tab, ocella tab	126
FOSCAVIR INJ	110	FUROSEMIDE SOLN	154	GILENYA CAP 0.25MG	222
fosinopril tab	68	furosemide tab	154	GILOTRIF TAB	83
		FUZEON INJ	106	glatiramer inj	222

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ALPHABETICAL LISTING OF DRUGS

GLEOSTINE/LOMUSTIN	80	griseofulvin susp	60	haloperidol tab	102	
E CAP		griseofulvin tab	60	HECTOROL CAP	159	
glimepiride tab	55	GRIS-PEG TAB	60	HEMLIBRA INJ	172	
glipizide ER tab	55	guaifenesin/codeine soln	133	HEPLISAV-B INJ	236	
glipizide tab	55	guaifenesin/codeine syrup	133	HEXALEN CAP	80	
glipizide/metformin tab	49	guanfacine ER tab	3	HIPREX TAB	77	
GLOPERBA SOLN	171	guanfacine IR tab	69	HIZENTRA INJ	215	
GLUCAGEN HYPOKIT	50	GUANIDINE TAB	78	HOMATROPINE OPHTH	203	
INJ		GVOKE INJ	51	SOLN		
GLUCAGON (RDNA)	51	GVOKE INJ KIT	51	HUMALOG JR	53	
FOR INJ KIT		GVOKE PFS INJ	51	KWIKPEN INJ		
GLUCAGON EMR INJ	51	<hr/>			HUMALOG KWIKPEN	53
GLUCAGON INJ KIT	51	<b>H</b>		INJ		
GLUCOPHAGE TAB	50	HADLIMA INJ	8	HUMALOG MIX INJ	53	
GLUCOPHAGE XR TAB	50	(adalimumab-bwwd)		HUMALOG MIX	53	
GLUCOTROL TAB	55	HADLIMA INJ	8	KWIKPEN, INSULIN		
GLUCOTROL XL TAB	56	40MG/0.8ML		LISPRO MIX KWIKPEN		
GLYBURID MCR TAB	56	(adalimumab-bwwd)		HUMALOG PEN INJ	53	
glyburide tab	56	HADLIMA PUSH INJ	8	HUMULIN MIX INJ	54	
glyburide/metformin tab	49	(adalimumab-bwwd)		HUMULIN MIX PEN INJ	54	
glycopyrrolate oral soln	230	HADLIMA PUSH INJ	8	HUMULIN N INJ	54	
glycopyrrolate tab	229	40MG/0.8ML		HUMULIN N PEN INJ	54	
GLYGEST PAK	151	(adalimumab-bwwd)		HUMULIN R INJ	54	
GLYNASE TAB	56	HALCION TAB	178	HUMULIN R INJ U-500	54	
GOLYTELY SOLN	180	halobetasol propionate	145	HUMULIN R U-500	54	
granisetron tab	58	cream		KWIKPEN INJ		
GRANISOL SOLN	58	halobetasol propionate	145	HYCANTIN CAP	80	
griseofulvin micro tab	60	oint		HYCODAN SYRUP	132	
		haloperidol lactate conc	102			

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ALPHABETICAL LISTING OF DRUGS

HYD POL/CPM SUSP	133	hydromorphone tab 4mg	14	ILEVRO OPHTH SUSP	212
hydralazine tab	73	hydromorphone tab 8mg	14	imatinib tab	89
HYDREA CAP	97	hydroquinone cream	148	IMBRUVICA CAP 140MG	89
hydrochlorothiazide cap	155	hydroxychloroquine tab	78	IMBRUVICA CAP 70MG	89
hydrochlorothiazide tab	155	hydroxyprogesterone inj	218	IMBRUVICA SUSP	90
hydrocodone/acetaminoph en soln	17	hydroxyurea cap	97	IMBRUVICA TAB	90
hydrocodone/acetaminoph en soln 10-325 mg/15ml	17	hydroxyzine pamoate cap	23	420MG, 560MG	
hydrocodone/acetaminoph en tab	17	HYDROXYZINE PAMOATE CAP 100MG	23	IMCIVREE INJ	2
hydrocodone/acetaminoph en tab 2.5-325mg	17	hydroxyzine syrup	23	imipramine pamoate cap	47
hydrocodone/chlorpheniramine CR susp	133	hydroxyzine tab	24	imipramine tab	47
hydrocodone/chlorpheniramine/pseudoephedrine liquid	133	HYFTOR GEL	147	imiquimod cream	147
hydrocodone/homatropine syrup	132	hyoscyamine sulfate CR tab	229	IMITREX INJ	188
hydrocortisone cream	145	hyoscyamine sulfate elixir	229	IMITREX TAB	188
hydrocortisone enema	21	hyoscyamine sulfate ODT	229	IMOVAX INJ	236
hydrocortisone lotion	145	hyoscyamine sulfate SL tab	229	IMPAVIDO CAP	73
HYDROCORTISONE LOTION 2.5%	145	hyoscyamine tab	229	IMURAN TAB	114
hydrocortisone oint	145	HYPER-SAL NEB SOLN	134	INBRIJA INH POWDER	100
hydrocortisone tab	130	HYQVIA INJ	215	INCRELEX INJ	158
hydromorphone tab 2mg	14	HYZAAR TAB	71	INCRUSE ELLIPTA	26
		<b>I</b>		INHALER	
		ibandronate tab 150mg	156	indapamide tab	155
		ibuprofen susp (Rx ONLY)	10	INDERAL LA CAP	116
		ibuprofen tab	10	indomethacin cap	10
		icatibant inj	172	indomethacin CR cap	10
		ICLUSIG TAB	89	INFANT FORMULA LIQUID	152
		IDHIFA TAB	89	INFANT FORMULA POWDER	152

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ALPHABETICAL LISTING OF DRUGS

INGREZZA CAP	221	IRON	176	IXCHIQ INJ	236
INGREZZA PACK	221	POLYSACCH/THREONIC		<b>J</b>	
40-80MG		ACID/B12/FA CAP		JAKAFI TAB	90
INGREZZA SPRINKLE	222	ISENTRESS (HD) TAB	107	JANUMET TAB	49
CAP		ISENTRESS CHEW TAB	107	JANUMET XR TAB	49
INLYTA TAB	82	ISENTRESS POWDER	107	JANUVIA TAB	51
INQOVI TAB	86	PACK		JARDIANCE TAB	55
INSPIRA TAB	73	isibloom tab, enskyce tab,	126	JAYPIRCA TAB	90
INSULIN GLARGINE	54	apri tab		jinteli tab	162
SOLN PEN-INJ		isoniazid syrup	79	JOENJA TAB	191
INSULIN LISPRO INJ	54	isoniazid tab	79	jolessa tab, amethia tab	126
INSULIN LISPRO JR	54	ISOPTO CARBACHOL	203	JULUCA TAB	107
KWIKPEN INJ		OPHTH SOLN		JYLAMVO SOLN,	81
INSULIN LISPRO	54	ISOPTO CARPINE	203	XATMEP SOLN	
KWIKPEN INJ		OPHTH SOLN		JYNARQUE PAK	161
INTELENCE TAB 25MG	107	ISORDIL TITRADOSE	22	JYNARQUE TAB	161
INTRON-A INJ	97	TAB		<b>K</b>	
INTUNIV TAB	3	isosorbide dinitrate tab	22	KALYDECO PAK	224
INVANZ INJ	75	isosorbide dinitrate tab	22	KALYDECO TAB	224
INVEGA TAB	101	40mg		KAPVAY TAB	3
INVIRASE CAP	107	isosorbide mononitrate ER	22	KATERZIA SUSP	117
INVIRASE TAB	107	tab		KEFLEX CAP	124
IOPIDINE OPTH SOLN	204	isosorbide mononitrate tab	22	kelnor tab	126
ipratropium nasal spray	199	isoxsuprine tab	120	KENALOG INJ	130
ipratropium neb soln	26	itraconazole cap	61	KEPPRA SOLN	36
irbesartan tab	69	itraconazole soln	61	KEPPRA TAB	37
irbesartan/hydrochlorothia	71	ivabradine hcl tab	123	KEPPRA XR TAB	37
zide tab		ivermectin tab	22		

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ALPHABETICAL LISTING OF DRUGS

KESIMPTA INJ	222	<b>L</b>		LANCETS	184
ketoconazole cream	138	labetalol tab	115	LANOXIN TAB	119
ketoconazole shampoo	138	LAC-HYDRIN CREAM	146	lansoprazole cap	230
ketoconazole tab	61	LAC-HYDRIN LOTION	146	lanthanum carbonate chew	168
KETO-DIASTIX TEST STRIP	151	lacosamide oral solution	37	tab	
ketorolac inj 15mg/ml	10	lacosamide tab	37	lapatinib ditosylate tab	90
ketorolac inj 30mg/ml	10	LACTIC ACID LOTION	146	LASIX TAB	154
ketorolac inj 60mg/2ml	10	lactulose soln	167	LASTACFT OPHTH SOLN	212
ketorolac ophth soln	212	LAGEVRIO CAP (EUA)	113	latanoprost ophth soln	213
ketorolac tab	10	LAGEVRIO CAP 200MG	113	LATUDA TAB	101
KETOSTIX	151	LAMICTAL CHEW TAB	37	LAZANDA NASAL SPRAY	14
ketotifen ophth soln	212	LAMICTAL ODT KIT,	37		
KEVZARA INJ	9	LAMICTAL XR KIT		LEDIPASVIR/SOFOSBUV IR TAB	111
KINERET INJ	8	LAMICTAL STARTER KIT	37		
KISQALI PAK	86	LAMICTAL TAB	37	leflunomide tab	11
KISQALI TAB	90	LAMICTAL XR TAB	37	lenalidomide cap	191
KLARON LOTION	136	LAMISIL TAB	60	LENVIMA CAP	82
KLONOPIN TAB	35	lamivudine soln	107	LESCOL XL TAB	65
KLOXXADO NASAL SPRAY	57	lamivudine tab	107	letrozole tab	84
KOSELUGO CAP	90	lamivudine tab 100mg	111	leucovorin tab	97
KOSELUGO CAP 10MG	90	lamivudine/zidovudine tab	107	LEVALBUTEROL	31
K-PHOS NEUTRAL TAB	189	lamotrigine chew tab	37	INHALER, XOPENEX HFA INHALER	
K-PHOS TAB	189	lamotrigine ER tab	37	levalbuterol neb soln	31
KRAZATI TAB	90	lamotrigine starter kit	37	LEVAQUIN TAB	164
KRINTAFEL TAB	78	lamotrigine tab	37	LEVBIID TAB	229
K-TAB	190	LAMPIT TAB	75	levetiracetam ER tab	37
		LANCET DEVICE	184		
		LANCET KIT	184		

