



**L.A. Care**  
*Covered™ Direct*

# L.A. Care Health Plan

## *L.A. Care Covered™ Direct 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 All previous versions of the formulary are no longer in effect.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/direct>

**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 6/1/2024

<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

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

Last Updated 6/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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

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2

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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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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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>		

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

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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> (RITALIN LA 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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 6/1/2024

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<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	-
<i>paromomycin cap 250MG</i> (HUMATIN Equiv)	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
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
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= 1 inj/28 days

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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= 1 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= 1 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 PFS KIT 20 MG/0.4ML 20MG/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

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Last Updated 6/1/2024

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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 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>		
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

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<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	-
<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	-

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<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-
<i>ibuprofen tab 400MG, 600MG</i>	1	Rx covered Only
<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	-
<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	-

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<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	-
TOLMETIN TAB 600MG ( <i>tolmetin sodium</i> )	3	-
<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 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
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system</b>		

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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 400MCG, 600MCG, 800MCG ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 units/30 days

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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
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	1	QL QL=10 patches/30 days

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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
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	1	QL QL=120 tabs/30 days

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<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
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	QL QL=240ml/30 days

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<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 50MG ( <i>tramadol hcl</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
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML ( <i>acetaminophen w/ codeine</i> )	1	QL QL= 240ml/30 days

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<i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML</i> (HYCET Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (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, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (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
PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG ( <i>oxycodone w/ acetaminophen</i> )	3	QL QL=120 tabs/30 days

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<i>tramadol/acetaminophen tab 37.5MG-325MG</i> (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB 30MG-300MG ( <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
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>		

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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% <i>(testosterone)</i>	3	PA-QL QL= 4 bottles/30 days
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	-
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

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<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> (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 ( <i>testosterone</i> )	2	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
<b>ANORECTAL AGENTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
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>		

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<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	-
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> (STROMEKTOL Equiv)	1	PA
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-

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STROMEKTOL TAB 3MG ( <i>ivermectin</i> )	3	PA
<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	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG ( <i>isosorbide mononitrate</i> )	1	-
<i>isosorbide mononitrate tab 10MG, 20MG</i>	1	-
NITRO-BID OINT 2% ( <i>nitroglycerin</i> )	2	-
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	-

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<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	-
<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

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<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>		
<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	-

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<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 (TAMBOCOR Equiv)</i>	1	-
<i>propafenone ER cap 225MG, 325MG, 425MG (RYTHMOL SR Equiv)</i>	1	-
<i>propafenone tab 150MG, 225MG, 300MG (RYTHMOL Equiv)</i>	1	-
<i>RYTHMOL SR CAP 225MG, 325MG, 425MG (propafenone hcl)</i>	3	-
<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<i>amiodarone tab 100MG, 200MG, 400MG (CORDARONE Equiv)</i>	1	-
<i>CORDARONE TAB (amiodarone hcl)</i>	3	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG (TIKOSYN Equiv)</i>	1	-
<i>MULTAQ TAB 400MG (dronedarone hcl)</i>	2	-
<i>TIKOSYN CAP 125MCG, 250MCG, 500MCG (dofetilide)</i>	3	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		

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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 40MG/0.4ML ( <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 50MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT <i>(fluticasone propionate hfa)</i>	2	-

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FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT 100MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT 250MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT 50MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )	2	-
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	-

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<i>albuterol sulfate tab 2MG, 4MG</i>	1	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)</i>	1	-
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT <i>(umeclidinium-vilanterol)</i>	2	-
<i>arformoterol tartrate neb soln 15MCG/2ML (BROVANA Equiv)</i>	1	-
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 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)</i>	1	-

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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	-
<i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (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	-

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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
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	1	-
PERFORMIST NEB SOLN 20MCG/2ML ( <i>formoterol fumarate</i> )	3	-
SEREVENT DISKUS INHALER 50MCG/DOSE ( <i>salmeterol xinafoate</i> )	2	-
STIOLTO INHALER 2.5MCG/ACT ( <i>tiotropium bromide-olodaterol hcl</i> )	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT ( <i>olodaterol hcl</i> )	3	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	-

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<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	-
<i>theophylline tab er</i> (THEOPHYLLINE ER Equiv)	1	-
<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		
COUMADIN TAB 1MG, 2.5MG, 4MG, 5MG ( <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>		

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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 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</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/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML ( <i>dalteparin sodium</i> )	3	-
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

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<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= 2 packs/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	2	QL QL= 2 packs/fill
DIAZEPAM GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	2	QL QL= 2 packs/fill
<i>diazepam rectal gel 10MG, 20MG</i>	1	QL QL= 2 packs/fill
KLONOPIN TAB .5MG, 1MG, 2MG ( <i>clonazepam</i> )	3	-
NAYZILAM SPRAY 5MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
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-RS QL= 2 packs/fill; Restricted to Neurology Specialist

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<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	-
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

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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	-
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	-

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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	-
<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

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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
<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	-

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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
<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	-

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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
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	-

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<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	-
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	-

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<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	-
<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	-

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<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	-
WELLBUTRIN XL TAB 150MG, 300MG ( <i>bupropion hcl</i> )	3	-
<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 sulfite</i> )	3	-
PARNATE TAB 10MG ( <i>tranylcypromine sulfite</i> )	3	-

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PHENELZINE SULFATE TAB 15MG ( <i>phenelzine sulfate</i> )	1	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-
<i>tranylcypromine 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	-
<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	-

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<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	-
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>		

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<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	-
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 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (NORPRAMIN Equiv)	1	-
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	1	-

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<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	-
<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	-

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<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
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

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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
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>		

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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 (rdna)</i> )	2	QL QL= 2 inj/fill
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	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
PROGLYCEM SUSP 50MG/ML ( <i>diazoxide</i> )	3	-
ZEGALOGUE INJ .6MG/0.6ML ( <i>dasiglucagon hcl</i> )	2	QL QL= 2 inj/fill

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<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>		
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)
<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)

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BYETTA INJ 5MCG/0.02ML ( <i>exenatide</i> )	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML ( <i>tirzepatide</i> )	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML ( <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)
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	2	QL-RDX QL= 9ml/30 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	-

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HUMALOG MIX INJ 25UNIT/ML-75UNIT/ML, 50UNIT/ML ( <i>insulin lispro protamine &amp; lispro</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	-
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	-

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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	-
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	-

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<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	-
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	-

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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>		
<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

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<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
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 SPRAY 3MG/0.1ML ( <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 (ZOFTRAN Equiv) ( <i>ondansetron hcl</i> )	1	-

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<i>ondansetron tab 4MG, 8MG</i> (ZOFRAN Equiv)	1	-
SANCUSO PATCH 3.1MG/24HR ( <i>granisetron</i> )	4	QL QL= 4 patches/fill
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

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<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<i>aprepitant pak</i> (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<i>EMEND CAP 125MG, 40MG, 80MG</i>	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>		

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DIFLUCAN SUSP 10MG/ML, 40MG/ML <i>(fluconazole)</i>	3	-
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	-

**ANTI-HISTAMINES - Drugs to treat allergies**

**ANTI-HISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms**

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CARBINOXAMINE SOLN 4MG/5ML ( <i>carbinoxamine maleate</i> )	1	-
<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>ANTI-HISTAMINES - 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>ANTI-HISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>promethazine supp</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>ANTI-HISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-
<i>cyproheptadine tab 4MG</i>	1	-

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<b>ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol</b>		
NEXLETOL TAB 180MG ( <i>bempedoic acid</i> )	2	PA-QL QL= 1 tab/day
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol</b>		
NEXLIZET TAB 10MG-180MG ( <i>bempedoic acid-ezetimibe</i> )	2	PA-QL QL= 1 tab/day
<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	-
<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	-

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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	-
<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>		

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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	-
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	-

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<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>		
REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		

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

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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	-
<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

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<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	-
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	-

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<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</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 (ALDOMET Equiv) ( <i>methyldopa</i> )	1	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	1	-
MINIPRESS CAP 1MG, 2MG, 5MG ( <i>prazosin hcl</i> )	3	-
<i>prazosin cap</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>		
ACCURETIC TAB 20MG-25MG ( <i>quinapril-hydrochlorothiazide</i> )	3	-
ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG ( <i>quinapril-hydrochlorothiazide</i> )	3	-

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<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	-
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	-

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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	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv)	1	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv)	1	-
LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG <i>(benazepril &amp; hydrochlorothiazide)</i>	3	-

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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</i> (LOPRESSOR HCT Equiv)	1	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	1	-
<b>QUINAPRIL/HCTZ TAB 12.5MG-20MG</b>	1	-
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	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</i> (DIOVAN HCT Equiv)	1	-
VASERETIC TAB 10MG-25MG ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )	3	-
ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )	3	-

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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> (TEKTURN A Equiv)	1	-
TEKTURN A 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> (INSPIRA Equiv)	1	-
INSPIRA 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
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	-

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<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 (PROLOPRIM Equiv) ( <i>trimethoprim</i> )	1	-
<i>trimethoprim tab</i> (PROLOPRIM Equiv)	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 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	1	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		
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

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<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, 50MG/ML ( <i>vancomycin hcl</i> )	1	-
FIRVANQ SOLN 50MG/ML 50MG/ML ( <i>vancomycin hcl</i> )	1	-
VANCOGIN CAP 125MG, 250MG ( <i>vancomycin hcl</i> )	3	QL QL= 56 caps/fill
<i>vancomycin cap 125MG, 250MG</i> (VANCOGIN 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>		

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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
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

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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
<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>		
<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	-

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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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<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	-
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>		

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<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		
RIFAMATE CAP 150MG-300MG ( <i>isoniazid &amp; rifampin</i> )	2	-
RIFATER TAB 50MG-120MG-300MG ( <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 100MG, 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	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	1	-
TRECTOR TAB 250MG ( <i>ethionamide</i> )	3	RS Restricted to Infectious Disease Specialist

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<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>		
<i>HYCANTIN CAP .25MG, 1MG (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>		
<i>ALKERAN TAB 2MG (melphalan)</i>	3	LMSP-ONC
<i>busulfan inj 6MG/ML</i>	M	M
<i>BUSULFEX INJ 6MG/ML (busulfan)</i>	M	M
<i>CYCLOPHOSPHAMIDE CAP 25MG, 50MG (cyclophosphamide)</i>	3	ONC
<i>cyclophosphamide cap 25MG, 50MG</i>	1	ONC
<i>CYCLOPHOSPHAMIDE TAB 25MG, 50MG (cyclophosphamide)</i>	2	-
<i>GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG (lomustine)</i>	2	ONC
<i>HEXALEN CAP (altretamine)</i>	4	LMSP-ONC
<i>MELPHALAN TAB 2MG (melphalan)</i>	1	LMSP-ONC
<i>MYLERAN TAB 2MG (busulfan)</i>	4	LMSP-ONC
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	1	LMSP-ONC
<i>ZANOSAR INJ 1GM (streptozocin)</i>	M	M
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		

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<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>		
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>		

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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
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

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<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
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

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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 11.25MG, 22.5MG ( <i>leuprolide acetate (3 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
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

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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>		
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>		

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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
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
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

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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
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

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

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CAPRELSA 300MG TAB 300MG ( <i>vandetanib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 100MG ( <i>vandetanib</i> )	4	LD-ONC-PA-QL-SF QL= 2 tabs/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
<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

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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
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

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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
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

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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
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
<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

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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
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
<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
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

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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
TURALIO CAP 125MG, 200MG ( <i>pexidartinib hcl</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306

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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
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

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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
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

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<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 10000000UNIT/ML, 60000000UNIT/ML ( <i>interferon alfa-2b</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>		
<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>		

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<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	-
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	-

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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	-
TRIHXYPHENIDYL 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	-

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<i>carbidopa-levodopa-entacapone tab 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv)</i>	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 150MG, 300MG, 600MG</i> (ESKALITH ER Equiv)	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
<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	-

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<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	-
RISPERDAL SOLN 1MG/ML ( <i>risperidone</i> )	3	-
RISPERDAL TAB .5MG, 1MG, 2MG, 3MG, 4MG ( <i>risperidone</i> )	3	-