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## ALPHABETICAL LISTING OF DRUGS

levetiracetam soln	38	lidocaine/prilocaine cream	148	LO LOESTRIN TAB	126
levetiracetam tab	38	LIDODERM PATCH	148	LODOSYN TAB	97
levobunolol ophth soln	202	LIKMEZ SUSP	74	loestrin tab	126
levocarnitine soln	159	LINDANE SHAMPOO	149	lohist liquid	133
levocarnitine tab	159	linezolid susp	76	LOKELMA PAK	192
levofloxacin ophth soln	205	linezolid tab	76	LOMOTIL TAB	56
LEVOFLOXACIN OPHTH SOLN 0.5%	205	LINZESS CAP	167	LONSURF TAB	86
levofloxacin soln	164	liothyronine tab	227	LOPID TAB	65
levofloxacin tab	164	LIPITOR TAB	65	lopinavir/ritonavir soln	107
levonorgestrel tab	128	LIQUIGEN	201	lopinavir/ritonavir tab	107
levonorgestrel-ethinyl estradiol-fe tab	126	lisdexamfetamine	1	LOPRESSOR TAB	115
levothyroxine tab	227	dimesylate cap		LOPROX CREAM	138
LEVSIN SL TAB	229	lisdexamfetamine	1	LOPROX SHAMPOO	138
LEVSIN TAB	229	dimesylate chew tab		loratadine cap	62
LEXAPRO TAB	45	lisinopril tab	68	lorazepam conc	24
LEXIVA SUSP	107	lisinopril/hydrochlorothiazide tab	72	lorazepam tab	24
l-glutamine powder packet	174	LITFULO CAP	147	LORBRENA TAB 100MG	90
lidocaine cream 3%	148	lithium carbonate cap	100	LORBRENA TAB 25MG	91
lidocaine gel	148	lithium carbonate ER tab	100	LORTAB	17
lidocaine oint	148	lithium carbonate tab	100	LORTAB ELIXIR	17
lidocaine patch	148	lithium oral solution	101	losartan tab	69
lidocaine patch 5%	148	LITHOBID TAB	101	losartan/hydrochlorothiazide tab	72
lidocaine soln	148	LITHOSTAT TAB	171	LOTEMAX OPHTH OINT	208
lidocaine viscous soln	193	LIVALO TAB	66	LOTEMAX OPHTH SUSP	208
lidocaine/hydrocortisone cream	21	LIVMARLI SOLN	166	LOTENSIN HCT TAB	72
		LIVTENCITY TAB	110	LOTENSIN TAB	68
		L-METHYLFOLATE TAB	151		

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ALPHABETICAL LISTING OF DRUGS

loteprednol etabonate	208	LYUMJEV KWIKPEN INJ	55	meclizine chew tab	59
ophth gel		LYVISPAH GRANULE	198	meclizine tab	59
loteprednol ophth susp	208	PACKET		MEDROL DOSE PACK	130
LOTREL CAP	72	<hr/>			
LOTRISONE CREAM	138	<b>M</b>		MEDROL TAB	130
LOTRONEX TAB	167	MACROBID CAP	77	medroxyprogesterone inj	129
lovastatin tab	66	MACRODANTIN CAP	77	medroxyprogesterone tab	218
LOVAZA CAP	63	MALARONE TAB	78	mefenamic acid cap	10
LOVENOX INJ	34	malathion lotion	149	mefloquine tab	78
loxapine cap	103	MALE CONDOMS	183	megestrol susp	84
lubiprostone cap	165	MAPROTILINE TAB	43	megestrol tab	84
LUMAKRAS TAB	91	maraviroc tab	107	MEKINIST SOLN	91
LUMAKRAS TAB 320MG	91	MARINOL CAP	59	MEKINIST TAB 0.5MG	91
LUMIGAN OPHTH SOLN	213	MARPLAN TAB	44	MEKINIST TAB 2MG	91
LUMRYZ PACK	219	MATULANE CAP	97	MEKTOVI TAB	91
LUNESTA TAB	179	MAVENCLAD PAK	222	meloxicam tab	10
LUPKYNIS CAP	192	MAVYRET PAK	111	MELPHALAN TAB	80
LUPRON DEPOT INJ	84	MAVYRET TAB	111	memantine ER cap	220
LUPRON DEPOT-PED	158	MAXALT MLT TAB	188	memantine sol	220
INJ		MAXALT TAB	188	memantine tab	220
lurasidone hcl tab	101	MAXIDEX OPHTH SOLN	208	MENEST TAB	163
LUVIRA CAP	151	MAXITROL OPHTH OIN	209	MENTAX CREAM	138
LYNPARZA TAB	91	MAXITROL OPHTH	209	MEPHYTON TAB	240
LYSODREN TAB	84	SUSP		MEPRON SUSP	75
LYSTEDA TAB	178	MAXZIDE TAB	153	mercaptopurine tab	81
LYTGOBI THERAPY	91	MAYZENT TAB	222	meropenem inj	75
PACK		MAYZENT TAB STARTEI	223	mesalamine DR tab	167
LYUMJEV INJ	54	PACK		mesalamine enema	167
		MCT OIL	201	mesalamine ER cap	167

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## ALPHABETICAL LISTING OF DRUGS

mesalamine supp	167	methscopolamine tab	229	METROGEL VAGINAL	238
MESALAMINE TAB DR	167	methsuximide cap	42	GEL	
MESNEX TAB	97	methyldopa tab	69	METROLOTION	149
MESTINON TAB	78	methylergonovine tab	215	metronidazole cream	149
MESTINON TIMESPAN	79	METHYLIN SOLN	4	metronidazole gel	149
TAB		methylphenidate CD cap	4	metronidazole gel 0.75%	149
METANX CAP	152	methylphenidate chew tab	4	metronidazole lotion	149
metaxalone tab	198	methylphenidate ER cap	4	metronidazole tab	74
METAXALONE TAB	198	methylphenidate ER tab	4	metronidazole vaginal gel	238
400MG		methylphenidate soln	5	mexiletine hcl cap	25
metformin ER tab	50	methylphenidate tab	5	MICARDIS TAB	69
metformin soln	50	methylprednisolone	131	MICONAZOLE 3 SUPP	238
metformin tab	50	acetate inj		200MG	
methadone conc	14	methylprednisolone dose	131	midazolam inj	179
methadone soln 10mg/5ml	14	pack		midodrine tab	239
METHADONE SOLN	14	methylprednisolone tab	131	mifepristone tab	51
5MG/5ML		methylprenisolone sod	131	mifepristone tab 200mg	161
methadone tab	15	succinate inj		MIFIPREX TAB	161
methadone tab 10mg	15	methyltestosterone cap	19	MIGLITOL TAB	48
METHADOSE CONC	15	metoclopramide soln	165	miglustat cap	174
methazolamide tab	153	metoclopramide tab	165	MINIPRESS CAP	70
methenamine hippurate tab	77	metolazone tab	155	MINOCIN CAP	226
methimazole tab	227	metoprolol ER tab	115	minocycline cap	226
METHITEST TAB	19	metoprolol tab	115	minoxidil tab	73
methocarbamol tab	198	metoprolol/hydrochlorothi	72	MIRALAX	181
methotrexate inj	81	azide tab		MIRAPEX TAB	98
methotrexate tab	81	METROCREAM	149	MIRENA IUD	129
methoxsalen cap	141	METROGEL 1%	149	mirtazapine ODT	43

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ALPHABETICAL LISTING OF DRUGS

mirtazapine tab	43	moxifloxacin ophth soln	206	mycophenolate mofetil	114
MIRVASO GEL	149	moxifloxacin tab	164	susp	
misoprostol tab	230	MULTAQ TAB	25	mycophenolate mofetil tab	114
MOBIC TAB	10	MULTIGEN FOLIC TAB	176	MYDRIACYL OPHTH	203
modafinil tab	5	MULTIGEN PLUS TAB	177	SOLN	
mometasone cream	145	MULTIGEN TAB	177	MYFEMBREE TAB	162
mometasone oint	145	MULTIVITAMIN	195	MYLERAN TAB	80
mometasone soln	145	FLUORIDE DROPS		MYNATAL-Z TAB	196
MONODOX CAP	226	0.25MG/ML		MYRBETRIQ TAB	232
montelukast chew tab	27	MULTIVITAMIN	195	MYSOLINE TAB	38
montelukast granule pack	27	FLUORIDE DROPS		<b>N</b>	
montelukast tab	27	0.5MG/ML		nabumetone tab	11
morphine sulfate ER tab	15	multivitamin tab	177	nadolol tab	116
MORPHINE SULFATE	15	MULTIVITAMIN/FLOURI	196	nafcillin inj	217
ORAL SOLN 10 MG/5ML		DE CHEW 0.25MG		NAFTIFINE CREAM	138
MORPHINE SULFATE	15	MULTIVITAMIN/FLOURI	196	naftifine gel	139
ORAL SOLN		DE CHEW 1MG		NAFTIN CREAM	139
100MG/5ML		MULTIVITAMIN/FLUORI	196	NAFTIN GEL	139
morphine sulfate oral soln	15	DE CHEW TAB		naloxone hcl nasal spray	57
10mg/5ml		multivitamin/minerals tab	195	NALOXONE HCL SOLN	58
morphine sulfate soln	15	mupirocin oint	138	0.4MG/ML	
MORPHINE SULFATE	15	MUSE SUPP	120	naloxone inj	57
TAB		MYAMBUTOL TAB	79	naloxone prefilled inj	58
MOTEGRITY TAB	164	MYCOBUTIN CAP	79	naltrexone tab	57
MOTOFEN TAB	56	mycophenolate DR tab	114	NAMENDA TAB	220
MOTRIN SUSP	10	mycophenolate mofetil	114	NAPROSYN EC TAB	11
MOUNJARO INJ	53	cap		NAPROSYN TAB	11
MOVANTI TAB	168			naproxen EC tab	11

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## ALPHABETICAL LISTING OF DRUGS

naproxen tab	11	neomycin/polymyxin/dexa	209	niacin cap	240
NARCAN NASAL SPRAY	58	methasone ophth soln		niacin CR tab	240
NARDIL TAB 15MG	44	NEOMYCIN/POLYMYXI	209	niacin ER tab	66
NASACORT OTC NASAL	200	N/HYDROCORTISONE		niacin tab	240
SPRAY		OPHTH SOLN		NIACIN TR CAP	240
NASCOBAL SPRAY	175	NEONATAL 19 TAB	196	NIACIN TR TAB	240
NATACYN OPHTH SUSP	206	NEONATAL FE TAB	196	niacinamide tab	240
NATAZIA TAB	126	NEOSPORIN OPHTH	206	nicotine gum	223
nateglinide tab	55	SOLN		NICOTINE KIT	223
NATPARA INJ	156	NEPHROCAP	195	nicotine lozenge	224
NATROBA SUSP	149	NEPHRON FA TAB	177	nicotine patch	224
NAYZILAM SPRAY	35	NEPTAZANE TAB	153	NICOTROL INHALER	224
nebivolol hcl tab	115	NERLYNX TAB	92	NICOTROL NASAL	224
NEBUSAL NEB SOLN	134	NEUPRO PATCH	98	SPRAY	
NEFAZODONE TAB	46	NEURONTIN CAP	38	nifedipine cap	117
nefazodone tab 50mg,	46	NEURONTIN SOLN	38	nifedipine ER tab	117
250mg		NEURONTIN TAB	38	nilutamide tab	84
neomycin tab	5	600MG		nimodipine cap	117
NEOMYCIN/POLYMIXIN	206	NEURONTIN TAB	38	NINLARO CAP	92
/GRAMICIDIN OPHTH		800MG		nitazoxanide tab	75
SOLN		NEVANAC OPHTH SUSP	212	NITRO-BID OINT	22
neomycin/polymixin/hydro	214	NEVIRAPINE ER TAB	108	NITRO-DUR PATCH	23
coritisono otic soln		NEVIRAPINE SUSP	108	NITRO-DUR PATCH	23
neomycin/polymixin/hydro	214	nevirapine tab	108	0.3MG/HR, 0.8MG/HR	
coritisono otic susp		NEXLETOL TAB	63	nitrofurantoin	77
neomycin/polymyxin/dexa	209	NEXLIZET TAB	63	macrocrystals cap	
methasone ophth oint		NEXPLANON IMPLANT	128	nitrofurantoin	77
		NEXTSTELLIS TAB	127	monohydrate cap	

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ALPHABETICAL LISTING OF DRUGS

nitroglycerin lingual spray	23	NORVASC TAB	118	nystatin/triamcinolone	139
nitroglycerin patch	23	NORVIR CAP	108	cream	
nitroglycerin SL tab	23	NORVIR POWDER PACK	108	nystatin/triamcinolone oint	139
NITROLINGUAL PUMP	23	NORVIR SOLN	108	NYVEPRIA INJ	175
SPRAY		NORVIR TAB	108	<hr/>	
NITROSTAT SL TAB	23	NOXAFIL PAK	61	<b>O</b>	
NIVESTYM INJ	175	NOXAFIL SUSP	61	OICALIVA TAB	165
NIZATIDINE CAP	229	NOXAFIL TAB	61	octreotide inj	161
NIZORAL A-D	139	np thyroid tab	227	OCTREOTIDE INJ	161
SHAMPOO		NUBEQA TAB	85	100MCG	
NIZORAL SHAMPOO	139	NUCALA INJ	26	OCUFLOX OPHTH SOLN	206
norethindrone ace-ethinyl	127	NUCORT LOTION	145	ODEFSEY TAB	108
estradiol-fe cap		NUCYNATA TAB	15	ODOMZO CAP	83
norethindrone	127	NUEDEXTA CAP	223	OFEV CAP	225
acetate/ethinyl estradiol FE		NULYTELY SOLN	180	ofloxacin ophth soln	206
chew tab		NUTRITIONAL	152	ofloxacin otic soln	214
norethindrone	127	SUPPLEMENT LIQUID		ofloxacin tab	164
acetate/ethinyl estradiol		NUTRITIONAL	152	OJJAARA TAB	92
tab		SUPPLEMENT POWDER		olanzapine ODT	103
norethindrone tab	129	NUVARING	128	olanzapine tab	103
norethindrone/ethinyl	127	NUVIGIL TAB	5	olanzapine/fluoxetine cap	221
estradiol FE tab		nystatin cream	139	OLLIZAC POWDER	152
NORLIQVA ORAL SOLN	118	nystatin oint	139	olmesartan tab	69
NORPACE CAP	25	nystatin powder	60	olmesartan/hydrochlorothi	72
NORPRAMIN TAB	47	nystatin susp	193	azide tab	
nortrel tab	127	nystatin tab	60	olopatadine ophth soln	212
nortriptyline cap	48	nystatin topical powder	139	0.1%	
nortriptyline oral soln	48			olopatadine ophth soln	212
				0.2%	

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ALPHABETICAL LISTING OF DRUGS

OLUMIANT TAB	6	ONETOUCH DELICA	185	ORENCIA SC INJ	11
OLUX FOAM	145	PLUS LANCETS		50MG/0.4ML	
omega-3-acid ethyl esters cap	63	ONETOUCH DELICA	185	ORENCIA SC INJ	11
omeprazole DR cap	230	ULTRASOFT LANCETS		87.5MG/0.7ML	
omeprazole tab	231	ONETOUCH METER	185	ORENITRAM TAB	120
OMNICEF SUSP	125	ONETOUCH TEST STRIP	151	ORGOVYX TAB	85
OMNIPOD 5 G6 INTRO KIT	184	ONETOUCH VERIO	185	ORIAHNN CAP	162
OMNIPOD 5 G6 PODS	184	FLEX METER		ORILISSA TAB 150MG	157
MISC		ONETOUCH VERIO IQ	186	ORILISSA TAB 200MG	157
OMNIPOD 5 G7 KIT	185	METER		ORKAMBI GRANULES	224
INTRO		ONETOUCH VERIO	186	PACKET	
OMNIPOD 5 G7 MIS	185	METER		ORKAMBI TAB	224
PODS		ONETOUCH VERIO	186	ORSERDU TAB	85
OMNIPOD 5 INTRO KIT	185	REFLECT METER		ORSERDU TAB 345MG	85
OMNIPOD 5 PACK PODS	185	ONETOUCH VERIO TEST STRIP	151	oseltamivir cap	112
OMNIPOD DASH INTRO KIT	185	ONFI SUSP	35	oseltamivir cap 30mg	113
OMNIPOD DASH PODS	185	ONFI TAB	35	oseltamivir susp	113
OMNIPOD GO KIT	185	OPILL TAB	129	OTEZLA STARTER PACK	11
OMNIPOD STARTER KIT	185	OPSUMIT TAB	122	OTEZLA TAB	11
OMNITROPE INJ	157	OPVEE NASAL SPRAY	58	OVACE PLUS CREAM	142
ondansetron ODT	58	ORACIT SOLN	169	OVIDE LOTION	149
ondansetron soln	58	ORAP TAB	223	oxacillin inj	218
ONDANSETRON TAB	58	ORAPRED ODT TAB	131	OXBRYTA TAB FOR	174
ONETOUCH DELICA	185	ORAPRED SOLN	131	ORAL SUSP	
LANCETS		ORENCIA CLICK INJ	11	oxcarbazepine susp	38
		ORENCIA SC INJ	11	oxcarbazepine tab	38
		125MG/ML		oxiconazole nitrate cream	139

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ALPHABETICAL LISTING OF DRUGS

OXSORALEN ULTRA CAP	141	PAXIL ORAL SUSP	46	pentoxifylline ER tab	172
oxybutynin ER tab	231	PAXIL TAB	46	PEPCID SUSP	229
oxybutynin syrup	231	PAXLOVID TAB 150-100MG	110	PEPCID TAB	230
oxybutynin tab	231	PAXLOVID TAB 300-100MG	110	PERCOCET TAB	18
oxycodone soln	16	pazopanib tab	92	PERFOROMIST NEB SOLN	31
OXYCODONE TAB	16	PCE TAB	182	PERIDEX SOLN	193
oxycodone/acetaminophen tab	17	PEAK FLOW METER	187	permethrin cream	149
OXYCODONE/ASPIRIN TAB	17	pediatric multiple vitamins/fluoride soln	196	perphenazine tab	104
OXYTROL PATCH (OTC)	231	pediatric multiple vitamins/fluoride/iron soln	195	PERPHENAZINE/AMITRIPTYLINE TAB	221
OZEMPIC INJ	52	peg 3350 soln (100 gram Moviprep equiv)	180	pfizerpen g inj	216
<b>P</b>					
paliperidone ER tab	101	peg 3350/electrolytes soln	180	PHEBURANE ORAL PELLETS	159
PALYNZIQ INJ	159	PEGASYS INJ	111	phenazopyridine tab	171
PAMELOR CAP	48	PEG-INTRON INJ	111	PHENELZINE SULFATE TAB	44
pantoprazole EC tab	230	PEMAZYRE TAB	92	phenelzine tab	44
PARAGARD IUD	128	penciclovir cream	142	phenobarbital elixir	178
paricalcitol cap	159	penicillamine tab	191	phenobarbital tab	178
PARLODEL CAP	98	PENICILLIN G	216	phenoxybenzamine cap	68
PARLODEL TAB	99	PROCAINE INJ		phentermine cap	2
PARNATE TAB	44	PENICILLIN G SODIUM INJ	216	phentermine tab	2
paroxetine ER tab	45	PENICILLIN VK SOLN	216	phenylephrine ophth soln	203
paroxetine oral susp	45	penicillin vk tab	216	phenytoin cap	42
paroxetine tab	45	pentamidine neb soln	74	phenytoin chew tab	42
PATANOL OPHTH SOLN	212			phenytoin susp	42
PAXIL CR TAB	45			PHEXXI GEL	237

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ALPHABETICAL LISTING OF DRUGS

phlexy-10 tab	201	podofilox soln	148	potassium citrate/citric acid powder pack	169
PHOSLO CAP	168	polyethylene glycol 3350 powder	181	potassium citrate/citric acid soln	169
PHOSLYRA SOLN	168	POLYETHYLENE GLYCOL 8000 GRANULES	218	potassium phosphate monobasic tab	190
phospha 250 neutral tab	190	polymyxin b/trimethoprim ophth soln	206	PRADAXA CAP	34
phytonadione tab	240	POLYTRIM OPHTH SOLN	206	pramipexole tab	99
PICATO GEL	140	POMALYST CAP	86	pramoxine/hydrocortisone cream	21
PIFELTRO TAB	108	posaconazole DR tab	61	prasugrel tab	173
pilocarpine ophth soln	204	posaconazole susp	61	pravastatin tab	66
pilocarpine tab	194	POTABA CAP	240	praziquantel tab	22
pimecrolimus cream	147	POTABA POWDER PACKET	241	prazosin cap	70
PIMOZIDE TAB	223	potassium bicarbonate effer tab	190	PRECOSE TAB	48
pindolol tab	116	potassium chloride ER cap	190	PRED FORTE OPHTH SUSP	209
pioglitazone tab	55	potassium chloride ER tab	190	PRED MILD OPHTH SOLN	209
piperacillin/tazobactam inj	217	potassium chloride micro tab	190	PRED-G OPHTH SOLN	209
PIQRAY TAB	92	potassium chloride powder packet	190	prednisolone ODT	131
pirfenidone cap	225	potassium chloride soln	190	PREDNISOLONE ODT TAB	131
pirfenidone tab 267mg	225	POTASSIUM CHLORIDE TAB ER	190	PREDNISOLONE OPHTH SUSP	209
pirfenidone tab 801mg	225	potassium citrate CR tab	169	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	210
piroxicam cap	11				
pitavastatin calcium tab	66				
PLAN B TAB	128				
PLAQUENIL TAB	78				
PLAVIX TAB 75MG	173				
PLEGRIDY INJ	223				
PLEGRIDY PEN INJ	223				
PNEUMOVAX INJ	232				
PODIAPN CAP	152				
PODOCON SOLN	147				