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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	-
CLOZARIL TAB 100MG, 200MG, 25MG, 50MG ( <i>clozapine</i> )	3	-

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<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>		
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	1	-

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<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> (COMPАЗINE Equiv)	1	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPАЗINE 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>		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	1	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	1	-

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<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
DESCOVY TAB 15MG-120MG, 25MG-200MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	\$0	-
<i>didanosine DR cap</i> (VIDEX EC Equiv)	1	-

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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	-
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	-

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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	-
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	-

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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	-
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	-

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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
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	-
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	-

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<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	-
<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

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BARACLUDE SOLN .05MG/ML ( <i>entecavir</i> )	3	PA Members age 9 or older require Prior Authorization
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	4	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/ML ( <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 (REBETOL Equiv) ( <i>ribavirin (hepatitis c)</i> )	1	LMSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	1	LMSP
RIBAVIRIN TAB 200MG ( <i>ribavirin (hepatitis c)</i> )	1	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir</i> )	4	LMSP-PA-QL QL= 1 tab/day

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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
<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

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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>		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	1	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	1	-

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<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>		
<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	-

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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>		
BETAPACE AF TAB 120MG, 160MG, 80MG ( <i>sotalol hcl (afib/afl)</i> )	3	-
BETAPACE TAB 120MG, 160MG, 80MG ( <i>sotalol hcl</i> )	3	-

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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	-
<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	-

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<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 ( <i>diltiazem hcl tab</i> )	3	-
<i>diltiazem ER cap 120MG, 60MG, 90MG</i> (TIAZAC 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	-
NORLIQVA ORAL SOLN 1MG/ML ( <i>amlodipine besylate</i> )	3	PA Members age 9 or older require Prior Authorization

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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>		
<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	-

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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</i> ( <i>vasodilator</i> ))	2	QL QL= 6 inj/30 days
EDEX INJ 10MCG, 20MCG, 40MCG ( <i>alprostadil</i> ( <i>vasodilator</i> ))	2	QL QL= 6 inj/30 days

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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

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

Last Updated 6/1/2024

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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>ildenafil ODT 10MG</i> (STAXYN Equiv)	1	QL QL= 6 tabs/30 days
<i>ildenafil 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
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

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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
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	1	LMSP-PA-QL QL= 2 tabs/day

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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
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		

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

**Last Updated 6/1/2024**

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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
<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>		
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	M
CEFAZOLIN INJ 100GM, 1GM, 2GM, 300GM, 3GM <i>(cefazolin sodium)</i>	M	M

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Last Updated 6/1/2024

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<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	-
<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

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<i>cefepodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv)	1	-
<i>cefepodoxime proxetil tab 100MG, 200MG</i> (VANTIN Equiv)	1	-
<i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i> OMNICEF SUSP ( <i>cefdinir</i> )	M	M
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	-
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	-

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

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<i>norethindrone acetate/ethinyl estradiol FE chew tab 1MG-20MCG-75MG</i> (MINASTRIN Equiv)	\$0	-
<i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
TYBLUME TAB .1MG-20MCG ( <i>levonorgestrel &amp; eth estradiol</i> )	\$0	-
VELIVET PAK ( <i>desogestrel-ethinyl estradiol (triphasic)</i> )	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
<i>wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR ( <i>levonorgestrel-ethinyl estradiol</i> )	\$0	-

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<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
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML ( <i>medroxyprogesterone acetate (contraceptive)</i> )	EXC	-
<i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv)	EXC	-

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<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	-
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	-

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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	-
<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	-

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<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> (PEDIAPRED Equiv)	1	-
PREDNISON 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
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	-

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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	-
<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

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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 ( <i>guaifenesin-codeine</i> )	1	OTC-QL QL= 240ml/fill
<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML</i>	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
<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	-

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PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv) <i>(promethazine-phenylephrine-codeine)</i>	1	-
<i>promethazine VC/codeine syrup</i> (PHENERGAN VC/CODEINE Equiv)	1	-
<i>promethazine/codeine syrup</i> 6.25MG/5ML-10MG/5ML (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	-
<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>		

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<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
BENZAACLIN GEL 1%-5%, 1.2%-2.5% ( <i>clindamycin phosphate-benzoyl peroxide</i> )	3	-
BENZAMYCIN GEL 3%-5% ( <i>benzoyl peroxide-erythromycin</i> )	3	-
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	-

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<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> (DUAC GEL Equiv)	1	-
DIFFERIN CREAM .1% ( <i>adapalene</i> )	3	PA
DIFFERIN GEL .1%, .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	-
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	-

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<i>sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9% (SUMADAN WASH Equiv)</i>	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 .04%, .1% (RETIN-A GEL Equiv)</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel 0.08% .08% (RETIN-A MICRO Equiv)</i>	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	-
CORTISPORIN OINT ( <i>bacitracin-polymyxin-neomycin hc</i> )	3	-
<i>gentamicin sulfate cream .1%</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-

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<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	1	-
<b>ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections</b>		
<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	1	-
<i>ciclopirox gel .77%</i> (LOPROX GEL Equiv)	1	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	1	-
<i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv)	1	-
<i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv)	1	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	1	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	1	-
EXELDERM SOLN ( <i>sulconazole nitrate</i> )	3	-
<i>ketconazole cream 2%</i> (NIZORAL CREAM Equiv)	1	-
<i>ketconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% ( <i>ciclopirox olamine</i> )	3	-
LOPROX SHAMPOO 1% ( <i>ciclopirox</i> )	3	-
LOTTRISONE CREAM ( <i>clotrimazole w/ betamethasone</i> )	3	-
MENTAX CREAM 1% ( <i>butenafine hcl</i> )	3	-
NAFTIFINE CREAM 1% ( <i>naftifine hcl</i> )	3	-
<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	-

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NIZORAL A-D SHAMPOO 1% ( <i>ketoconazole (topical)</i> )	EXC	OTC
<i>nizoral a-d shampoo 1%</i>	EXC	OTC
NIZORAL SHAMPOO ( <i>ketoconazole (topical)</i> )	3	-
<i>nystatin cream 100000UNIT/GM (MYCOSTATIN CREAM Equiv)</i>	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% (OXISTAT Equiv)</i>	1	-
<i>tavaborole soln 5% (KERYDIN Equiv)</i>	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% (VOLTAREN Equiv)</i>	1	OTC-QL QL= 5 tubes/fill
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% (TARGRETIN Equiv)</i>	1	LMSP-PA

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<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	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	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	-

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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
STELARA INJ 90MG/ML ( <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
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	-

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<i>penciclovir cream 1%</i> (DENA VIR 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	-
SULFAMYLLON 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	-
<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	-

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<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
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	-

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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	-
FLUOCINOLONE ACET CREAM .01% ( <i>fluocinolone acetonide</i> )	1	-
<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	-
<i>fluocinonide gel .05%</i>	1	-
<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

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<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	-
<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>		

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ADBRY INJ 150MG/ML ( <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 100MG/0.67ML ( <i>dupilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 200MG/1.14ML ( <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%, 5%</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>		
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	-

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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	-
PODOFILOX SOLN .5% (CONDYLOX Equiv) ( <i>podofilox</i> )	1	-
<i>podofilox soln .5%</i> (CONDYLOX Equiv)	1	-
SALEX SHAMPOO 2%, 3% ( <i>salicylic acid</i> )	3	-
SALEX SHAMPOO 6% ( <i>salicylic acid</i> )	3	-

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<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel 2%</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>		
<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	-

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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	-
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

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

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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
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

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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	-
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	-

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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	-
<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	-

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<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	-
<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	-

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FUROSCIX KIT 80MG/10ML ( <i>furosemide</i> )	4	LD-QL QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679
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	-
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
CHLOROTHIAZIDE TAB ( <i>chlorothiazide</i> )	1	-
<i>chlorothiazide tab</i>	1	-
<i>chlorthalidone tab 25MG, 50MG</i>	1	-
DIURIL SUSP 250MG/5ML ( <i>chlorothiazide</i> )	2	-

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<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	-
ATELVIA 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

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<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
<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

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<b>GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis</b>		
ORILISSA TAB 150MG 150MG ( <i>elagolix sodium</i> )	2	PA-QL QL= 1 tab/day
ORILISSA 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 1MG, 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
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	-

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<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	-
<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	-

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<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	-
<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

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

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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
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	-
STIMATE NASAL SOLN 1.5MG/ML ( <i>desmopressin acetate</i> )	2	LMSP
<b>PROGESTERONE RECEPTOR ANTAGONISTS ***</b>		
<i>mifepristone tab 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>		

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<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)</i>	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
<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 (ACTIVELLA Equiv)</i>	1	-
FEMHRT TAB .5MG-2.5MCG ( <i>norethindrone acetate-ethinyl estradiol</i> )	3	-

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<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	-
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	-

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<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	-
<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	-

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<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>		
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	-

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<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</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>		
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

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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
COLAZAL CAP 750MG ( <i>balsalazide disodium</i> )	3	-
DIPENTUM CAP 250MG ( <i>olsalazine sodium</i> )	3	-
<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 800MG ( <i>mesalamine</i> )	1	-

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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</i>	1	-
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system</b>		
<i>alosetron 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>alosetron hcl</i> )	3	-
<b>LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections</b>		
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	-

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<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	-
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	-

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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	-
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 Accredo 800-803-2523

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<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 5MG ( <i>finasteride</i> )	3	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG ( <i>alfuzosin hcl</i> )	3	-
<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	-

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<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>		
<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

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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
TAKHZYRO INJ 150MG/ML 150MG/ML ( <i>lanadelumab-flyo</i> )	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 ( <i>anagrelide hcl</i> )	3	-
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	1	-
BRILINTA TAB 60MG, 90MG ( <i>ticagrelor</i> )	2	-
CABLIVI INJ KIT 11MG ( <i>caplacizumab-yhdp</i> )	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	1	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	1	-

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<i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG ( <i>prasugrel hcl</i> )	3	-
PLAVIX TAB 75MG 75MG ( <i>clopidogrel bisulfate</i> )	3	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	1	-
ZONTIVITY TAB 2.08MG ( <i>vorapaxar sulfate</i> )	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 ( <i>mitapivat sulfate</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
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>		

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DROXIA CAP 200MG, 300MG, 400MG ( <i>hydroxyurea (sickle cell disease)</i> )	2	-
ENDARI POWDER PACK 5GM ( <i>glutamine (sickle cell)</i> )	4	LMSP-PA-QL QL= 6 packets/day
<b>AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders</b>		
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 (NASCOBAL Equiv)</i>	1	-
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>		

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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/ML, 480MCG/1.6ML ( <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
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	-

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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	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ( <i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-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	-

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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	-
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>		

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<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	-
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	-

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<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>		
<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

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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
<i>sodium/magnesium/potassium soln</i> 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP Equiv)	\$0	QL QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
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	-

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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>		
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	-

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<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, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	2	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	\$0	-
DIAPHRAGM ( <i>diaphragms</i> )	\$0	-
FEMALE CONDOMS ( <i>condoms - female</i> )	\$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS ( <i>condoms latex non-lubricated - male</i> )	\$0	OTC-QL QL= 12 condoms/fill
<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		

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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
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

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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 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 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

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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
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>		

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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>spacer/aerosol-holding chambers</i> )	2	OTC
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>		

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<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>		
AIMOVIQ INJ 140MG/ML, 70MG/ML ( <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
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

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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
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

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SODIUM FLUORIDE TAB .5MG, 1MG ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<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	-
<i>phospha 250 neutral tab</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	-

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<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>		
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

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<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
<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</i> (RAPAMUNE Equiv)	1	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS- Drugs to treat PIK3CA-Related OverGrowth Spectrum (PROS)</b>		

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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
SPS SUSP 15GM/60ML ( <i>sodium polystyrene sulfonate</i> )	1	-
<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>		
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>		

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FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM/119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/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 (mouth-throat)</i> )	3	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% ( <i>sodium fluoride-potassium nitrate</i> )	1	-
PREVIDENT SOLN .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	-