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prednisolone soln	131	PREVNAR 20 INJ	233	promethazine supp	62
PREDNISONONE SOLN	131	PREVYMIS TAB	110	promethazine syrup	62
prednisone tab	131	PREZCOBIX TAB	108	promethazine tab	62
PREFEST TAB	162	PREZISTA SUSP	108	PROMETHAZINE VC	134
pregabalin cap	38	PREZISTA TAB	108	SYRUP	
pregabalin cap 225mg	38	PRIFTIN TAB	79	promethazine VC/codeine	134
pregabalin cap 300mg	38	primaquine tab	78	syrup	
pregabalin soln	39	primidone tab	39	promethazine/codeine	134
PREHEVBRIO SUSP	236	PRIMSOL SOLN	74	syrup	
PREMARIN TAB	163	PRINIVIL TAB, ZESTRIL	68	PROMETHEGAN SUPP	62
PREMARIN VAGINAL	239	TAB		PROMETRIUM CAP	218
CREAM		PRISTIQ TAB	47	propafenone ER cap	25
PREMPHASE TAB,	162	probenecid tab	172	propafenone tab	25
PREMPRO TAB		prochlorperazine supp	104	proparacaine ophth soln	207
PRENATABS RX TAB	196	prochlorperazine tab	104	propranolol ER cap	116
PRENATAL 19 CHEW	196	PROCTOCORT CREAM	145	propranolol oral soln	116
TAB		proctosol HC cream	21	20mg/5ml	
PRENATAL 19 TAB	196	progesterone cap	218	PROPRANOLOL SOLN	116
PRENATAL VITAMINS	197	PROGESTERONE SUPP	239	propranolol tab	116
(NON-PREFERRED)		PROGLYCEM SUSP	51	propylthiouracil tab	227
PRENATAL VITAMINS	240	PROLENSA OPHTH	213	PROSCAR TAB	170
(PRENATAL PLUS,		SOLN		pro-stat liquid	201
PREPLUS, PRENAPLUS)		PROMACTA POWDER	175	PROTOPIC OINT	147
PRETOMANID TAB	79	PROMACTA TAB	175	protriptyline tab	48
PREVACID CAP	230	12.5MG, 25MG		PROVERA TAB	218
PREVACID OTC CAP	230	PROMACTA TAB 50MG	175	PROVIGIL TAB	5
PREVIDENT SOLN	194	PROMACTA TAB 75MG	176	PROZAC CAP	46
PREVNAR 13 INJ	233	promethazine DM syrup	134	PULMICORT INH SUSP	29

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ALPHABETICAL LISTING OF DRUGS

PULMOZYME INH SOLN	224	rabeprazole EC tab	230	RESTORIL CAP 22.5MG	179
PURIXAN SUSP	81	RADICAVA ORS	200	RESTORIL CAP 30MG	179
pyrazinamide tab	79	STARTER KIT		RESTORIL CAP 7.5MG	179
pyridostigmine CR tab	79	RADICAVA ORS SUSP	200	RETACRIT INJ	176
pyridostigmine tab	79	raloxifene tab	158	RETEVMO CAP	92
pyridstigmine soln	79	ramelteon tab	179	RETEVMO TAB	92
pyrimethamine tab	78	ramipril cap	68	RETEVMO TAB 40MG	93
PYRUKYND TAB	173	RANEXA TAB	22	RETIN-A CREAM	137
PYRUKYND TAPER	174	ranolazine tab	22	REVATIO SUSP	122
PACK		rasagiline tab	99	REVATIO TAB	122
<hr/>		RAZADYNE ER CAP	220	REVLIMID CAP	191
<b>Q</b>		RAZADYNE TAB	220	REYATAZ POWDER	108
QBRELIS SOLN	68	REBETOL SOLN	111	PACK	
QINLOCK TAB	92	REGLAN TAB	165	REYVOW TAB	188
QSYMIA CAP	2	REGRANEX GEL	150	REZLIDHIA CAP	93
QUESTRAN LITE	64	RELENZA DISKHALER	113	REZUROCK TAB	191
POWDER		REMERON SOLUTAB	43	RHEUMATREX TAB	6
QUESTRAN POWDER	64	REMERON TAB	43	RHOFADE CREAM	149
QUESTRAN POWDER	64	renaphro cap	195	ribavirin cap	111
PACK		RENOVA CREAM	137	RIBAVIRIN TAB	112
quetiapine tab	103	RENVELA TAB	168	rifabutin cap	79
quetiapine XR tab	103	repaglinide tab	55	RIFADIN CAP	79
quinapril tab	68	REPATHA INJ	67	RIFAMATE CAP	79
quinidine gluconate CR tab	25	REPATHA PUSHTRONEX	67	rifampin cap	80
quinidine sulfate tab	25	INJ		RIFATER TAB	79
QVAR REDIHALER	29	REQUIP TAB	99	riluzole tab	200
<hr/>		RESCRIPTOR TAB	108	RIMANTADINE TAB	113
<b>R</b>		RESTORIL CAP 15MG	179	RINVOQ ER TAB	6
RABAVERT INJ	236				

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ALPHABETICAL LISTING OF DRUGS

RINVOQ ORAL SOLN	6	ropinirole tab	99	SAVELLA PAK	221
RIOMET SOLN	50	rosuvastatin tab	66	SAVELLA TAB	221
risedronate DR tab	156	ROXICODONE TAB	16	SAXENDA INJ	2
risedronate tab	156	ROZEREM TAB	179	SCSEMBLIX TAB	93
RISPERDAL M ODT	101	ROZLYTREK CAP	93	SCSEMBLIX TAB 100 MG	93
RISPERDAL SOLN	102	ROZLYTREK PAK	93	scopolamine patch	59
RISPERDAL TAB	102	RUBRACA TAB	93	selegiline cap	99
risperidone microspheres	102	rufinamide susp	39	selegiline tab	99
inj		rufinamide tab	39	selenium sulfide lotion	142
RISPERIDONE ODT	102	RUKOBIA ER TAB	109	selenium sulfide shampoo	142
risperidone soln	102	RYBELSUS TAB	53	SELZENTRY SOLN	109
risperidone tab	102	RYDAPT CAP	93	SELZENTRY TAB	109
RITALIN LA CAP,	5	RYTHMOL SR CAP	25	SEMGLEE INJ, INSULIN	55
APTENSIO XR CAP				GLARGINE-YFGN INJ	
RITALIN TAB	5	<b>S</b>		SEMGLEE PEN, INSULIN	55
ritonavir tab	108	SALAGEN TAB	194	GLARGINE-YFGN PEN	
rivastigmine cap	220	SALEX SHAMPOO	148	SEMPREX-D CAP	134
rivastigmine patch	220	salsalate tab	12	SEROQUEL TAB	103
RIVIVE, REXTOVY	58	SANCUSO PATCH	58	SEROQUEL XR TAB	103
SPRAY		SANDIMMUNE SOLN	114	sertraline conc	46
rizatriptan ODT	188	100MG/ML		sertraline tab	46
rizatriptan tab	188	SANTYL OINT	147	sevelamer powder pak	168
ROBAXIN TAB	198	SAPHRIS SL TAB	103	sevelamer tab	168
ROBINUL TAB	229	sapropterin	160	SFROWASA ENEMA	167
ROCALTROL CAP	159	dihydrochloride powder		SHINGRIX INJ	236
ROCALTROL SOLN	159	packet		SIGNIFOR INJ	161
roflumilast tab	27	sapropterin	160	sildenafil susp	122
ropinirole ER tab	99	dihydrochloride soluble		sildenafil tab	120
		tab			

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ALPHABETICAL LISTING OF DRUGS

sildenafil tab 20mg	122	SLO-NIACIN TAB	241	sodium	137
SILVADENE CREAM	142	SLYND TAB	129	sulfacetamide/sulfur	
silver sulfadiazine cream	142	smz/tmp (DS) tab	74	cleanser 9-4.5%	
SIMBRINZA OPTH	204	smz/tmp susp	74	sodium	137
SUSP		SOD CHLORIDE INJ	190	sulfacetamide/sulfur	
SIMLANDI INJ	8	sodium chloride neb soln	134	emulsion 10-5%	
(adalimumab-ryvk)		sodium citrate/citric acid	169	sodium/magnesium/potassi	181
SIMPONI	8	soln		um soln	
AUTO-INJECTOR 100MG		sodium fluoride cream	194	SOFOSBUVIR/VELPATAS	112
SIMPONI INJ 100MG	8	sodium fluoride gel	194	VIR TAB	
simvastatin tab	66	sodium fluoride paste	194	SOGROYA INJ	158
SINEMET CR TAB	99	sodium fluoride rinse	194	SOHONOS CAP 1.5MG	199
SINEMET TAB	99	sodium fluoride soln	189	SOHONOS CAP 10MG	199
SINGULAIR CHEW TAB	27	SODIUM FLUORIDE TAB	189	SOHONOS CAP 1MG	199
SINGULAIR GRANULE	27	sodium fluoride/potassium	194	SOHONOS CAP 2.5MG	199
PACK		nitrate paste		SOHONOS CAP 5MG	199
SINGULAIR TAB	27	SODIUM OXYBATE	219	solifenacin tab	232
sirolimus soln	192	SOLN		SOLU-CORTEF INJ	131
sirolimus tab	114	sodium polystyrene	114	SOLU-CORTEF INJ	132
SIVEXTRO TAB	76	powder		100MG	
SKELAXIN TAB	198	sodium polystyrene susp	114	SOLU-MEDROL INJ	132
SKYCLARYS CAP	201	sodium sulfacetamide	137	SOLU-MEDROL INJ	132
SKYRIZI INJ 150MG/ML	141	lotion		2GM	
SKYRIZI INJ 180	167	sodium	137	SOLU-MEDROL PF INJ	132
MG/1.2ML		sulfacetamide/sulfur		SOMA TAB	198
SKYRIZI INJ	167	cleanser 10-5%		SOMAVERT INJ	157
360MG/2.4ML				sorafenib tosylate tab	93
SKYTROFA INJ	158			sotalol AF tab	116

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ALPHABETICAL LISTING OF DRUGS

sotalol tab	116	STRIVERDI RESPIMAT	32	SUPRAX CAP	125
SOTYLIZE SOLN	116	INHALER		SUPRAX CHEW TAB	125
5MG/ML		STROMEKTOL TAB	22	SUPRAX SUSP	125
SPECTRACEF TAB	125	SUBOXONE SL FILM	19	SUPRAX SUSP	125
SPEVIGO INJ	141	sucralfate susp	231	500MG/5ML	
SPIKEVAX INJ	236	sucralfate tab	230	SURMONTIL CAP	48
SPIKEVAX INJ	237	SUFLAVE SOLN	181	SYMAX DUOTAB	229
50MCG/0.5ML		sulfacetamide sodium	206	SYMBYAX CAP	221
SPINOSAD SUSP	150	ophth soln		SYMDEKO TAB	225
SPIRIVA RESPIMAT	27	sulfacetamide	210	SYMPROIC TAB	168
INHALER 1.25MCG/ACT		sodium/prednisolone		SYMTUZA TAB	109
spironolactone susp	154	ophth soln		SYNAREL NASAL SOLN	158
spironolactone tab	154	SULFACETAMIDE/PRED	210	SYNJARDY TAB	49
spironolactone/hydrochlor	153	NISOLONE OPHTH		SYNJARDY XR TAB	49
othiazide tab		SOLN		10-1000MG, 25-1000MG	
SPORANOX CAP	61	sulfadiazine tab	226	SYNJARDY XR TAB	49
SPORANOX SOLN	61	SULFAMYLON CREAM	142	5-1000MG,	
sprintec 28 tab	127	sulfasalazine EC tab	167	12.5-1000MG	
SPRYCEL TAB	93	sulfasalazine tab	167	SYNTHROID TAB	228
STALEVO TAB	100	sulindac tab	11		
STAVUDINE CAP	109	SUMADAN WASH	137	<b>T</b>	
STELARA INJ	141	9-4.5%		TABLOID TAB	81
STENDRA TAB	120	SUMATRIPTAN INJ	188	TABRECTA TAB	94
STIMATE NASAL SOLN	161	SUMATRIPTAN INJ	189	tacrolimus cap	114
STIOLTO INHALER	32	6MG/0.5ML		tacrolimus oint	147
STIVARGA TAB	94	sumatriptan tab	189	tadalafil tab	120
STRENSIQ INJ	160	sunitinib malate cap	94	tadalafil tab (PAH)	122
STRIBILD TAB	109	SUNOSI TAB	3	tadalafil tab 2.5mg, 5mg	120
				TADLIQ SUSP	122