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<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>		
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>		

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<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/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	-
<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	-

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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	-
PRENATAL VITAMINS (NON-PREFERRED) ( <i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-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

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BACLOFEN SUSP 25MG/5ML (BACLOFEN Equiv) <i>(baclofen)</i>	1	PA Prior Authorization Required for members age 9 or older
<i>baclofen susp 25MG/5ML</i> (BACLOFEN Equiv)	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
<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</i> (ROBAXIN Equiv)	1	-
ROBAXIN TAB 750MG ( <i>methocarbamol</i> )	3	-
SKELAXIN TAB 800MG ( <i>metaxalone</i> )	3	-

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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>		
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

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<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	-
<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

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<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	-
<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

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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>		
<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	-

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<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	-
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	-

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<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	-
<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	-

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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	-
<i>bacitracin/neomycin/polymyxin b ophth oint</i> <b>3.5MG/GM-400UNIT/GM-10000UNIT/GM,</b> <b>5MG/GM-400UNIT/GM-10000UNIT/GM</b> (NEOSPORIN Equiv)	1	-
<i>bacitracin/polymyxin b ophth oint</i> <b>500UNIT/GM-10000UNIT/GM</b> (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

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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	-
<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> (TOBREX Equiv)	1	-

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TOBREX OPHTH OINT ( <i>tobramycin sulfate (ophth)</i> )	3	-
TOBREX 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	-
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>		

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ALREX OPHTH SUSP 0.2% .2% ( <i>loteprednol etabonate</i> )	3	-
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophthalmic oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	1	-
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 ophthalmic 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 ophthalmic 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	-

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<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	-
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 .1%-3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML</i> (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	-

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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	-
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	-

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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	-
ALOCRILOPHTH SOLN 2% ( <i>nedocromil sodium (ophth)</i> )	2	-
ALOMID OPHTH SOLN .1% ( <i>lodoxamide tromethamine</i> )	2	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	1	-
AZOPT OPHTH SUSP 1% ( <i>brinzolamide</i> )	3	-
<i>bepotastine ophth soln 1.5%</i> (BEPREVE Equiv)	1	-
BEPREVE OPHTH 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	-
BROMFENAC OPHTH 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	-

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CROMOLYN SODIUM OPHTH 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
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

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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	-
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

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PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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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
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	-
<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	-

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<i>neomycin/polymixin/hydrocortisone otic susp 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)</i>	1	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
<i>acetic acid/hydrocortisone otic soln 1%-2% (VOSOL HC Equiv)</i>	1	-
<i>DERMOTIC OIL .01% (fluocinolone acetonide (otic))</i>	3	-
<i>fluocinolone otic oil .01% (DERMOTIC Equiv)</i>	1	-
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<i>methylergonovine tab .2MG (METHERGINE Equiv)</i>	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>		
<i>GAMASTAN INJ (immune globulin (human) im)</i>	M	M
<i>GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM (immune globulin (human) iv)</i>	M	M
<i>HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (immune globulin (human) subcutaneous)</i>	2	KMSP-PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency</b>		

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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
<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>		

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

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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 (PFIZERPEN G Equiv) <i>(penicillin g potassium)</i>	M	M
<i>pfizerpen g inj 20000000UNIT, 5000000UNIT</i> (PFIZERPEN G Equiv)	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	-
<i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	1	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i>	M	M

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

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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</i> (DYNAPEN Equiv)	1	-
<i>nafcillin inj 10GM, 1GM, 2GM</i>	M	M
<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

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<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	-
DISULFIRAM TAB ( <i>disulfiram tab</i> )	1	-
<i>disulfiram tab 250MG, 500MG</i>	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

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

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<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
<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	-

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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	-
<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	-

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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>		
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
<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
<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
EXTAVIA INJ .3MG ( <i>interferon beta-1b</i> )	4	MSP
<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

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<i>glatiramer inj 20MG/ML, 40MG/ML (COPAXONE Equiv)</i>	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
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 (AUBAGIO TAB Equiv)</i>	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 sulfate</i> )	2	PA-QL QL= 2 caps/day
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological 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
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

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

Last Updated 6/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
<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

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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
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

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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
<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</i> (DECLOMYCIN Equiv)	1	-
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	1	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	1	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	1	-

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<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	1	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	1	-
MINOCIN CAP 100MG, 50MG ( <i>minocycline hcl</i> )	3	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	1	-
MONODOX CAP ( <i>doxycycline (monohydrate)</i> )	3	-
<i>tetracycline cap 250MG, 500MG</i>	1	-
VIBRAMYCIN CAP 100MG ( <i>doxycycline hyclate</i> )	3	-
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, 5MG ( <i>methimazole</i> )	3	-
<b>THYROID HORMONES - Drugs to regulate thyroid hormones</b>		

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**Last Updated 6/1/2024**

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ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 120MG, 130MG, 146.25MG, 15MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 30MG, 32.5MG, 325MG, 48.75MG, 60MG, 65MG, 81.25MG, 90MG, 97.5MG <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	-
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	-

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

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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	-
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	-

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<i>hyoscyamine sulfate CR tab .375MG</i> (LEVVID 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	-
LEVVID 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 150MG, 300MG</i> (AXID Equiv)	1	-
NIZATIDINE SOLN 15MG/ML ( <i>nizatidine</i> )	3	PA Members age 9 or older require Prior Authorization
PEPCID SUSP ( <i>famotidine</i> )	3	-
PEPCID TAB 10MG, 20MG, 40MG ( <i>famotidine</i> )	3	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		

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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	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
CARAFATE SUSP 1GM/10ML ( <i>sucralfate</i> )	3	-

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<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
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	1	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	1	-

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<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 25MG, 50MG ( <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 (recombinant omv adjuvanted)</i> )	\$0	VAC Covered for members age 19 years or older
PNEUMOVAX INJ 25MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	\$0	VAC

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

Last Updated 6/1/2024

<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
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 ( <i>influenza virus vaccine split preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
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

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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
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

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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
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 QUAD PF INJ ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</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 QUAD INJ, FLUZONE QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
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

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Last Updated 6/1/2024

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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 ( <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
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

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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>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
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	-

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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% .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)
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

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

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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</i> (PROAMATINE Equiv)	1	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency</b>		
PRENATAL VITAMINS (NON-PREFERRED) <i>(prenatal without a vit w/ fe fum-iron polysacch complex -fa)</i>	3	-

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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 250MG, 500MG</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 TAB 1000MG ( <i>niacin</i> )	1	OTC
<i>niacinamide tab 100MG, 500MG</i>	1	OTC
POTABA CAP 500MG ( <i>potassium aminobenzoate</i> )	3	-
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	103	ACCU-CHEK TEST STRIP	149	acyclovir oint	140
abacavir tab	103	ACCUPRIL TAB	67	acyclovir susp	111
abacavir/lamivudine tab	104	ACCURETIC TAB	69	acyclovir tab	111
abacavir/lamivudine/zidovudine tab	104	acebutolol cap	114	ADACEL/BOOSTRIX INJ	227
ABILIFY TAB	103	acetaminophen/codeine soln	16	ADALAT CC TAB	115
abiraterone tab 250mg	83	acetaminophen/codeine tab	16	ADALIMUMAB FKJP KIT	6
ABSTRAL SL TAB	12	acetaminophen/codeine tab	16	INJ 20MG/0.4ML	
acamprosate calcium DR tab	217	acetazolamide ER cap	151	ADALIMUMAB-AATY 20	6
acarbose tab	48	acetazolamide tab	151	MG/0.2 ML PFS (2	
ACCOLATE TAB	27	acetic acid otic soln	212	SYRINGE) KIT	
ACCU-CHEK AVIVA PLUS METER	182	acetic acid/hydrocortisone otic soln	213	ADALIMUMAB-AATY 40	7
ACCU-CHEK AVIVA PLUS TEST STRIP	149	acetylcysteine soln	133	MG/0.4 ML PEN (1 PEN)	
ACCU-CHEK GUIDE CARE METER	182	ACIPHEX TAB	229	KIT	
ACCU-CHEK GUIDE METER	182	acitretin cap	139	ADALIMUMAB-AATY 40	7
ACCU-CHEK GUIDE TEST STRIP	149	ACTEMRA ACTPEN INJ	8	MG/0.4 ML PEN (2 PEN)	
ACCU-CHEK NANO METER	182	ACTEMRA SC INJ	8	KIT	
ACCU-CHEK SMARTVIEW TEST STRIP	149	ACTHAR GEL INJ	155	ADALIMUMAB-AATY 40	7
		ACTIGALL CAP	163	MG/0.4 ML PFS (2	
		ACTIMMUNE INJ	95	SYRINGE) KIT	
		ACTIQ LOZENGE	12	ADALIMUMAB-AATY 80	7
		ACTIVELLA TAB	160	MG/0.8 ML PEN (1 PEN)	
		ACTONEL TAB	154	KIT	
		ACTOS TAB	55	ADALIMUMAB-ADAZ	7
		ACULAR (LS) OPHTH SOLN	209	INJ	
		ACUVAIL OPHTH SOLN	209	ADALIMUMAB-ADAZ	7
		acyclovir cap	111	PFS INJ	
				ADALIMUMAB-FKJP	7
				AUTO-INJECTOR KIT	

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## ALPHABETICAL LISTING OF DRUGS

ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	7	albuterol HFA inhaler	29	ALKINDI SPRINKLE CAI	128
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	7	albuterol neb soln	29	0.5MG	
adapalene cream	134	ALBUTEROL NEBULIZER SOLN	29	ALKINDI SPRINKLE CAI	128
adapalene gel	134	albuterol sulfate syrup	29	1MG	
adapalene/benzoyl peroxide gel 0.1-2.5%	134	albuterol sulfate tab	30	ALLEGRA ODT	62
adapalene/benzoyl peroxide gel 0.3-2.5%	134	albuterol/ipratropium neb soln	30	allopurinol tab	169
ADBRY INJ	145	ALCAINE OPHTH SOLN	205	ALOCRILOPHTH SOLN	209
adefovir dipivoxil tab	109	alclometasone cream	141	ALOGLIPTIN TAB	52
ADEMPAS TAB	122	alclometasone oint	141	ALOGLIPTIN-METFORM IN TAB	49
ADIPEX-P CAP	2	ALCOHOL SWABS	184	ALOGLIPTIN-PIOGLITAZ ONE TAB	49
ADIPEX-P TAB	2	ALDACTAZIDE TAB	152	ALOMIDE OPHTH SOLN	209
ADVAIR HFA INHALER	29	ALDACTAZIDE TAB 50-50MG	152	ALORA PATCH	161
AEROCHAMBER	185	ALDACTONE TAB	153	alosectron tab	166
AEROCHAMBER SUPPLIES	185	ALDARA CREAM	146	ALPHAGAN P OPHTH SOLN 0.15%	202
AFLURIA INJ	232	ALECENSA CAP	86	alprazolam tab	23
AFLURIA INJ, FLUZONE INJ	232	alendronate sodium oral soln	154	ALREX OPHTH SUSP 0.2%	206
AGRYLIN CAP	171	alendronate tab	154	ALTACE CAP	67
AIMOVIG INJ	186	ALENDRONATE TAB 40MG	154	ALUNBRIG TAB 30MG	86
AJOVY INJ	186	alfuzosin SR tab	169	ALUNBRIG TAB 90MG, 180MG	86
AKYNZEO CAP	59	ALINIA SUSP	74	ALVESCO INHALER	28
albendazole tab	21	ALINIA TAB	74	amantadine cap	97
ALBENZA TAB	21	aliskiren tab	73	amantadine syrup	97
		ALKERAN TAB	80	amantadine tab	97

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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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ALPHABETICAL LISTING OF DRUGS