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ALPHABETICAL LISTING OF DRUGS

TAFINLAR CAP	94	TEGRETOL XR TAB	39	testosterone cypionate inj	19
TAFINLAR TAB	94	TEKTURNA HCT TAB	72	TESTOSTERONE	20
TAGRISSE TAB	83	TEKTURNA TAB	73	ENANTHATE INJ	
TAKHZYRO INJ	172	telmisartan tab	69	200MG/ML	
TAKHZYRO INJ	173	temazepam cap 15mg	179	TESTOSTERONE GEL 1% 20	
150MG/ML		temazepam cap 22.5mg	179	25MG	
TALTZ INJ	141	temazepam cap 30mg	179	testosterone gel 1% 50mg	20
TALZENNA CAP 0.25MG	94	temazepam cap 7.5mg	179	testosterone gel 1% pump	20
TALZENNA CAP 0.5MG,	94	TEMOVATE CREAM	145	testosterone gel 1.62%	20
0.75MG, 1MG		TEMOVATE OINT	145	1.25gm	
TAMIFLU CAP	113	temozolomide cap	81	testosterone gel 1.62%	20
TAMIFLU CAP 30MG	113	tenofovir disoproxil	109	2.5gm	
tamoxifen tab	85	fumarate tab		TESTOSTERONE GEL	20
tamsulosin cap	170	TENORETIC TAB	72	PUMP 1%	
TAPAZOLE TAB	227	TENORMIN TAB	115	testosterone gel pump	20
TASIGNA CAP	94	TEPMETKO TAB	94	1.62%	
TASMAR TAB	98	TERAZOL CREAM	238	testosterone soln	20
tavaborole soln	139	terazosin cap	70	TETANUS/DIPHThERIA	228
TAVNEOS CAP	172	terbinafine tab	60	TOXOID INJ	
tazarotene cream 0.1%	141	terbutaline sulfate tab	32	tetrabenazine tab	222
TAZORAC CREAM	141	terconazole cream	238	tetracycline cap	226
TAZORAC CREAM 0.05%	141	TERCONAZOLE CREAM	238	TEZSPIRE INJ	26
TAZVERIK TAB	94	0.8%		THALOMID CAP	113
TECHLITE INSULIN	186	terconazole supp	238	THEO-24 CAP	32
SYRINGE		teriflunomide tab	223	theophylline ER tab	32
TECHLITE PEN NEEDLE	186	TERIPARATIDE INJ	156	theophylline soln	32
TEGRETOL SUSP	39	620MCG/2.48ML		THEOPHYLLINE TAB ER	32
TEGRETOL TAB	39	TESSALON CAP	132	thioridazine tab	104

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## ALPHABETICAL LISTING OF DRUGS

thiothixene cap	104	tobramycin ophth soln	206	tramadol/acetaminophen	18
THYROLAR TAB	228	tobramycin/dexamethason	210	tab	
tiagabine tab	41	e ophth soln		tranexamic acid tab	178
TIAZAC CAP	118	TOBREX OPHTH OINT	206	TRANSDERM-SCOP	59
TIBSOVO TAB	94	TOBREX OPHTH SOLN	206	PATCH	
TIGAN CAP	59	TODAY SPONGE	238	tranylcypromine tab	44
TIKOSYN CAP	26	TOFRANIL TAB	48	TRAVATAN Z DROPS	213
timolol maleate ophth gel	202	TOLAZAMIDE TAB	56	travoprost ophth soln	213
timolol maleate ophth soln	202	TOLBUTAMIDE TAB	56	trazodone tab	46
timolol maleate tab	116	tolcapone tab	98	TRECTOR TAB	80
TIMOPTIC OPHTH SOLN	202	tolterodine SR cap	232	TRELEGY ELLIPTA	32
TIMOPTIC-XE OPHTH	202	tolterodine tab	232	INHALER	
GEL		TOPAMAX SPRINKLE	39	TREMFYA INJ	141
TINDAMAX TAB	74	CAP		tretinoin cap	80
tinidazole tab	74	TOPAMAX TAB	39	tretinoin cream	137
tiopronin tab	171	TOPICORT CREAM	145	tretinoin gel	137
TIROSINT-SOL	228	TOPICORT OINT	145	tretinoin gel 0.08%	137
TIVICAY PD TAB	109	topiramate sprinkle cap	39	triamcinolone acetate inj	132
TIVICAY TAB	109	topiramate tab	39	triamcinolone cream	146
tizanidine tab	198	TOPROL XL TAB	115	triamcinolone in orabase	194
TOBI PODHALER	5	toremifene tab	85	paste	
TOBRADEX OPHTH	210	torsemide tab	154	triamcinolone lotion	146
OINT		TOVIAZ TAB	232	triamcinolone oint	146
TOBRADEX OPHTH	210	TRACLEER TAB 32MG	122	triamcinolone OTC nasal	200
SOLN		tramadol ER tab	16	spray	
TOBRADEX ST OPHTH	210	TRAMADOL HCL ER TAI	16	triamterene/hydrochloroth	153
SUSP		tramadol tab	16	iazide cap	
tobramycin neb soln	6				

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ALPHABETICAL LISTING OF DRUGS

triamterene/hydrochlorothiazide tab	154	TRI-VITAMIN FLUORIDE DROPS	196	TYVASO DPI POWDER TITRATION KIT	121
triazolam tab	179	TRIZIVIR TAB	109	16-32-48MCG	
tricitrates soln	169	tropicamide ophth soln	203	TYVASO DPI POWDER TITRATION KIT	121
tricon cap	177	trospium chloride SR cap	232	16-32MCG	
TRICOR TAB	65	trospium tab	232	TYVASO INH SOLN 0.6 MG/ML	121
trientine cap	191	TRUEPLUS INSULIN SYRINGE	186		
trifluoperazine tab	104	TRUEPLUS PEN NEEDLE	186	<b>U</b>	
TRIFLURIDINE OPHTH SOLN	206	TRULANCE TAB	164	UBRELVY TAB	187
trihexyphenidyl elixir	99	TRULICITY INJ	53	UCERIS RECTAL FOAM	21
TRIHEXYPHENIDYL SOLN	100	TRUMENBA INJ	233	UCERIS TAB	132
trihexyphenidyl tab	98	TRUQAP TAB	95	ULORIC TAB	171
TRIKAFTA TAB	225	TRUSOPT OPHTH SOLN	213	ULTRAM TAB	16
TRIKAFTA THERAPY PACK	225	TUKYSA TAB	82	ULTRAVATE CREAM	146
tri-legest tab	127	TURALIO CAP	95	ULTRAVATE OINT	146
TRILEPTAL SUSP	39	tussigon tab	132	UPNEEQ SOLN	213
TRILEPTAL TAB	39	TWIRLA PATCH	128	UPTRAVI TAB	123
TRI-LUMA CREAM	148	TYBLUME TAB	127	URECHOLINE TAB	232
trimethobenzamide cap	59	TYLENOL/CODEINE TAF	18	UROCIT-K TAB	170
TRIMETHOPRIM TAB	74	TYMLOS INJ	156	UROXATRAL TAB	170
trimipramine cap	48	TYVASO DPI POWDER	121	URSO FORTE TAB	165
TRINTELLIX TAB	46	TYVASO DPI POWDER MAINTENANCE KIT	121	ursodiol cap	165
tri-sprintec tab	127	32-48MCG		ursodiol tab	165
TRIUMEQ PD TAB	109			<b>V</b>	
TRIUMEQ TAB	109			VAGIFEM TAB	239
				valacyclovir tab	112

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ALPHABETICAL LISTING OF DRUGS

VALCHLOR GEL	140	VASOTEC TAB	68	VERZENIO TAB	95
VALCYTE TAB	110	VAXNEUVANCE INJ	233	VESICARE TAB	232
valganciclovir soln	110	v-c forte cap	195	VFEND SUSP	61
valganciclovir tab	111	VELIVET PAK	127	VFEND TAB	61
VALIUM TAB 2MG, 10MG	24	VELPHORO CHEW TAB	169	V-GO INJ KIT	186
VALIUM TAB 5MG	24	VEMLIDY TAB	112	VIBRAMYCIN CAP	226
valproic acid cap	43	VENCLEXTA STARTER PACK	82	VIBRAMYCIN SUSP	227
valproic acid syrup	43	VENCLEXTA TAB	82	VIBRAMYCIN SYRUP	227
valsartan tab	69	VENELEX OINT	150	VICTOZA INJ	52
valsartan/hydrochlorothiazide tab	72	venlafaxine ER cap	47	VIDEX SOLN	110
VALTOCO NASAL SPRAY	35	venlafaxine tab	47	vigabatrin powder pack	41
VALTREX TAB	112	VENTAVIS INH SOLN	121	vigabatrin tab	41
VANCOCCIN CAP	75	VENTOLIN HFA	32	vigadrone powder pack	41
vancomycin cap	76	INHALER		VIGAMOX OPHTH SOLN	206
VANFLYTA TAB	95	VERAPAMIL ER CAP,	118	VIJOICE GRANULES	192
VANFLYTA TAB 26.5MG	95	VERELAN CAP		PACKET	
VANIQA CREAM	147	verapamil SR cap	118	VIJOICE TAB	192
varidenafil ODT	120	VERAPAMIL SR CAP	118	VIJOICE TAB 250MG	192
varidenafil tab	120	360mg		viorele tab, kariva tab	127
VARENICLINE TAB	224	verapamil SR tab	118	VIRACEPT TAB	110
varenicline tartrate tab	224	verapamil tab	118	VIREAD TAB 150MG, 200MG, 250MG	110
varenicline tartrate tab starter pack	224	VERELAN CAP	118	VISTARIL CAP	24
VARIVAX INJ	237	VERELAN PM CAP	118	VITAFOL STRIPS	197
VARUBI TAB	60	VERELAN PM ER CAP	118	vitamin D cap	240
VASERETIC TAB	72	200MG, 300MG		vitamin D cap 1000unit	240
		VERELAN SR CAP	118	vitamin D cap 400unit	240
		360mg			

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VITAMIN D TAB 400UNIT	240	WEGOVI INJ 2.4MG/0.75ML	3	XCOPRI TITRATION PAK 12.5-25MG	40
VITRAKVI CAP 100MG	95	WELIREG TAB	85	XCOPRI TITRATION PAK 150-200MG	41
VITRAKVI CAP 25MG	95	WELLBUTRIN SR TAB	43	XCOPRI TITRATION PAK 50-100MG	41
VITRAKVI SOLN	96	WELLBUTRIN XL TAB	44	XDEMVI OPTH SOLN	207
VIVELLE-DOT PATCH	163	wymzya FE tab	127	XELJANZ SOLN	6
VIZIMPRO TAB	83	<b>X</b>		XELJANZ TAB	6
VOGELXO GEL PUMP 1%	20	XACIATO GEL	237	XELJANZ XR TAB	6
VOLTAREN GEL	140	XADAGO TAB	99	XEMBIFY INJ	215
VONJO CAP	96	XALATAN OPTH SOLN	213	XENLETA TAB	77
voriconazole susp	61	XALKORI CAP	96	XIFAXAN TAB 200MG	74
voriconazole tab	61	XALKORI SPRINKLE CAP	96	XIFAXAN TAB 550MG	74
VOSEVI TAB	112	XAQUIL XR TAB	152	XIGDUO XR TAB	49
VOWST CAP	168	XARELTO STARTER PACK	33	XIGDUO XR TAB 10-1000MG	50
VOXZOGO INJ	160	XARELTO SUSP	33	XIGDUO XR TAB 2.5-1000MG, 5-1000MG	50
VP-PNV-DHA CAP	197	XARELTO TAB	33	XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	50
VYNDAMAX CAP	123	XCOPRI PAK 100-150MG	40	XOPENEX NEB SOLN	32
VYNDAQEL CAP	123	XCOPRI PAK 150-200MG	40	XOSPATA TAB	96
VYVANSE CAP	1	XCOPRI PAK 50-200MG	40	XPHOZAH TAB	160
VYVANSE CHEW TAB	2	XCOPRI TAB 150MG, 200MG	40	XPOVIO PAK	86
<b>W</b>		XCOPRI TAB 25MG	40	XTAMPZA ER CAP	16
WAKIX TAB	3	XCOPRI TAB 50MG, 100MG	40	XYZBAC TAB	152
warfarin tab	33				

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ST	Step Therapy	VAC	Vaccine Program		

ALPHABETICAL LISTING OF DRUGS

<b>Z</b>		ziprasidone cap	101	ZURZUVAE CAP 30MG	44
zafemy patch	128	ZIRGAN OPHTH GEL	207	ZUTRIPRO LIQUID	134
zafirlukast tab	27	ZITHROMAX POWDER	181	ZYDELIG TAB	96
zaleplon cap	179	PACK		ZYKADIA CAP	97
ZANAFLEX TAB	198	ZITHROMAX SUSP	181	ZYKADIA TAB	97
ZANOSAR INJ	81	ZITHROMAX TAB	181	ZYLET OPHTH SUSP	210
ZARONTIN CAP	42	ZOCOR TAB	66	ZYLOPRIM TAB	171
ZARONTIN SOLN	42	ZOFRAN ODT	59	ZYMAXID OPHTH SOLN	207
ZARXIO INJ	176	ZOFRAN SOLN	59	ZYPREXA TAB	103
ZAVZPRET NASAL	187	ZOFRAN TAB	59	ZYPREXA ZYDIS TAB	103
SPRAY		ZOKINVY CAP	192	ZYRTEC CHILD CHEW	62
ZEGALOGUE INJ	51	ZOLINZA CAP	96	TAB	
ZEGERID CAP OTC	231	zolmitriptan tab	189	ZYVOX SUSP	77
ZEJULA CAP	96	ZOLOFT CONC	46	ZYVOX TAB	77
ZEJULA TAB	96	ZOLOFT TAB	46		
ZELAPAR ODT	99	zolpidem ER tab	179		
ZELBORAF TAB	96	zolpidem tab	178		
ZEMPLAR CAP	160	ZONEGRAN CAP	39		
ZEPBOUND INJ	3	ZONISADE SUSP	39		
ZEPOSIA CAP	223	zonisamide cap	40		
ZEPOSIA STARTER PACK	223	ZONTIVITY TAB	173		
ZESTORETIC TAB	73	ZORYVE CREAM	142		
ZETONNA NASAL SPRAV	200	ZOVIRAX CAP	112		
ZIAC TAB	73	ZOVIRAX SUSP	112		
zidovudine cap	110	ZOVIRAX TAB	112		
zidovudine syrup	110	ZTALMY SUSP	40		
zidovudine tab	110	ZURZUVAE CAP 20MG,	44		
ZIMHI SOLN	58	25MG			

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

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	OL	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
ST	Step Therapy	VAC	Vaccine Program		

**L.A. CARE HOME INFUSION DRUG LIST**  
**Alphabetical Index**

**9/1/2024**

**Search Tip:**

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

**NC** =Not Covered

**generic** =small letters

**BRANDS** =CAPITAL LETTERS

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

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

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

**L.A. Care Home Infusion List**

**Alphabetical Index**

**Last Updated 9/1/2024**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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.
ADZYNMA KIT	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.
ALTUVIIIIO INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
AMBISOME INJ	-	F	ANTIFUNGALS
amikacin inj	-	F	AMINOGLYCOSIDES
aminophylline inj	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 9/1/2024**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
AMINOSYN II INJ	-	F	NUTRIENTS
AMINOSYN-RF INJ	-	F	NUTRIENTS
amiodarone inj	-	F	ANTIARRHYTHMICS
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.
APHEXDA INJ	-	EXC	HEMATOPOIETIC AGENTS
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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 9/1/2024**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
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
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
butorphanol inj	-	F	ANALGESICS - OPIOID
BYOOVIZ INJ (QL= 1 inj/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 AND TREATMENT AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ (QL= 6 vials/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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.
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

Symbols and abbreviations are defined on page 1.



**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
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

Symbols and abbreviations are defined on page 1.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
DEXTROSE W/NAACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	ANTI-ANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
diltiazem inj	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTI-HISTAMINES
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.
doxorubicin hcl inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOXORUBICIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline hyclate inj	-	F	TETRACYCLINES
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
edaravone inj (RADICAVA equiv)	-	NC	NEUROMUSCULAR AGENTS
ELAHERE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
electrolyte-a solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
ELELYSO INJ	PA	F	HEMATOPOIETIC AGENTS
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ELFABRIO SOL	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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

Symbols and abbreviations are defined on page 1.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELZONRIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENJAYMO SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
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
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 4MG/0.8ML (QL= 2 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eribulin mesylate inj (HALAVEN INJ equiv)	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
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

Symbols and abbreviations are defined on page 1.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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	ANTIHYPERTENSIVES
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 (QL= 1 inj/56 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA INJ 10MG/0.5ML (QL= 1 inj/56 days)	PA-QL	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
FLUDARABINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
folic acid inj	-	F	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fomepizole inj	-	F	ANTIDOTES

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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.
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.

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HALAVEN INJ	-	EXC	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)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION SOLN	-	NC	HEMATOLOGICAL AGENTS - MISC.
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

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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.
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F	OPHTHALMIC AGENTS
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	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
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

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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	PA	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
LAMZEDE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANTIDRA INJ	-	EXC	ANTIDIABETICS
LARTRUVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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LENMELDY INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQEMBI SOLN	PA	F	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
levoleucovorin inj (FUSILEV equiv)	--PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOLEUCOVORIN SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOTHYROXINE INJ	-	EXC	THYROID AGENTS
levothyroxine inj	-	F	THYROID AGENTS
LIBTAYO INJ (QL= 1 vial/3 weeks)	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
LOQTORZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lorazepam inj	-	F	ANTI-ANXIETY AGENTS
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

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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
LUTATHERA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F	OPHTHALMIC AGENTS
LYFGENIA SUSP	-	EXC	HEMATOPOIETIC AGENTS
MAGNESIUM SU INJ	-	EXC	MINERALS & ELECTROLYTES
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 (MESNEX equiv)	-	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

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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
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	NC	HEMATOPOIETIC AGENTS
MULT ELECTRO INJ PH	-	F	MINERALS & ELECTROLYTES
MVASI INJ (Restricted to Oncology, Ophthalmology 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.

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NPLATE INJ	PA	F	HEMATOPOIETIC AGENTS
NUCALA INJ (QL= 1 vial/28 days)	PA-QL	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
OGIVRI INJ (Restricted to Oncology or Hematolog Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OMISIRGE SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONCASPAR INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFTRAN) 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/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPFOLDA CAP	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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

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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.
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
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMGARDA SOLN (QL= 9 vials/90 days)	PA-QL	F	ANTIVIRALS
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

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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) (Restricted to Oncology or Hematology Specialist)	RS	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.
POMBILITI SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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
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 AND TREATMENT 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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F	NEUROMUSCULAR AGENTS
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
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROCTAVIAN INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
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.

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RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
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
selenious acid inj (SELENIUM equiv)	-	F	MINERALS & ELECTROLYTES
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
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
SKYRIZI SOLN (QL=1 vial per 28 days with up to 4 fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SMOFLIPID EMULSION	-	F	NUTRIENTS
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
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.
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMATULINE INJ	PA-QL	NC	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 (QL= 1 vial/4 months)	PA-QL	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS

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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 inj/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.
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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 (QL= 2 vials/lifetime)	PA-QL	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	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
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.
TRETEN 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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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= 1 vial/4 weeks)	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= 3 vials/6 months)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
valrubicin inj (QL= 24 vials/3 months)	PA-QL	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
VELCADE INJ, BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
VEOPOZ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
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.

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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
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F	DERMATOLOGICALS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS
VYVGART HYTRULO INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	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
XERAHA 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
XOLAIR INJ (QL= 2 vials/28 days)	PA-QL	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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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, Ophthalmology 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
ZYNTGLO 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.

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

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

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DrugName	Special Code	Tier
<b>ANTIARRHYTHMICS Cont.</b>		
NEXTERONE INJ/AMIODARONE INJ	-	F
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
CINQAIR INJ (QL= 6 vials/28 days)	PA-QL	F
FASENRA INJ (QL= 1 inj/56 days)	PA-QL	F
FASENRA INJ 10MG/0.5ML (QL= 1 inj/56 days)	PA-QL	F
NUCALA INJ (QL= 1 vial/28 days)	PA-QL	F
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F
XOLAIR INJ (QL= 2 vials/28 days)	PA-QL	F
<b>SYMPATHOMIMETICS</b>		
terbutaline inj (BRETHINE INJ equiv)	-	F
<b>XANTHINES</b>		
aminophylline inj	-	F
<b>ANTICOAGULANTS</b>		
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
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
<b>THROMBIN INHIBITORS</b>		
ARGATROBAN INJ	-	F
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS - MISC.</b>		
lacosamide iv inj	-	F
levetiracetam inj	-	F
<b>HYDANTOINS</b>		
fosphenytoin inj	-	F
PHENYTOIN INJ	-	F
<b>VALPROIC ACID</b>		
valproate inj	-	F
<b>ANTIDEPRESSANTS</b>		
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO SOLN	PA	F
<b>ANTIDIABETICS</b>		
<b>ANTIDIABETIC - CELLULAR THERAPY</b>		
LANTIDRA INJ	-	EXC
<b>ANTIDIABETIC-ANTIBODIES</b>		
TZIELD INJ (QL= 14 vials/month)	PA-QL	F
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		

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DrugName	Special Code	Tier
<b>ANTIDOTES Cont.</b>		
deferoxamine mesylate inj	-	F
fomepizole inj	-	F
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
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 (ZOFTRAN) inj	-	NC
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO INJ	-	NC
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b>		
CANCIDAS INJ	-	F
caspofungin acetate iv soln	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
<b>ANTIFUNGALS</b>		
ABELCET INJ	-	F
AMBISOME INJ	-	F
AMPHOTERICIN INJ	-	F
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
diphenhydramine inj	-	F
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ANGIOPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA INJ	PA	F
<b>ANTIHYPERTENSIVES</b>		
<b>VASODILATORS</b>		
hydralazine inj	-	F
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		