AMARYL TAB	55	AMOXICILLIN CHEW	214	ANDROGEL 1.62%	19
AMBIEN CR TAB	177	TAB		2.5GM	
AMBIEN TAB	177	amoxicillin susp	214	ANDROGEL PUMP 1%	19
ambrisentan tab	120	amoxicillin tab	214	ANDROGEL PUMP	19
amethyst tab	124	AMOXICILLIN/CLAVUL	215	1.62%	
AMICAR SOLN	176	ANATE ER TAB		ANNOVERA RING	127
AMICAR TAB	176	amoxicillin/clavulanate	215	ANORO ELLIPTA	30
amikacin inj	5	susp		INHALER	
amiloride tab	153	amoxicillin/clavulanate tab	215	ANTABUSE TAB	217
AMILORIDE/HCTZ TAB	152	500-125mg, 875-125mg		ANUSOL-HC CREAM	21
amiloride/hydrochlorothia	152	amphetamine/dextroamphe	1	ANZEMET TAB	58
zide tab		tamine ER cap		APAP/CODEINE SOLN	16
aminocaproic acid soln	176	amphetamine/dextroamphe	1	APRACLONIDINE	202
aminocaproic acid tab	176	tamine tab		OPHTH SOLN	
amiodarone tab	25	ampicillin cap	214	aprepitant pak	60
amitriptyline tab	47	ampicillin/sulbactam inj	215	APTIVUS CAP	104
amlodipine tab	116	ANAFRANIL CAP	47	APTIVUS SOLN	104
amlodipine/atorvastatin tab	118	anagrelide cap	171	aranelle tab	124
amlodipine/benazepril cap	70	ANASPAZ ODT	227	arformoterol tartrate neb	30
amlodipine/olmesartan tab	70	anastrozole tab	83	soln	
amlodipine/valsartan tab	70	ANCOBON CAP	60	ARICEPT TAB	218
ammonium lactate cream	145	ANDRODERM PATCH	19	ARICEPT TAB 23MG	218
ammonium lactate lotion	145	ANDROGEL 1% 25MG	19	ARIMIDEX TAB	83
amnesteem cap, claravis	134	ANDROGEL 1% 50MG,	19	aripiprazole soln	103
cap, isotretinoin cap,		TESTIM GEL 1%		aripiprazole tab	103
myorisan cap, zenatane cap		ANDROGEL 1.62%	19	ARIXTRA INJ	34
amoxapine tab	47	1.25GM		armodafinil tab	4
amoxicillin cap	214				

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ALPHABETICAL LISTING OF DRUGS

ARMOUR THYROID TAB, NATURE THROID TAB	226	ATROPINE SUL SOLN 1% OPHTH	201	AZOR TAB	70
ARNUITY ELLIPTA INHALER	28	ATROPINE SULFATE OPHTH OINT	201	AZULFIDINE EN TAB	165
AROMASIN TAB	83	ATROVENT HFA INHALER	26	AZULFIDINE TAB	165
ARTHROTEC TAB	9	AUGMENTIN ES-600 SUSP	216	<b>B</b>	
asenapine maleate SL tab	101	AUGMENTIN SUSP	216	BACITRACIN OPHTH OINT	203
ASMANEX HFA INHALER	28	AUGMENTIN TAB	216	bacitracin/neomycin/poly myxin b ophth oint	203
ASMANEX INHALER	28	AURYXIA TAB	166	bacitracin/polymyxin b ophth oint	203
aspirin chew tab 81mg	12	AVALIDE TAB	70	bacitracin/polymyxin/neo mycin/hydrocortisone	206
aspirin ec tab 81mg	12	AVAPRO TAB	68	ophth oint	
ASTAMED MYO CAP	150	AVELOX TAB	162	BACLOFEN ORAL SOLN	195
atazanavir cap	104	aviane tab	124	10 MG/5ML	
ATELVIA TAB	154	AVODART CAP	169	BACLOFEN ORAL SOLN	195
atenolol tab	114	AVONEX INJ	220	5 MG/5ML	
atenolol/chlorthalidone tab	70	AYGESTIN TAB	216	BACLOFEN SUSP	196
atomoxetine cap	3	AYVAKIT TAB	85	baclofen tab	196
ATORVALIQ SUSP	65	AZASITE SOLN	203	BACTRIM DS TAB	74
atorvastatin tab	65	azathioprine tab	112	BALCOLTRA TAB	124
atovaquone susp	75	azelaic acid gel	147	balsalazide cap	165
atovaquone/proguanil tab	77	azelastine nasal spray 0.1%	198	BALVERSA TAB 3MG	86
ATRALIN GEL, RETIN-A GEL	134	azelastine ophth soln	209	BALVERSA TAB 4MG	87
atropine ophth oint	201	AZILECT TAB	98	BALVERSA TAB 5MG	87
atropine ophth soln	201	azithromycin susp	180	BANZEL SUSP	36
		azithromycin tab	180	BAQSIMI NASAL POWDER	51
		AZOPT OPHTH SUSP	209		

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## ALPHABETICAL LISTING OF DRUGS

BARACLUDE SOLN	110	betamethasone augmented	141	bimatoprost ophth soln	145
B-D AUTOSHIELD DUO	185	gel		bisoprolol tab	114
PEN NEEDLE		betamethasone augmented	141	bisoprolol/hydrochlorothia	70
B-D INSULIN SYRINGE	185	lotion		zide tab	
U-500		betamethasone augmented	141	BLEPH-10 OPHTH SOLN	203
BECONASE AQ NASAL	198	ointment		BLEPHAMIDE S.O.P.	206
SPRAY		betamethasone	141	OPHTH OINT	
benazepril tab	67	dipropionate cream		BONIVA TAB 150MG	154
benazepril/hydrochlorothia	70	betamethasone	141	bosentan tab	120
zide tab		dipropionate lotion		BOSULIF CAP	87
BENICAR HCT TAB	70	betamethasone	141	BOSULIF TAB	87
BENLYSTA	191	dipropionate oint		BRAFTOVI CAP 75MG	87
AUTO-INJECTOR		betamethasone valerate	142	BREO ELLIPTA	30
BENLYSTA INJ	191	cream		INHALER	
BENTYL CAP	227	betamethasone valerate	142	BREO ELLIPTA	30
BENTYL SYRUP	227	lotion		INHALER 50-25	
BENZAFLIN GEL	134	betamethasone valerate	142	MCG/ACT	
BENZAMYCIN GEL	134	ointment		BREZTRI AEROSPHERE	30
BENZNIDAZOLE TAB	21	BETAPACE AF TAB	114	INHALER	
benzonatate cap 100mg,	131	BETAPACE TAB	114	BRILINTA TAB	171
200mg		bethanechol tab	231	brimonidine ophth soln	202
benztropine tab	96	bexarotene cap	96	0.15%	
bepotastine ophth soln	209	bexarotene gel	138	brimonidine ophth soln	202
BEPREVE OPHTH SOLN	209	BEXSERO INJ	231	0.2%	
BETAGAN OPHTH SOLN	200	BIAXIN TAB	180	brimonidine tartrate gel	147
betamethasone augmented	141	bicalutamide tab	83	brimonidine tartrate ophth	202
cream		BIKTARVY TAB	104	soln 0.1%	
		BILTRICIDE TAB	21		

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ALPHABETICAL LISTING OF DRUGS

brimonidine/timolol ophth soln	200	bupropion SR tab	222	calcitonin nasal spray	155
brinzolamide ophth susp	209	bupropion tab	44	calcitriol cap	157
bromfenac ophth soln	209	bupropion XL tab	44	CALCITRIOL OINT	139
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	209	bupirone tab	23	calcitriol soln	157
bromfenac sodium ophth soln 0.07%	209	busulfan inj	80	calcium acetate cap	167
bromocriptine cap	97	BUSULFEX INJ	80	CALIBRATION LIQUID	182
bromocriptine tab	97	butorphanol nasal spray	18	CALQUENCE CAP	87
BROVANA NEB SOLN	30	BUTRANS PATCH	18	CALQUENCE TAB	87
BROVEX PEB LIQUID	131	BYDUREON BCISE	52	CAMZYOS CAP	118
BRUKINSA CAP	87	AUTO INJ		capecitabine tab	81
budesonide ER tab	128	BYDUREON INJ	52	CAPRELSA 300MG TAB	88
budesonide inh susp	28	BYDUREON PEN INJ	52	CAPRELSA TAB	88
budesonide rectal foam	21	BYETTA INJ	53	captopril tab	67
budesonide SR cap	128	BYLVAY CAP 1200MCG	164	CAPTOPRIL/HYDROCHL OROTHIAZIDE TAB	
budesonide/formoterol inhaler	30	BYLVAY CAP 400MCG	164	CARAFATE SUSP	229
bumetanide tab	152	BYLVAY SPRINKLE CAP 200MCG	165	CARAFATE TAB	229
buprenorphine patch	18	BYLVAY SPRINKLE CAP 600MCG	165	carbamazepine chew tab	36
buprenorphine SL tab	18	<b>C</b>		carbamazepine ER cap	36
buprenorphine/naloxone sl film	18	cabergoline tab	159	carbamazepine ER tab	36
buprenorphine/naloxone SL tab	18	CABLIVI INJ KIT	171	carbamazepine susp	36
bupropion ER tab	44	CABOMETYX TAB	87	carbamazepine tab	36
		CADUET TAB	118	CARBATROL CAP	36
		CALAN SR TAB	116	carbidopa tab	96
		calcipotriene cream	139	carbidopa/levodopa ER tab	97
		calcipotriene oint	139	CARBIDOPA/LEVODOPA ODT	97
		calcipotriene soln	139	carbidopa/levodopa tab	97

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## ALPHABETICAL LISTING OF DRUGS

carbidopa-levodopa-entacapon pone tab	99	cefotaxime inj	123	chlorthalidone tab	153
CARBINOXAMINE SOLN	62	cefoxitin inj	123	chlorzoxazone tab 500mg	196
carbinoxamine tab	62	cefepodoxime proxetil susp	124	CHOLBAM CAP	163
CARDIZEM CD CAP	116	cefepodoxime proxetil tab	124	cholestyramine lite powder	63
CARDIZEM TAB	116	ceftriaxone inj	124	cholestyramine lite powder pack	63
CARDURA TAB	69	cefuroxime tab	123	cholestyramine powder	63
CARETOUCH MIS	185	CELEBREX CAP	9	cholestyramine powder pack	63
carglumic acid tab	157	celecoxib cap	9	CIBINQO TAB	145
carisoprodol tab	196	CELEXA TAB	45	ciclopirox cream	137
CARISPIR SUSP	153	CELONTIN CAP	42	ciclopirox gel	137
CARNITOR SOLN	157	CENTANY OINT	136	ciclopirox nail soln	137
CARNITOR TAB	157	cephalexin cap	123	ciclopirox shampoo	137
carvedilol tab	113	cephalexin susp	123	ciclopirox topical susp	137
CASODEX TAB	83	CERDELGA CAP	172	cilostazol tab	171
CATAPRES-TTS PATCH	69	CEREZYME INJ	172	CILOXAN OPHTH OINT	203
CAVERJECT INJ	118	CERVICAL CAP	181	CILOXAN OPHTH SOLN	203
CAYSTON INH SOLN	76	CESAMET CAP	59	CIMDUO TAB	104
cefaclor cap	123	cesia tab	124	cimetidine tab	228
CEFACTOR ER TAB	123	cevimeline cap	193	CIMZIA INJ	165
CEFACTOR SUSP	123	CHEMET CAP	57	CIMZIA STARTER INJ KIT	165
cefazolin inj	122	chlordiazepoxide cap	24	cinacalcet tab	158
CEFAZOLIN INJ	122	CHLORDIAZEPOXIDE/A MITRIPTYLINE TAB	219	CINRYZE INJ	170
cefdinir cap	123	chlorhexidine gluconate soln	192	CIPRO HC OTIC SUSP	212
cefdinir susp	123	chloroquine tab	77	CIPRO SUSP	162
CEFDITOREN TAB	123	CHLOROTHIAZIDE TAB	153		
cefixime cap	123	chlorpromazine tab	102		
cefixime susp	123				

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## ALPHABETICAL LISTING OF DRUGS

CIPRO TAB	162	CLEOCIN-T LOTION	134	CLOBEX LOTION	142
CIPRODEX OTIC SUSP	212	CLEOCIN-T PAD	134	CLOBEX SHAMPOO	142
CIPROFLOXACIN	162	CLEOCIN-T SOLN	134	CLOBEX SPRAY	142
100MG TAB		CLIMARA PATCH	161	clomipramine cap	47
ciprofloxacin ophth soln	203	clindamycin cap	76	clonazepam ODT	35
CIPROFLOXACIN OTIC	212	clindamycin gel	134	clonazepam tab	35
SOLN		clindamycin lotion	135	clonidine ER tab	3
ciprofloxacin susp	162	clindamycin pad	135	clonidine patch	69
ciprofloxacin tab	162	clindamycin soln	76	clonidine tab	69
ciprofloxacin/dexamethaso	212	clindamycin topical soln	135	clopidogrel tab 75mg	171
ne otic susp		clindamycin vaginal cream	237	clotrimazole troches	192
citalopram soln	45	clindamycin/benzoyl	135	clotrimazole/betamethason	137
citalopram tab	45	peroxide gel		e cream	
CITRULLINE PACKET	200	CLINDESSE VAGINAL	236	clozapine tab	101
CLARINEX SYRUP	62	CREAM		CLOZARIL TAB	101
CLARINEX TAB	62	clobazam susp	34	CODEINE SULFATE TAB	13
CLARINEX-D TAB	132	clobazam tab	35	15MG	
clarithromycin ER tab	180	clobetasol foam	142	CODEINE SULFATE TAB	13
CLARITHROMYCIN	180	clobetasol lotion	142	60MG	
SUSP		clobetasol propionate	142	codeine sulfate tablet	13
clarithromycin tab	180	cream		15mg, 30mg	
CLARITIN CHEW TAB	62	clobetasol propionate	142	COLAZAL CAP	165
CLEOCIN CAP	76	emollient cream		colchicine tab	170
CLEOCIN SOLN	76	clobetasol propionate gel	142	colchicine/probenecid tab	169
CLEOCIN VAGINAL	236	clobetasol propionate oint	142	colesevelam pack	63
CREAM		clobetasol propionate soln	142	colesevelam tab	63
CLEOCIN VAGINAL	237	clobetasol shampoo	142	COLESTID GRANULE	63
SUPP		clobetasol spray	142		

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ALPHABETICAL LISTING OF DRUGS

cyanocobalamin nasal spray 500 mcg/0.1ml	173	CYTRA-3 SYRUP	167	DEPAKOTE ER TAB	43
cyclobenzaprine tab 10mg	196	<b>D</b>		DEPAKOTE SPRINKLE CAP	43
cyclobenzaprine tab 5mg	196	dabigatran etexilate mesylate cap	34	DEPAKOTE TAB	43
CYCLOGYL OPHTH SOLN	201	dalfampridine ER tab	220	DEPEN TITRATAB	189
CYCLOMYDRIL OPHTH SOLN	201	DALIRESP TAB	27	DEPLIN CAP	150
cyclopentolate ophth soln	201	danazol cap	19	DEPO-MEDROL INJ	128
cyclophosphamide cap	80	DANTRIUM CAP	197	DEPO-MEDROL INJ, METHYLPREDNISOLON E ACE INJ	128
CYCLOPHOSPHAMIDE TAB	80	dantrolene cap	197	DEPO-PROVERA INJ	127
CYCLOSET TAB	52	dapsone tab	75	DEPO-PROVERA SC INJ 104MG	127
cyclosporine cap	112	darifenacin SR tab	230	DERMA-SMOOTH/FS OIL	142
cyclosporine modified cap	113	darunavir tab	104	DERMOTIC OIL	213
cyclosporine modified soln	113	DAYBUE SOLN	199	DESCOVY TAB	104
cyclosporine ophth emulsion	205	DDAVP NASAL SOLN	159	desipramine tab	47
cyproheptadine syrup	62	DDAVP NASAL SPRAY	159	DESLORATADINE ODT	62
cyproheptadine tab	62	DDAVP TAB	159	desloratadine tab	62
CYSTADROPS SOLN	210	deferasirox granules packet	57	desmopressin acetate nasal spray	159
CYSTAGON CAP	168	deferasirox tab	57	desmopressin acetate tab	159
CYSTARAN OPHTH SOLN	210	deferasirox tab for oral susp	57	desoximetasone cream	142
CYTOMEL TAB	226	deferiprone tab	57	desoximetasone oint	142
CYTOTEC TAB	229	DELESTROGEN INJ	161	desvenlafaxine ER tab	47
CYTRA K CRYSTALS	167	DELSTRIGO TAB	104	DETROL LA CAP	230
		demeclocycline tab	224	DETROL TAB	230
		DENAVIR CREAM	140		
		DEPAKENE CAP	43		
		DEPAKENE SYRUP	43		

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ALPHABETICAL LISTING OF DRUGS

DEXAMETHASONE CONC	129	DIALYVITE TAB	193	didanosine DR cap	104
dexamethasone elixir	129	DIALYVITE/ZINC TAB	193	DIFFERIN CREAM	135
DEXAMETHASONE OPTH SOLN	206	DIAPHRAGM	181	DIFFERIN GEL	135
DEXAMETHASONE SODIUM PHOSPHATE INJ	129	DIASTAT ACDL GEL	35	DIFICID SUSP	181
DEXAMETHASONE SOLN	129	DIASTAT RECTAL GEL,	35	DIFICID TAB	181
dexamethasone tab	129	DIAZEPAM RECTAL GEL		DIFLUCAN SUSP	61
DEXCOM G6 RECEIVER	182	diazepam conc	24	DIFLUCAN TAB	61
DEXCOM G6 SENSOR	182	DIAZEPAM GEL	35	difluprednate ophth emulsion	206
DEXCOM G6 TRANSMITTER	182	diazepam oral soln	24	digoxin soln	117
DEXCOM G7 RECEIVER	182	5mg/5ml		DIGOXIN SOLN	117
DEXCOM G7 SENSOR	182	diazepam rectal gel	35	0.05MG/ML	
DEXEDRINE CAP	1	diazepam tab 2mg, 10mg	24	digoxin tab	117
dexmethylphenidate ER cap	4	diazepam tab 5mg	24	dihydroergotamine mesylate inj	186
dexmethylphenidate tab	4	diazoxide susp	51	DILANTIN CAP 100MG	42
dextroamphetamine ER cap	1	DIBENZYLINE CAP	68	DILANTIN CAP 30MG	42
dextroamphetamine soln	1	diclofenac gel	139	DILANTIN INFATABS	42
dextroamphetamine tab	1	diclofenac gel 1%	138	DILANTIN SUSP	42
DIACOMIT CAP	36	diclofenac potassium tab	9	DILAUDID TAB 2MG	13
DIACOMIT POWDER PACK	36	diclofenac sodium EC tab	9	DILAUDID TAB 4MG	13
		diclofenac sodium ophth soln	210	DILAUDID TAB 8MG	13
		diclofenac sodium XR tab	9	diltiazem ER cap	116
		diclofenac/misoprostol DR tab	9	diltiazem tab	116
		dicloxacillin cap	216	dimethyl fumarate DR cap	220
		dicyclomine cap	227	dimethyl fumarate DR starter pack	220
		dicyclomine soln	227	DIOVAN HCT TAB	71
		dicyclomine tab	227		

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ALPHABETICAL LISTING OF DRUGS

DIOVAN TAB	68	DOVONEX CREAM	139	DUREZOL OPHTH	206
DIPENTUM CAP	165	doxazosin tab	69	EMULSION	
diphenhydramine cap	62	doxepin cap	47	dutasteride cap	169
50mg		doxepin conc	48	<hr/>	
diphenhydramine inj	62	doxercalciferol cap	158	<b>E</b>	
DIPHENOXYLATE/ATRO	56	doxycycline hyclate cap	224	econazole cream	137
PINE LIQUID		doxycycline hyclate tab	224	EDECRIN TAB	152
diphenoxylate/atropine tab	56	doxycycline monohydrate	224	EDEX INJ	118
DIPROLENE AF CREAM	142	cap 100mg		EDURANT TAB	105
DIPROLENE OINT	143	doxycycline monohydrate	225	EFAVIRENZ CAP	105
dipyridamole tab	172	cap 50mg		efavirenz tab	105
disopyramide cap	24	doxycycline monohydrate	225	efavirenz/emtricitabine/ten	105
DISULFIRAM TAB	217	tab		ofovir df tab	
DITROPAN XL TAB	230	doxycycline susp	225	efavirenz/lamivudine/tenof	105
DIURIL SUSP	153	D-PENAMINE TAB	112	ovir df (lo) tab	
divalproex ER tab	43	DRISDOL CAP	239	EFFEXOR XR CAP	47
divalproex sodium DR tab	43	DRITHO-SCALP CREAM	139	EFFIENT TAB	172
divalproex sprinkle cap	43	dronabinol cap	59	EFUDEX CREAM	139
dofetilide cap	25	drosiprone/ethinyl	125	EGRIFTA INJ	156
DOLOPHINE TAB	13	estradiol/levomefolate tab		ELDEPYRL CAP	98
donepezil ODT	218	DROXIA CAP	173	ELESTAT OPHTH SOLN	210
donepezil tab	218	DRYSOL SOLN	147	ELIDEL CREAM	146
donepezil tab 23mg	218	DUAC GEL	135	ELIGEN B12 TAB	150
DOPTELET TAB	174	DULERA INHALER	31	ELIMITE CREAM	148
dorzolamide ophth soln	210	duloxetine EC cap	47	ELIQUIS TAB, ELIQUIS	33
dorzolamide/timolol ophth	200	DUPIXENT INJ	145	STARTER PACK	
soln		DUPIXENT PEN INJ	145	ELIXOPHYLLIN ELIXIR	33
DOVATO TAB	105	DURAGESIC PATCH	13	ELLA TAB	127
				ELMIRON CAP	169

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ALPHABETICAL LISTING OF DRUGS

ELOCON CREAM	143	ENGERIX-B INJ,	234	ertapenem inj	75
ELOCON OINT	143	RECOMBIVAX-HB INJ		ERY PAD	135
EMADINE OPHTH SOLN	210	enoxaparin inj	34	ERYTHROMYCIN EC	180
EMCYT CAP	83	enpresse tab	125	CAP	
EMEND CAP	60	ENSPRYNG INJ	190	erythromycin	180
EMGALITY INJ	186	entacapone tab	96	ethylsuccinate susp	
EMGALITY INJ	186	entecavir tab	110	erythromycin gel	135
100MG/ML		EPIDIOLEX SOLN	36	erythromycin ophth oint	203
EMPAVELI INJ	171	EPIDUO GEL 0.1-2.5%	135	erythromycin pad	135
EMSAM PATCH	44	EPIFOAM AEROSOL	143	erythromycin soln	135
emtricitabine cap	105	epinastine ophth soln	210	erythromycin tab	181
emtricitabine/tenofovir	105	epinephrine pen inj	238	erythromycin/benzoyl	135
disoproxil fumarate tab		0.15mg, 0.3mg		peroxide gel	
EMTRIVA SOLN	105	EPIVIR HBV SOLN	110	ESBRIET CAP	223
EMVERM TAB	21	eplerenone tab	73	ESBRIET TAB 267MG	223
ENABLEX TAB	230	EPRONTIA SOLN	36	ESBRIET TAB 801MG	223
enalapril maleate oral soln	67	EQUETRO CAP	100	ESCAVITE CHEW TAB	194
enalapril tab	67	ERGOLOID MESYLATES	222	escitalopram soln	45
enalapril/hydrochlorothiazide tab	71	TAB		escitalopram tab	45
ENBREL INJ 25MG	12	ergotamine	186	esomeprazole cap	229
ENBREL INJ 50MG	12	tartrate/caffeine tab		estazolam tab	177
ENBREL MINI INJ	12	ERGOTAMINE W/	186	ESTRACE TAB	161
ENBREL SURECLICK	12	CAFFEINE		ESTRACE VAGINAL	237
INJ 50MG		ERIVEDGE CAP	82	CREAM	
ENDARI POWDER PACK	173	ERLEADA TAB	83	estradiol cream	237
ENDOMETRIN INSERT	238	ERLEADA TAB 240MG	83	estradiol patch	161
		erlotinib tab	82	estradiol tab	161
		erlotinib tab 25mg	82		