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DrugName	Special Code	Tier
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
metronidazole/ nacl inj	-	F
colistimethate inj	-	NC
pentamidine inj	-	NC
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
sulfamethoxazole/trimethoprim inj	-	F
<b>CARBAPENEMS</b>		
cilastatin/imipenem inj	-	F
ertapenem inj	-	F
meropenem inj	-	F
PRIMAXIN INJ	-	F
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL INJ	-	F
<b>CYCLIC LIPOPEPTIDES</b>		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
<b>GLYCOPEPTIDES</b>		
DALVANCE INJ	-	F
VANCOMYCIN INJ	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NAACL INJ	-	F
<b>LINCOSAMIDES</b>		
CLEOCIN INJ	-	F
clindamycin inj	-	F
lincomycin inj	-	F
<b>MONOBACTAMS</b>		
aztreonam inj	-	F
<b>OXAZOLIDINONES</b>		
linezolid IV soln	-	F
ZYVOX IV SOLN	-	F
<b>POLYMYXINS</b>		
colistimethate inj	-	F
polymyxin b inj	-	F
<b>STREPTOGRAMINS</b>		
SYNERCID INJ	-	F
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
CAPASTAT INJ	-	F
rifampin inj	-	F
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
bendamustine inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
BENDAMUSTINE SOL	PA	F
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	PA	F
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
<b>ANTIMETABOLITES</b>		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
cytarabine inj	-	F
decitabine inj	PA	F
fludarabine inj	-	F
fluorouracil inj	-	F
FOLOTYN 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
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC
VIDAZA INJ	-	NC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
BESPONSA INJ	PA	F
BLINCYTO INJ	PA	F
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F
DARZALEX SOLN	PA	F
ELAHERE INJ	PA	F
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F
ENHERTU INJ	PA	F
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F
EPKINLY INJ 4MG/0.8ML (QL= 2 vials/365 days)	PA-QL	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/3 weeks)	PA-QL	F
LOQTORZI 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= 1 vial/3 weeks)	PA-QL	F
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	PA-QL	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	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
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
MARGENZA INJ	PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
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
<b>ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY</b>		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
OMISIRGE SUS	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC
BREYANZI INJ	-	NC
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
ERBITUX INJ	PA	F
VECTIBIX IV SOLN	PA	F
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
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

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
LARTRUVO INJ	PA	F
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
DOXORUBICIN INJ	-	EXC
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
daunorubicin inj	-	F
doxorubicin hcl inj	-	F
epirubicin inj	-	F
idarubicin inj	-	F
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	F
lipodox inj	-	F
mitomycin inj	PA	F
mitoxantron inj	-	F
valrubicin inj (QL= 24 vials/3 months)	PA-QL	F
<b>ANTINEOPLASTIC COMBINATIONS</b>		
DARZALEX SOLN FASPRO	PA	F
OPDUALAG SOLN (QL= 2 vials/4 weeks)	PA-QL	F
VYXEOS INJ	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
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

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ALIQOPA INJ	-	NC
BORTEZOMIB INJ	-	NC
ISTODAX (OVERFILL) INJ	-	NC
VELCADE INJ	-	NC
VELCADE INJ, BORTEZOMIB INJ	-	NC
<b>ANTINEOPLASTIC ENZYMES</b>		
ERWINAZE INJ	-	EXC
ASPARLAS INJ	PA	F
ONCASPAR INJ	PA	F
RYLAZE INJ	-	NC
<b>ANTINEOPLASTIC RADIOPHARMACEUTICALS</b>		
AZEDRA INJ	-	EXC
LUTATHERA SOLN	-	EXC
PLUVICTO INJ	-	EXC
QUADRAMET INJ	-	EXC
STRONTIUM INJ	-	EXC
XOFIGO INJ	-	EXC
<b>ANTINEOPLASTICS MISC.</b>		
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
<b>CHEMOTHERAPY ADJUNCTS</b>		
ELITEK INJ	-	F
KEPIVANCE INJ	PA	F
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
dexrazoxane inj	-	F
KHAPZORY SOLN	PA	F
leucovorin inj	-	F
levoleucovorin inj	-	F
levoleucovorin inj (FUSILEV equiv)	--PA	F
mesna inj (MESNEX equiv)	-	F
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
LEUCOVORIN INJ	-	F
LEVOLEUCOVORIN SOLN	PA	F
COSELA INJ	-	NC
<b>MITOTIC INHIBITORS</b>		
HALAVEN INJ	-	EXC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ABRAXANE INJ	PA	F
docetaxel inj	-	F
docetaxel IV soln	-	F
eribulin mesylate inj (HALAVEN INJ equiv)	PA	F
ETOPOPHOS INJ	-	F
etoposide inj	-	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
<b>ONCOLYTIC VIRAL AGENTS</b>		
IMLYGIC INJ	-	EXC
<b>TOPOISOMERASE I INHIBITORS</b>		
irinotecan inj	-	F
ONIVYDE INJ	PA	F
topotecan inj	-	F
TRODELVY SOLN	PA	F
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine inj	-	F
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>BENZISOXAZOLES</b>		
INVEGA HAFYERA INJ	-	F
<b>PHENOTHIAZINES</b>		
PROCHLORPERAZINE INJ	-	F
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
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: 10QL-RS vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F
<b>CMV AGENTS</b>		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
FOSCAVIR INJ	-	NC
<b>HERPES AGENTS</b>		
acyclovir sodium IV soln	-	F
<b>MISC. ANTIVIRALS</b>		
PEMGARDA SOLN (QL= 9 vials/90 days)	PA-QL	F
<b>ASSORTED CLASSES</b>		
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA IV SOLN	PA	F
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
labetalol inj	-	F
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
<b>BETA BLOCKERS NON-SELECTIVE</b>		
propranolol inj	-	F
SOTALOL INJ	-	F
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
CARDENE INJ	-	F
diltiazem inj	-	F
nicardipine inj	-	F
verapamil inj	-	F
<b>CARDIOTONICS</b>		
<b>INOTROPES</b>		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F
milrinone inj	-	F
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>PROSTAGLANDIN VASODILATORS</b>		
epoprostenol inj	PA	F
treprostinil inj	PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ	-	NC
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI INJ	-	EXC

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Symbols and abbreviations are defined on page 1.



DrugName	Special Code	Tier
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORIN COMBINATIONS</b>		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
cefazolin inj	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFOTETAN INJ	-	F
cefoxitin inj	-	F
cefuroxime inj	-	F
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefotaxime inj	-	F
CEFTAZIDIME INJ	-	F
CEFTRIAXONE INJ	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO INJ	-	F
<b>CONTRACEPTIVES</b>		
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
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
<b>DERMATOLOGICALS</b>		
<b>ANTIPSORIATICS</b>		
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F
ILUMYA SOLN	-	NC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
BOTOX COSMETIC INJ	-	EXC
JEUVEAU INJ	-	EXC
<b>PROTECTIVES AGAINST UV RADIATION</b>		
SCENESSE IMP (QL=1 implant/56 days)	-	EXC
<b>WOUND CARE PRODUCTS</b>		
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F
<b>DIURETICS</b>		
<b>LOOP DIURETICS</b>		
furosemide inj	-	F
<b>OSMOTIC DIURETICS</b>		
mannitol inj	-	F
OSMITROL INJ	-	F
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
EVENITY INJ	PA	F
ibandronate sodium inj (BONIVA equiv)	-	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
PAMIDRONATE INJ	-	NC
RECLAST INJ	-	NC
ZOMETA INJ	-	NC
<b>CORTICOTROPIN</b>		
ACTHAR HP GEL INJ	-	NC
CORTROPHIN INJ GEL	-	NC
<b>INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS</b>		
TEPEZZA INJ	PA	F
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
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**ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.****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
ELFABRIO SOL	PA	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
KANUMA INJ	PA	F
LAMZEDE INJ	PA	F
MYOZYME/LUMIZYME INJ	PA	F
NAGLAZYME INJ	PA	F
NEXVIAZYME INJ	PA	F
NULIBRY INJ	PA	F
OPFOLDA CAP	PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
POMBILITI SOLN	PA	F
REVCOVI INJ	PA	F
VIMIZIM INJ	PA	F
XENPOZYME SOLN	PA	F

**POSTERIOR PITUITARY HORMONES**

desmopressin (DDAVP) inj	PA	F
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**SOMATOSTATIC AGENTS**

lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 day)	PA-QL	F
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
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F
SOMATULINE INJ	-	NC

**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
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DrugName	Special Code	Tier
<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
<b>INFLAMMATORY BOWEL AGENTS</b>		
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
<b>LIVE FECAL MICROBIOTA</b>		
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>HYPEROXALURIA AGENTS</b>		
OXLUMO INJ	PA	F
<b>GOUT AGENTS</b>		
<b>GOUT AGENTS</b>		
allopurinol inj	-	F
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>		
GIVLAARI INJ	PA	F
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADYNOVATE INJ	PA	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
ALTUVIIIIO INJ	PA	F
ESPEROCT INJ	PA	F
FEIBA INJ	PA	F
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F
HUMATE-P INJ	PA	F
NOVOSEVEN RT INJ	PA	F
ROCTAVIAN INJ (QL= 1 kit/lifetime)	PA-QL	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

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List  
 Category/Class  
 Last Updated\* 9/1/2024

DrugName	Special Code	Tier
<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
CORIFACT KIT	-	NC
ELOCTATE INJ	-	NC
FIBRYGA INJ	-	NC
HEMOPIL 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
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
ENJAYMO SOLN	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
VEOPOZ INJ	-	NC
<b>HEMATOLOGICAL ENZYMES - MISC</b>		
ADZYNMA KIT	PA	F
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR INJ	PA	F
<b>PLASMA PROTEINS</b>		
ALBUMINAR INJ	-	F
RYPLAZIM SOLN	PA	F
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE INJ	-	F
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CEREZYME INJ	PA	F
ELELYSO INJ	PA	F
VPRIV INJ	PA	F
<b>AGENTS FOR SICKLE CELL DISEASE</b>		

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

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DrugName	Special Code	Tier
<b>HEMATOPOIETIC AGENTS Cont.</b>		
CASGEVY INJ	-	EXC
LYFGENIA SUSP	-	EXC
ADAKVEO INJ	PA	F
<b>FOLIC ACID/FOLATES</b>		
folic acid inj	-	F
<b>HEMATOPOIETIC GENE THERAPY</b>		
ZYNTEGLO INJ	-	EXC
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
NPLATE INJ	PA	F
REBLOZYL INJ	PA	F
MIRCERA INJ	-	NC
<b>IRON</b>		
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
<b>STEM CELL MOBILIZERS</b>		
APHEXDA INJ	-	EXC
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	RS	F
MOZOBIL INJ	-	NC
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
tranexamic acid inj	-	F
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETICS - AMIDES</b>		
lidocaine inj	-	F
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin inj	-	F
<b>ERYTHROMYCINS</b>		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>BICARBONATES</b>		
sodium bicarbonate inj	-	F
<b>CALCIUM</b>		

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List  
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DrugName	Special Code	Tier
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
calcium gluconate inj	-	F
<b>ELECTROLYTE MIXTURES</b>		
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-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
MULT ELECTRO INJ PH	-	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
<b>MAGNESIUM</b>		
MAGNESIUM SU INJ	-	EXC
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
<b>MANGANESE</b>		
MANGANESE SULFATE INJ	-	F
<b>PHOSPHATE</b>		
potassium phosphate inj	-	F
sodium phosphate inj	-	F
<b>POTASSIUM</b>		
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE INJ	-	NC
<b>SODIUM</b>		

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## L.A. Care Home Infusion List

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DrugName	Special Code	Tier
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
sodium chloride inj	-	F
<b>TRACE MINERALS</b>		
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
selenious acid inj (SELENIUM equiv)	-	F
SELENIUM INJ	-	F
<b>ZINC</b>		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>ENZYMES</b>		
XIAFLEX INJ	PA	F
<b>IMMUNOMODULATORS</b>		
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F
VYVGART HYTRULO INJ	PA	F
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
GAMIFANT INJ	PA	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN (QL= 3 vials/6 months)	PA-QL	F
<b>LYMPHATIC AGENTS</b>		
SYLVANT INJ	PA	F
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
<b>UREMIC PRURITUS AGENTS</b>		
KORSUVA INJ	PA	F
<b>MULTIVITAMINS</b>		
<b>MULTIVITAMINS</b>		
INFUVITE INJ	-	F
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
INFUVITE INJ	-	F
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>VISCOSUPPLEMENTS</b>		
DUROLANE	PA	F
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC

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Symbols and abbreviations are defined on page 1.