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ALPHABETICAL LISTING OF DRUGS

estradiol vaginal tab,	237	EXFORGE TAB	71	fenofibrate cap 67mg,	64
yuvafem vaginal tab		EXTAVIA INJ	220	134mg, 200mg	
estradiol valerate inj	162	EZALLOR SPRINKLE	65	fenofibrate tab 48mg,	64
estradiol/norethindrone tab	160	CAP		54mg, 145mg, 160mg	
ESTRING	237	ezetimibe tab	66	fenofibric acid DR cap	64
eszopiclone tab	177	<b>F</b>		FENOFIBRIC TAB,	64
ethacrynic tab	152	FALESSA TAB	150	FIBRICOR TAB	
ethambutol tab	79	famciclovir tab	111	fentanyl citrate lollipop	13
ethosuximide cap	42	famotidine susp	228	fentanyl patch	13
ethosuximide soln	43	famotidine tab	228	FENTORA TAB,	14
etodolac cap	9	FANAPT TAB	100	FENTANYL BUCCAL TAI	
etodolac ER tab	9	FANAPT TITRATION	100	ferrex 150 forte cap	174
etodolac tab	9	PACK		FERREX 28 TAB	175
ETOPOSIDE CAP	96	FARESTON TAB	83	FERRIPROX SOLN	57
etravirine tab	105	FARXIGA TAB	55	fesoterodine fumarate ER	230
EULEXIN CAP	83	FASENRA PEN INJ	26	tab	
everolimus tab	88	febuxostat tab	170	FILSPARI TAB	168
everolimus tab	190	felbamate susp	40	FINACEA GEL	147
(ZORTRESS equiv)		felbamate tab	40	finasteride tab	145
everolimus tab for oral	88	FELBATOL SUSP	40	finolimod hcl cap 0.5mg	220
susp		FELBATOL TAB	40	FINTEPLA SOLN	37
EVISTA TAB	156	FELDENE CAP	9	FIRDAPSE TAB	78
EVOTAZ TAB	105	felodipine ER tab	116	FIRST	73
EVOXAC CAP	193	FEM PH GEL	236	METRONIDAZOLE SUSP	
EVRYSDI SOLN	199	FEMALE CONDOMS	181	FIRST MOUTHWASH	192
EXELDERM SOLN	137	FEMARA TAB	83	BLM	
EXELON PATCH	218	FEMHRT TAB	160	FIRVANQ SOLN	75
exemestane tab	83	FEMRING	237		

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ALPHABETICAL LISTING OF DRUGS

FIRVANQ SOLN 50MG/ML	75	fluocinolone acetonide oint	143	FLUTICASONE DISKUS INHALER	28
FLAGYL TAB	73	fluocinolone acetonide soln	143	FLUTICASONE HFA INHALER	28
FLAREX OPHTH SUSP	206	fluocinolone otic oil	213	fluticasone nasal spray	198
flecainide tab	25	fluocinonide cream 0.05%	143	fluticasone propionate cream	143
FLEQSUVY SUSP	196	fluocinonide cream 0.1%	143	FLUTICASONE PROPIONATE DISKUS	29
FLOLIPID SUSP	65	fluocinonide emollient cream	143	INHALER 100MCG/ACT	
FLOMAX CAP	169	fluocinonide gel	143	FLUTICASONE	29
FLORIVA PLUS DROPS	194	fluocinonide oint	143	PROPIONATE DISKUS	
FLUAD INJ	234	fluocinonide soln	143	INHALER 250MCG/ACT	
FLUAD QUAD INJ	234	FLUORIDEX	192	FLUTICASONE	29
FLUBLOK QUAD PF INJ	234	SENSITIVITY PASTE		PROPIONATE DISKUS	
FLUCELVAX QUAD INJ	234	fluorometholone ophth soln	206	INHALER 50MCG/ACT	
fluconazole susp	61	fluorouracil cream	139	fluticasone propionate oint	143
fluconazole tab	61	FLUOROURACIL CREAM 0.5%	139	fluticasone/salmeterol inhaler, wixela inhaler	31
flucytosine cap	60	fluorouracil soln	139	FLUTICASONE-SALMET EROL INHALER 113-14	31
fludrocortisone tab	131	fluoxetine cap	45	MCG/ACT	
FLULAVAL QUAD INJ,	234	fluoxetine soln	45	FLUTICASONE-SALMET EROL INHALER 232-14	31
FLUZONE QUAD INJ		FLUOXETINE TAB 60MG	45	MCG/ACT	
FLUMADINE TAB	111	fluphenazine tab	103	FLUTICASONE-SALMET EROL INHALER 55-14	31
FLUMIST	234	FLURBIPROFEN OPHTH SOLN	210	MCG/ACT	
QUADRIVALENT NASAL SUSP		flurbiprofen tab	9	FLUTICASONE-SALMET EROL INHALER 55-14	31
FLUOCINOLONE ACET CREAM	143	FLUTAMIDE CAP	84	MCG/ACT	
fluocinolone acetonide cream	143				
fluocinolone acetonide oil	143				

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ALPHABETICAL LISTING OF DRUGS

fluvastatin ER tab	65	fosinopril tab	67	gabapentin tab 600mg	37
fluvoxamine ER cap	45	fosinopril/hydrochlorothia	71	gabapentin tab 800mg	37
fluvoxamine tab	45	zide tab		GABITRIL TAB	41
FLUZONE HD PF INJ	234	FOSRENOL CHEW TAB	167	galantamine ER cap	218
FLUZONE HIGH DOSE	235	FOSRENOL POWDER	167	galantamine tab	218
PF INJ		PACK		GALZIN CAP	189
FLUZONE/FLUARIX	235	FOTIVDA CAP	88	GAMASTAN INJ	213
QUAD INJ		FRAGMIN INJ	34	GAMMAGARD INJ	213
FML FORTE OPHTH	206	FREESTYLE LIBRE 2	182	GASTROCROM CONC	164
SUSP		RECEIVER		gatifloxacin ophth soln	203
FML LIQUIFLIM OPHTH	206	FREESTYLE LIBRE 2	182	GAVILYTE-C SOLN	178
SUSP		SENSOR		GAVRETO CAP	88
FML S.O.P. OPHTH OINT	206	FREESTYLE LIBRE 3	183	gefitinib tab	82
FOCALIN TAB	4	READER		gemfibrozil tab	64
FOCALIN XR CAP	4	FREESTYLE LIBRE 3	183	GENOTROPIN INJ	156
FOLBEE PLUS CZ TAB	193	SENSOR		GENTAK OPHTH OINT	204
folbee tab	175	FREESTYLE LIBRE	183	gentamicin ophth soln	204
folic acid tab 1mg	173	RECEIVER		gentamicin sulfate cream	136
folic acid tab 400mcg	173	FREESTYLE LIBRE	183	gentamicin sulfate oint	136
folic acid tab 800mcg	173	SENSOR (14-DAY)		GENVOYA TAB	105
FOLTANX TAB	150	FULPHILA INJ	174	GEODON CAP	100
fondaparinux inj	34	FUROSCIX KIT	153	gianvi tab, ocella tab	125
formoterol fumarate neb	31	FUROSEMIDE SOLN	153	GILENYA CAP 0.25MG	220
soln		furosemide tab	153	GILOTRIF TAB	82
FOSAMAX TAB	155	FUZEON INJ	105	glatiramer inj	221
fosamprenavir tab	105			GLEOSTINE/LOMUSTIN	80
foscarnet sodium inj	109	<b>G</b>		E CAP	
FOSCAVIR INJ	109	gabapentin cap	37	glimepiride tab	56
		gabapentin soln	37		

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ALPHABETICAL LISTING OF DRUGS

glipizide ER tab	56	guaifenesin/codeine soln	132	HEMLIBRA INJ	170
glipizide tab	56	GUAIFENESIN/CODEINE	132	HEPLISAV-B INJ	235
glipizide/metformin tab	49	SYRUP		HEXALEN CAP	80
GLOPERBA SOLN	170	guanfacine ER tab	3	HIPREX TAB	77
GLUCAGEN HYPOKIT	51	guanfacine IR tab	69	HIZENTRA INJ	213
INJ		GUANIDINE TAB	78	HOMATROPINE OPHTH	201
GLUCAGON (RDNA)	51	GVOKE INJ	51	SOLN	
FOR INJ KIT		GVOKE INJ KIT	51	HUMALOG JR	53
GLUCAGON EMR INJ	51	GVOKE PFS INJ	51	KWIKPEN INJ	
GLUCAGON INJ KIT	51	<b>H</b>		HUMALOG KWIKPEN	53
GLUCOPHAGE TAB	50	HADLIMA INJ	7	INJ	
GLUCOPHAGE XR TAB	50	(adalimumab-bwwd)		HUMALOG MIX INJ	54
GLUCOTROL TAB	56	HADLIMA INJ	8	HUMALOG MIX	54
GLUCOTROL XL TAB	56	40MG/0.8ML		KWIKPEN, INSULIN	
GLYBURID MCR TAB	56	(adalimumab-bwwd)		LISPRO MIX KWIKPEN	
glyburide tab	56	HADLIMA PUSH INJ	8	HUMALOG PEN INJ	54
glyburide/metformin tab	49	(adalimumab-bwwd)		HUMULIN MIX INJ	54
glycopyrrolate oral soln	229	HADLIMA PUSH INJ	8	HUMULIN MIX PEN INJ	54
glycopyrrolate tab	227	40MG/0.8ML		HUMULIN N INJ	54
GLYGEST PAK	150	(adalimumab-bwwd)		HUMULIN N PEN INJ	54
GLYNASE TAB	56	HALCION TAB	177	HUMULIN R INJ	54
GOLYTELY SOLN	178	halobetasol propionate	143	HUMULIN R INJ U-500	54
granisetron tab	58	cream		HUMULIN R U-500	54
GRANISOL SOLN	58	halobetasol propionate	143	KWIKPEN INJ	
griseofulvin micro tab	60	oint		HYCAMTIN CAP	80
griseofulvin susp	60	haloperidol lactate conc	101	HYCODAN SYRUP	131
griseofulvin tab	60	haloperidol tab	101	HYD POL/CPM SUSP	132
GRIS-PEG TAB	60	HECTOROL CAP	158	hydralazine tab	73

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ALPHABETICAL LISTING OF DRUGS

HYDREA CAP	96	hydroquinone cream	147	IMBRUVICA CAP 140MG	89
hydrochlorothiazide cap	154	hydroxychloroquine tab	78	IMBRUVICA CAP 70MG	89
hydrochlorothiazide tab	154	hydroxyprogesterone inj	216	IMBRUVICA SUSP	89
hydrocodone/acetaminoph en soln	17	hydroxyurea cap	96	IMBRUVICA TAB	89
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	48
hydrocodone/chlorpheniramine CR susp	132	hydroxyzine tab	23	imipramine tab	48
hydrocodone/chlorpheniramine/pseudoephedrine liquid	132	HYFTOR GEL	146	imiquimod cream	146
hydrocodone/homatropine syrup	131	hyoscyamine sulfate CR tab	228	IMITREX INJ	186
hydrocortisone cream	144	hyoscyamine sulfate elixir	228	IMITREX TAB	186
hydrocortisone enema	20	hyoscyamine sulfate ODT	228	IMOVAX INJ	235
hydrocortisone lotion	144	hyoscyamine sulfate SL tab	228	IMPAVIDO CAP	73
HYDROCORTISONE LOTION 2.5%	144	hyoscyamine tab	228	IMURAN TAB	113
hydrocortisone oint	144	HYPER-SAL NEB SOLN	133	INBRIJA INH POWDER	99
hydrocortisone tab	129	HYQVIA INJ	214	INCRELEX INJ	157
hydromorphone tab 2mg	14	HYZAAR TAB	71	INCRUSE ELLIPTA	26
hydromorphone tab 4mg	14	<b>I</b>		INHALER	
hydromorphone tab 8mg	14	ibandronate tab 150mg	155	indapamide tab	154
		ibuprofen susp (Rx ONLY)	10	INDERAL LA CAP	115
		ibuprofen tab	10	indomethacin cap	10
		icatibant inj	170	indomethacin CR cap	10
		ICLUSIG TAB	89	INFANT FORMULA LIQUID	151
		IDHIFA TAB	89	INFANT FORMULA POWDER	151
		ILEVRO OPHTH SUSP	210	INGREZZA CAP	220
		imatinib tab	89		

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ALPHABETICAL LISTING OF DRUGS

INGREZZA PACK	220	ISENTRESS (HD) TAB	106	JANUMET TAB	49
40-80MG		ISENTRESS CHEW TAB	106	JANUMET XR TAB	49
INLYTA TAB	81	ISENTRESS POWDER	106	JANUVIA TAB	52
INQOVI TAB	86	PACK		JARDIANCE TAB	55
INSPIRA TAB	73	isibloom tab, enskyce tab,	125	JAYPIRCA TAB	89
INSULIN GLARGINE	54	apri tab		jinteli tab	161
SOLN PEN-INJ		isoniazid syrup	79	JOENJA TAB	189
INSULIN LISPRO INJ	54	isoniazid tab	79	jolessa tab, amethia tab	125
INSULIN LISPRO JR	55	ISOPTO CARBACHOL	202	JULUCA TAB	106
KWIKPEN INJ		OPHTH SOLN		JYLAMVO SOLN,	81
INSULIN LISPRO	55	ISOPTO CARPINE	202	XATMEP SOLN	
KWIKPEN INJ		OPHTH SOLN		JYNARQUE PAK	160
INTELENCE TAB 25MG	105	ISORDIL TITRADOSE	22	JYNARQUE TAB	160
INTRON-A INJ	96	TAB		<b>K</b>	
INTUNIV TAB	3	isosorbide dinitrate tab	22	KALYDECO PAK	222
INVANZ INJ	75	isosorbide dinitrate tab	22	KALYDECO TAB	223
INVEGA TAB	100	40mg		KAPVAY TAB	3
INVIRASE CAP	105	isosorbide mononitrate ER	22	KATERZIA SUSP	116
INVIRASE TAB	106	tab		KEFLEX CAP	123
IOPIDINE OPTH SOLN	202	ISOSORBIDE	22	kelnor tab	125
ipratropium nasal spray	198	MONONITRATE TAB		KENALOG INJ	129
ipratropium neb soln	26	isoxsuprine tab	119	KEPPRA SOLN	37
irbesartan tab	68	itraconazole cap	61	KEPPRA TAB	37
irbesartan/hydrochlorothia	71	itraconazole soln	61	KEPPRA XR TAB	37
zide tab		ivermectin tab	21	KESIMPTA INJ	221
IRON	175	IXCHIQ INJ	235	ketoconazole cream	137
POLYSACCH/THREONIC		<b>J</b>		ketoconazole shampoo	137
ACID/B12/FA CAP		JAKAFI TAB	89	ketoconazole tab	61

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ALPHABETICAL LISTING OF DRUGS

KETO-DIASTIX TEST STRIP	149	lacosamide oral solution	37	lanthanum carbonate chew tab	167
ketorolac inj 15mg/ml	10	lacosamide tab	37	lapatinib ditosylate tab	90
ketorolac inj 30mg/ml	10	LACTIC ACID LOTION	145	LASIX TAB	153
ketorolac inj 60mg/2ml	10	lactulose soln	166	LASTACAFT OPHTH SOLN	211
ketorolac ophth soln	210	LAGEVRIO CAP (EUA)	112	latanoprost ophth soln	211
ketorolac tab	10	LAGEVRIO CAP 200MG	112	LATUDA TAB	100
KETOSTIX	149	LAMICTAL CHEW TAB	37	LAZANDA NASAL SPRAY	14
ketotifen ophth soln	210	LAMICTAL ODT KIT,	37	LEDIPASVIR/SOFOSBUV IR TAB	110
KEVZARA INJ	8	LAMICTAL XR KIT		leflunomide tab	11
KINERET INJ	8	LAMICTAL STARTER KIT	37	lenalidomide cap	190
KISQALI PAK	86	LAMICTAL TAB	38	LENVIMA CAP	81
KISQALI TAB	89	LAMICTAL XR TAB	38	LESCOL XL TAB	65
KLARON LOTION	135	LAMISIL TAB	60	letrozole tab	84
KLONOPIN TAB	35	lamivudine soln	106	leucovorin tab	96
KLOXXADO NASAL SPRAY	58	lamivudine tab	106	LEVALBUTEROL	32
KOSELUGO CAP	90	lamivudine tab 100mg	110	INHALER, XOPENEX HFA INHALER	
KOSELUGO CAP 10MG	90	lamivudine/zidovudine tab	106	levalbuterol neb soln	32
K-PHOS NEUTRAL TAB	188	lamotrigine chew tab	38	LEVAQUIN TAB	162
K-PHOS TAB	188	lamotrigine ER tab	38	LEVBIID TAB	228
KRAZATI TAB	90	lamotrigine starter kit	38	levetiracetam ER tab	38
KRINTAFEL TAB	78	lamotrigine tab	38	levetiracetam soln	38
K-TAB	188	LAMPIT TAB	75	levetiracetam tab	38
<b>L</b>		LANCET DEVICE	183		
labetalol tab	114	LANCET KIT	183		
LAC-HYDRIN CREAM	145	LANCETS	183		
LAC-HYDRIN LOTION	145	LANOXIN TAB	118		
		lansoprazole cap	229		

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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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## ALPHABETICAL LISTING OF DRUGS

LEVOBUNOLOL OPHTH SOLN	200	LIKMEZ SUSP	73	loestrin tab	125
levocarnitine soln	158	LINDANE SHAMPOO	148	lohist liquid	132
levocarnitine tab	158	linezolid susp	76	LOKELMA PAK	191
levofloxacin ophth soln	204	linezolid tab	76	LOMOTIL TAB	57
LEVOFLOXACIN OPHTH SOLN 0.5%	204	LINZESS CAP	166	LONSURF TAB	86
levofloxacin soln	162	liothyronine tab	226	LOPID TAB	64
levofloxacin tab	163	LIPITOR TAB	65	lopinavir/ritonavir soln	106
levonorgestrel tab	127	LIQUIGEN	199	lopinavir/ritonavir tab	106
levonorgestrel-ethinyl estradiol-fe tab	125	lisdexamfetamine	1	LOPRESSOR TAB	114
levothyroxine tab	226	dimesylate cap		LOPROX CREAM	137
LEVSIN SL TAB	228	lisdexamfetamine	1	LOPROX SHAMPOO	137
LEVSIN TAB	228	dimesylate chew tab		loratadine cap	62
LEXAPRO TAB	45	lisinopril tab	67	lorazepam conc	24
LEXIVA SUSP	106	lisinopril/hydrochlorothiazide tab	71	lorazepam tab	24
lidocaine cream 3%	147	LITFULO CAP	146	LORBRENA TAB 100MG	90
lidocaine gel	147	lithium carbonate cap	99	LORBRENA TAB 25MG	90
lidocaine oint	147	lithium carbonate ER tab	99	LORTAB	17
lidocaine patch	147	lithium carbonate tab	99	LORTAB ELIXIR	17
lidocaine patch 5%	147	lithium oral solution	99	losartan tab	68
lidocaine soln	147	LITHOBID TAB	99	losartan/hydrochlorothiazide tab	71
lidocaine viscous soln	192	LITHOSTAT TAB	169	LOTEMAX OPHTH OINT	206
lidocaine/hydrocortisone cream	21	LIVALO TAB	65	LOTEMAX OPHTH SUSP	206
lidocaine/prilocaine cream	147	LIVMARLI SOLN	165	LOTENSIN HCT TAB	71
LIDODERM PATCH	147	LIVTENCITY TAB	109	LOTENSIN TAB	67
		L-METHYLFOLATE TAB	150	loteprednol etabonate	207
		LO LOESTRIN TAB	125	ophth gel	
		LODOSYN TAB	96	loteprednol ophth susp	207

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ALPHABETICAL LISTING OF DRUGS

LOTREL CAP	72	<b>M</b>		MEDROL TAB	129
LOTRISONE CREAM	137	MACROBID CAP	77	medroxyprogesterone inj	127
LOTRONEX TAB	166	MACRODANTIN CAP	77	medroxyprogesterone tab	217
lovastatin tab	65	MALARONE TAB	77	mefenamic acid cap	10
LOVAZA CAP	63	malathion lotion	148	mefloquine tab	78
LOVENOX INJ	34	MALE CONDOMS	181	megestrol susp	84
loxapine cap	102	MAPROTILINE TAB	44	megestrol tab	84
lubiprostone cap	164	maraviroc tab	106	MEKINIST SOLN	91
LUMAKRAS TAB	90	MARINOL CAP	59	MEKINIST TAB 0.5MG	91
LUMAKRAS TAB 320MG	90	MARPLAN TAB	44	MEKINIST TAB 2MG	91
LUMIGAN OPHTH SOLN	211	MATULANE CAP	96	MEKTOVI TAB	91
LUMRYZ PACK	217	MAVENCLAD PAK	221	meloxicam tab	10
LUNESTA TAB	177	MAVYRET PAK	110	MELPHALAN TAB	80
LUPKYNIS CAP	190	MAVYRET TAB	110	memantine ER cap	218
LUPRON DEPOT INJ	84	MAXALT MLT TAB	186	memantine sol	218
LUPRON DEPOT-PED	157	MAXALT TAB	187	memantine tab	218
INJ		MAXIDEX OPHTH SOLN	207	MENEST TAB	162
lurasidone hcl tab	100	MAXITROL OPHTH OIN	207	MENTAX CREAM	137
LUVIRA CAP	150	MAXITROL OPHTH	207	MEPHYTON TAB	239
LYNPARZA TAB	90	SUSP		MEPRON SUSP	75
LYSODREN TAB	84	MAXZIDE TAB	152	mercaptapurine tab	81
LYSTEDA TAB	176	MAYZENT TAB	221	meropenem inj	75
LYTGOBI THERAPY	91	MAYZENT TAB STARTEI	221	mesalamine DR tab	165
PACK		PACK		mesalamine enema	165
LYUMJEV INJ	55	MCT OIL	200	mesalamine ER cap	165
LYUMJEV KWIKPEN INJ	55	meclizine chew tab	59	mesalamine supp	165
LYVISPAH GRANULE	196	meclizine tab	59	MESALAMINE TAB DR	165
PACKET		MEDROL DOSE PACK	129	MESNEX TAB	96

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## ALPHABETICAL LISTING OF DRUGS

MESTINON TAB	78	METHYLIN SOLN	4	metronidazole cream	148
MESTINON TIMESPAN TAB	78	methylphenidate CD cap	4	metronidazole gel	148
METANX CAP	150	methylphenidate chew tab	4	metronidazole gel 0.75%	148
metaxalone tab	196	methylphenidate ER cap	4	metronidazole lotion	148
METAXALONE TAB	196	METHYLPHENIDATE ER TAB	4	metronidazole tab	73
400MG		methylphenidate soln	5	metronidazole vaginal gel	237
metformin ER tab	50	methylphenidate tab	5	mexiletine hcl cap	25
metformin soln	50	methylprednisolone	129	MICARDIS TAB	68
metformin tab	50	acetate inj		MICONAZOLE 3 SUPP	237
methadone conc	14	methylprednisolone dose	129	200MG	
methadone soln 10mg/5ml	14	pack		midazolam inj	177
methadone soln 5mg/5ml	14	methylprednisolone tab	129	midodrine tab	238
methadone tab	14	methylprenisolone sod	130	mifepristone tab	51
methadone tab 10mg	15	succinate inj		MIFIPREX TAB	159
METHADOSE CONC	15	methyltestosterone cap	19	MIGLITOL TAB	48
methazolamide tab	152	metoclopramide soln	164	miglustat cap	172
methenamine hippurate tab	77	metoclopramide tab	164	MINIPRESS CAP	69
methimazole tab	225	metolazone tab	154	MINOCIN CAP	225
METHITEST TAB	19	metoprolol ER tab	114	minocycline cap	225
methocarbamol tab	196	metoprolol tab	114	minoxidil tab	73
methotrexate inj	81	metoprolol/hydrochlorothi	72	MIRALAX	180
methotrexate tab	81	azide tab		MIRAPEX TAB	97
METHOXSALLEN CAP	140	METROCREAM	147	MIRENA IUD	128
methscopolamine tab	228	METROGEL 1%	148	mirtazapine ODT	43
methsuximide cap	43	METROGEL VAGINAL	237	mirtazapine tab	44
methyl dopa tab	69	GEL		MIRVASO GEL	148
methylergonovine tab	213	METROLOTION	148	misoprostol tab	229
				MOBIC TAB	10