## L.A. Care Home Infusion List

Category/Class

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DrugName	Special Code	Tier
<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
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
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL STEROIDS</b>		
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F
edaravone inj (RADICAVA equiv)	-	NC
RADICAVA INJ	-	NC
<b>MUSCULAR DYSTROPHY AGENTS</b>		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX INJ	PA	F
DYSPORT	PA	F
XEOMIN INJ	PA	F
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
DEXTROSE INJ	-	F
<b>LIPIDS</b>		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F

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## L.A. Care Home Infusion List

Category/Class

Last Updated\* 9/1/2024

DrugName	Special Code	Tier
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**NUTRIENTS Cont.****PROTEINS**

AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
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
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BYOOVIZ INJ (QL= 1 inj/eye/28 days)	PA-QL	F
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F

**OPHTHALMIC COMPLEMENT INHIBITORS**

IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F
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
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**OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS**

VISUDYNE INJ	PA	F
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**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**

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.</b>		
<b>IMMUNE SERUMS</b>		
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
PRIVIGEN INJ	PA	F
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ	PA	F
ZINPLAVA SOLN	PA	F
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
ampicillin inj	-	F
<b>NATURAL PENICILLINS</b>		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
<b>PENICILLIN COMBINATIONS</b>		
AMPICILLIN/SULBACTAM INJ	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
BACTOCILL/DEXTROSE INJ	-	F
NAFCILLIN INJ	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>LIQUID VEHICLES</b>		
STERILE DILUENT SOLN	-	F
sterile water for inj	-	F
<b>PROGESTINS</b>		
progesterone IM inj	-	F
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
<b>ANTIDEMENTIA AGENTS</b>		
ADUHELM INJ	-	EXC
LEQEMBI SOLN	PA	F
<b>CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS</b>		
SKYSONA INJ	-	EXC
<b>METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS</b>		
LENMELDY INJ	-	EXC
<b>MULTIPLE SCLEROSIS AGENTS</b>		
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= 1 vial/4 weeks)	PA-QL	F
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F
ONPATTRO SOLN	PA	F
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
<b>TETRACYCLINES</b>		
<b>FLUOROCYCLINES</b>		
XERAVA INJ	-	F
<b>GLYCYLCYCLINES</b>		
tigecycline inj	-	F
<b>TETRACYCLINES</b>		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
<b>THYROID AGENTS</b>		
<b>THYROID HORMONES</b>		
LEVOTHYROXINE INJ	-	EXC
levothyroxine inj	-	F
LIOTHYRONINE INJ	-	F
<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		
atropine sulfate iv soln	-	F
<b>H-2 ANTAGONISTS</b>		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		

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
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.</b>		
<b>ANTISPASMODICS</b>		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
ATROPINE SULFATE INJ	-	NC
<b>PROTON PUMP INHIBITORS</b>		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
<b>VASOPRESSORS</b>		
<b>VASOPRESSORS</b>		
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
vitamin K1 inj	-	F

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Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List  
Prior Authorization Drug List  
Last Updated\* 9/1/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABRAXANE INJ	F
ACTEMRA INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADYNOVATE INJ	F
ADZYNMA KIT	F
ALDURAZYME INJ	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	F
ALTUVIIIO 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
COLUMVI 10/10ML INJ	F
COLUMVI 2.5MG INJ	F

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**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
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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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
CRYSVITA INJ	F
DARZALEX SOLN	F
DARZALEX SOLN FASPRO	F
decitabine inj	F
desmopressin (DDAVP) inj	F
DUROLANE	F
DYSPORT	F
ELAHERE INJ	F
ELAPRASE INJ	F
ELELYSO INJ	F
ELEVIDYS KIT	F
ELFABRIO SOL	F
ELIGARD INJ 22.5 MG	F
ELIGARD INJ 30 MG	F
ELIGARD INJ 45 MG	F
ELIGARD INJ 7.5 MG	F
ELREXFIO INJ 44MG/1.1ML	F
ELREXFIO INJ 76MG/1.9ML	F
ELZONRIS SOLN	F
ENHERTU INJ	F
ENJAYMO SOLN	F
ENTYVIO INJ	F
EPKINLY INJ 48 MG/0.8ML	F
EPKINLY INJ 4MG/0.8ML	F
epoprostenol inj	F
ERBITUX INJ	F
eribulin mesylate inj	F
ESPEROCT INJ	F
EVENITY INJ	F
EVKEEZA INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FASENRA INJ 10MG/0.5ML	F
FEIBA INJ	F
FIRMAGON INJ 120MG	F
FIRMAGON INJ 80MG	F
FLEBOGAMMA INJ	F

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**L.A. Care Home Infusion List cont.  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
HEMGENIX INJ	F
HEPAGAM B INJ	F
HUMATE-P INJ	F
HYPERHEP B INJ	F
ILARIS INJ	F
IMFINZI INJ	F
IMJUDO INJ	F
INFLIXIMAB INJ	F
IXEMPRA KIT INJ	F
IZERVAY SOLN	F
JELMYTO INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KANUMA INJ	F
KEPIVANCE INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KHAPZORY SOLN	F
KIMMTRAK SOLN	F
KORSUVA INJ	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
LAMZEDE INJ	F
Ianreotide acetate extended release inj	F
LARTRUVO INJ	F
LEMTRADA INJ	F

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**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
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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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
LEQEMBI SOLN	F
levoleucovorin inj	F
LEVOLEUCOVORIN SOLN	F
LIBTAYO INJ	F
LOQTORZI 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
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
OPFOLDA CAP	F
ORENCIA INJ	F
OXLUMO INJ	F
PADCEV INJ	F
PANZYGA INJ	F
pemetrexed disodium for iv soln	F
PEMGARDA SOLN	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 9/1/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
PERJETA INJ	F
POLIVY INJ	F
POMBILITI SOLN	F
POTELIGEO INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
QALSODY SOL	F
REBLOZYL INJ	F
REBYOTA SUSP FECAL	F
REVCovi INJ	F
ROCTAVIAN INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
RYPLAZIM SOLN	F
RYSTIGGO INJ	F
SANDOSTATIN LAR DEPOT KIT	F
SAPHNELO SOLN	F
SARCLISA SOLN	F
SEVENFACT INJ	F
SIGNIFOR LAR INJ	F
SIMPONI ARIA INJ	F
SINUVA 1350 MCG IMP	F
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
TECENTRIQ INJ 1200MG/20ML	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 9/1/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
VYJUVEK GEL	F
VYVGART HYTRULO INJ	F
VYVGART INJ	F
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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 9/1/2024**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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\* 9/1/2024

### Quantity Limit (QL)

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

#### Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
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 inj/eye/28 days
CABENUVA SUSP	QL=1 kit/month
CIMERLI INJ	QL= 1 inj/eye/28 days
CINQAIR INJ	QL= 6 vials/28 days
COLUMVI 10/10ML INJ	QL= 3 vials/21 days
COLUMVI 2.5MG INJ	QL= 1 vial/21 days
ELEVIDYS KIT	QL= 1 kit/lifetime
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
ELREXFIO INJ 44MG/1.1ML	QL= 2 vials/365 days
ELREXFIO INJ 76MG/1.9ML	QL= 4 vials/28 days
ENTYVIO INJ	QL= 1 vial/56 days
EPKINLY INJ 48 MG/0.8ML	QL= 4 vials/28 days
EPKINLY INJ 4MG/0.8ML	QL= 2 vials/365 days
FASENRA INJ	QL= 1 inj/56 days
FASENRA INJ 10MG/0.5ML	QL= 1 inj/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
IZERVAY SOLN	QL= 2 vials/28 days
JELMYTO INJ	QL= 17 kits/425 days
KRYSTEXXA INJ	QL= 2 mL/28 days
lanreotide acetate extended release inj	QL= 1 syringe/28 days
LEMTRADA INJ	QL= 3.6 mL/year
LIBTAYO INJ	QL= 1 vial/3 weeks
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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.****Last Updated\* 9/1/2024****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
NUCALA INJ	QL= 1 vial/28 days
OPDUALAG SOLN	QL= 2 vials/4 weeks
OZURDEX IMPLANT	QL=2 inj/180 days
PEMGARDA SOLN	QL= 9 vials/90 days
PERJETA INJ	QL= 42 mL/63 days
PROLIA SOLN	QL= 1 inj/6 months
QALSODY SOL	QL= 1 vial/28 days
REBYOTA SUSP FECAL	QL= 150 mL/lifetime
ROCTAVIAN INJ	QL= 1 kit/lifetime
RYSTIGGO INJ	QL= 36 ml/63 days
SANDOSTATIN LAR DEPOT KIT	QL=1 kit every 4 weeks
SAPHNELO SOLN	QL=2ml/28 days
SIGNIFOR LAR INJ	QL=1 kit/28 days
SINUVA 1350 MCG IMP	QL= 2 kits/90 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
SPINRAZA INJ	QL= 1 vial/4 months
SUNLENCA INJ	QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist
SUSVIMO INJ	QL= 1 inj/eye/168 days
SYFOVRE INJ	QL= 2 vials/25 days
TECENTRIQ INJ 1200MG/20ML	QL= 1 vial/3 weeks
TECENTRIQ INJ 840MG/14ML	QL= 2 vials/4 weeks
TEZSPIRE SOLN	QL=1 inj/28 days
THYROGEN INJ	QL= 2 vials/lifetime
TIVDAK INJ	QL= 5 vials/21 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= 1 vial/4 weeks
TZIELD INJ	QL= 14 vials/month
UPLIZNA SOLN	QL= 3 vials/6 months
valrubicin inj	QL= 24 vials/3 months
VYJUVEK GEL	QL= 4 vials/28 days
VYVGART INJ	QL= 12 vials/28 days; 8 fills/year

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Last Updated\* 9/1/2024**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
XIPERE INJ	QL=2 inj/fill
XOLAIR INJ	QL= 2 vials/28 days
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

Symbols and abbreviations are defined on page 1.



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