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ALPHABETICAL LISTING OF DRUGS

modafinil tab	5	MULTIGEN PLUS TAB	175	nabumetone tab	10
mometasone cream	144	MULTIGEN TAB	175	nadolol tab	115
mometasone oint	144	multivitamin tab	175	nafcillin inj	216
mometasone soln	144	MULTIVITAMIN/FLOURI	194	NAFTIFINE CREAM	137
MONODOX CAP	225	DE CHEW 0.25MG		naftifine gel	137
montelukast chew tab	27	MULTIVITAMIN/FLOURI	194	NAFTIN CREAM	137
montelukast granule pack	27	DE CHEW 1MG		NAFTIN GEL	137
montelukast tab	27	MULTIVITAMIN/FLUORI	194	naloxone hcl nasal spray	58
morphine sulfate ER tab	15	DE CHEW TAB		naloxone inj	57
MORPHINE SULFATE	15	multivitamin/minerals tab	194	NALOXONE PREFILLED	58
ORAL SOLN 10 MG/5ML		mupirocin oint	137	INJ	
MORPHINE SULFATE	15	MUSE SUPP	119	naltrexone tab	57
ORAL SOLN		MYAMBUTOL TAB	79	NAMENDA TAB	219
100MG/5ML		MYCOBUTIN CAP	79	NAPROSYN EC TAB	10
morphine sulfate oral soln	15	mycophenolate DR tab	113	NAPROSYN TAB	10
10mg/5ml		mycophenolate mofetil	113	naproxen EC tab	10
MORPHINE SULFATE	15	cap		naproxen tab	11
SOLN		mycophenolate mofetil	113	NARCAN NASAL SPRAY	58
morphine sulfate tab	15	susp		NARDIL TAB 15MG	44
MOTEGRITY TAB	163	mycophenolate mofetil tab	113	NASACORT OTC NASAL	198
MOTOFEN TAB	57	MYDRIACYL OPHTH	201	SPRAY	
MOTRIN SUSP	10	SOLN		NASCOBAL SPRAY	173
MOUNJARO INJ	53	MYFEMBREE TAB	161	NATACYN OPHTH SUSP	204
MOVANTI TAB	166	MYLERAN TAB	80	NATAZIA TAB	125
moxifloxacin ophth soln	204	MYNATAL-Z TAB	194	nateglinide tab	55
moxifloxacin tab	163	MYRBETRIQ TAB	231	NATPARA INJ	155
MULTAQ TAB	25	MYSOLINE TAB	38	NATROBA SUSP	148
MULTIGEN FOLIC TAB	175			NAYZILAM SPRAY	35

N

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## ALPHABETICAL LISTING OF DRUGS

nebivolol hcl tab	114	NEUPRO PATCH	97	nifedipine cap	116
NEBUSAL NEB SOLN	133	NEURONTIN CAP	38	nifedipine ER tab	116
NEFAZODONE TAB	46	NEURONTIN SOLN	38	nilutamide tab	84
nefazodone tab 50mg, 250mg	46	NEURONTIN TAB	38	nimodipine cap	116
neomycin tab	5	600MG		NINLARO CAP	91
NEOMYCIN/POLYMIXIN	204	NEURONTIN TAB	39	nitazoxanide tab	75
/GRAMICIDIN OPPTH		800MG		NITRO-BID OINT	22
SOLN		NEVANAC OPPTH SUSP	211	NITRO-DUR PATCH	22
neomycin/polymixin/hydro	212	NEVIRAPINE ER TAB	106	NITRO-DUR PATCH	22
coritisono otic soln		NEVIRAPINE SUSP	106	0.3MG/HR, 0.8MG/HR	
neomycin/polymixin/hydro	213	nevirapine tab	106	nitrofurantoin	77
coritisono otic susp		NEXLETOL TAB	63	macrocrystals cap	
neomycin/polymyxin/dexa	207	NEXLIZET TAB	63	nitrofurantoin	77
methasone ophth oint		NEXPLANON IMPLANT	127	monohydrate cap	
neomycin/polymyxin/dexa	207	NEXTSTELLIS TAB	125	nitroglycerin lingual spray	22
methasone ophth soln		niacin cap	239	nitroglycerin patch	23
NEOMYCIN/POLYMYXI	207	niacin CR tab	239	nitroglycerin SL tab	23
N/HYDROCORTISONE		niacin ER tab	66	NITROLINGUAL PUMP	23
OPPTH SOLN		niacin tab	239	SPRAY	
NEONATAL 19 TAB	194	NIACIN TR TAB	239	NITROSTAT SL TAB	23
NEONATAL FE TAB	195	niacinamide tab	239	NIVESTYM INJ	174
NEOSPORIN OPPTH	204	nicotine gum	222	NIZATIDINE CAP	228
SOLN		NICOTINE KIT	222	NIZATIDINE SOLN	228
NEPHROCAP	193	nicotine lozenge	222	nizoral a-d shampoo	138
NEPHRON FA TAB	176	nicotine patch	222	NIZORAL SHAMPOO	138
NEPTAZANE TAB	152	NICOTROL INHALER	222	norethindrone ace-ethinyl	125
NERLYNX TAB	91	NICOTROL NASAL	222	estradiol-fe cap	
		SPRAY			

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## ALPHABETICAL LISTING OF DRUGS

norethindrone	126	NUEDEXTA CAP	221	ofloxacin otic soln	212
acetate/ethinyl estradiol FE		NULYTELY SOLN	179	ofloxacin tab	163
chew tab		NUTRITIONAL	151	olanzapine ODT	102
norethindrone	126	SUPPLEMENT LIQUID		olanzapine tab	102
acetate/ethinyl estradiol		NUTRITIONAL	151	olanzapine/fluoxetine cap	219
tab		SUPPLEMENT POWDER		OLLIZAC POWDER	150
norethindrone tab	128	NUVARING	127	olmesartan tab	68
norethindrone/ethinyl	126	NUVIGIL TAB	5	olmesartan/hydrochlorothi	72
estradiol FE tab		nystatin cream	138	azide tab	
NORLIQVA ORAL SOLN	116	nystatin oint	138	olopatadine ophth soln	211
NORPACE CAP	24	nystatin powder	60	0.1%	
NORPRAMIN TAB	48	nystatin susp	192	olopatadine ophth soln	211
nortrel tab	126	nystatin tab	60	0.2%	
nortriptyline cap	48	nystatin topical powder	138	OLUMIANT TAB	6
nortriptyline oral soln	48	nystatin/triamcinolone	138	OLUX FOAM	144
NORVASC TAB	117	cream		omega-3-acid ethyl esters	63
NORVIR CAP	107	nystatin/triamcinolone oint	138	cap	
NORVIR POWDER PACK	107	NYVEPRIA INJ	174	omeprazole DR cap	229
NORVIR SOLN	107			omeprazole tab	230
NORVIR TAB	107	<b>O</b>		OMNICEF SUSP	124
NOXAFIL PAK	61	OCALIVA TAB	163	OMNIPOD 5 G7 KIT	183
NOXAFIL SUSP	61	octreotide inj	160	INTRO	
NOXAFIL TAB	61	OCTREOTIDE INJ	160	OMNIPOD 5 G7 MIS	183
np thyroid tab	226	100MCG		PODS	
NUBEQA TAB	84	OCUFLOX OPHTH SOLN	204	OMNIPOD 5 INTRO KIT	183
NUCALA INJ	26	ODEFSEY TAB	107	OMNIPOD 5 PACK PODS	183
NUCORT LOTION	144	ODOMZO CAP	82	OMNIPOD DASH INTRO	183
NUCYNTA TAB	15	OFEV CAP	224	KIT	
		ofloxacin ophth soln	204		

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265

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ALPHABETICAL LISTING OF DRUGS

OMNIPOD DASH PODS	183	OPSUMIT TAB	121	OVACE PLUS CREAM	140
OMNIPOD GO KIT	184	OPVEE NASAL SPRAY	58	OVIDE LOTION	148
OMNIPOD STARTER KIT	184	ORACIT SOLN	168	oxacillin inj	216
OMNITROPE INJ	156	ORAP TAB	222	OXBRYTA TAB FOR	173
ondansetron ODT	58	ORAPRED ODT TAB	130	ORAL SUSP	
ondansetron soln	58	ORAPRED SOLN	130	oxcarbazepine susp	39
ONDANSETRON TAB	58	ORENCIA CLICK INJ	11	oxcarbazepine tab	39
ONETOUCH DELICA	184	ORENCIA SC INJ	11	oxiconazole nitrate cream	138
LANCETS		125MG/ML		OXSORALEN ULTRA	140
ONETOUCH DELICA	184	ORENCIA SC INJ	11	CAP	
PLUS LANCETS		50MG/0.4ML		oxybutynin ER tab	230
ONETOUCH DELICA	184	ORENCIA SC INJ	11	oxybutynin syrup	230
ULTRASOFT LANCETS		87.5MG/0.7ML		oxybutynin tab	230
ONETOUCH METER	184	ORENITRAM TAB	119	oxycodone soln	15
ONETOUCH TEST STRIP	150	ORGOVYX TAB	84	oxycodone tab	16
ONETOUCH VERIO	184	ORIAHNN CAP	161	oxycodone/acetaminophen	17
FLEX METER		ORILISSA TAB 150MG	156	tab	
ONETOUCH VERIO IQ	184	ORILISSA TAB 200MG	156	OXYCODONE/ASPIRIN	17
METER		ORKAMBI GRANULES	223	TAB	
ONETOUCH VERIO	184	PACKET		OXYTROL PATCH (OTC)	230
METER		ORKAMBI TAB	223	OZEMPIC INJ	52
ONETOUCH VERIO	184	ORSERDU TAB	84		
REFLECT METER		ORSERDU TAB 345MG	85	<b>P</b>	
ONETOUCH VERIO TEST	150	oseltamivir cap	111	paliperidone ER tab	100
STRIP		oseltamivir cap 30mg	111	PALYNZIQ INJ	158
ONFI SUSP	35	oseltamivir susp	111	PAMELOR CAP	48
ONFI TAB	35	OTEZLA STARTER PACK	11	pantoprazole EC tab	229
OPILL TAB	128	OTEZLA TAB	11	PARAGARD IUD	127
				paricalcitol cap	158

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## ALPHABETICAL LISTING OF DRUGS

PARLODEL CAP	97	penciclovir cream	141	phenobarbital tab	177
PARLODEL TAB	97	penicillamine tab	189	phenoxybenzamine cap	68
PARNATE TAB	44	PENICILLIN G	215	phentermine cap	2
paromomycin cap	5	PROCAINE INJ		phentermine tab	2
paroxetine ER tab	46	PENICILLIN G SODIUM	215	phenylephrine ophth soln	202
paroxetine oral susp	46	INJ		phenytoin cap	42
paroxetine tab	46	PENICILLIN VK SOLN	215	phenytoin chew tab	42
PATANOL OPHTH SOLN	211	penicillin vk tab	215	phenytoin susp	42
PAXIL CR TAB	46	pentamidine neb soln	74	PHEXXI GEL	236
PAXIL ORAL SUSP	46	pentoxifylline ER tab	171	phlexy-10 tab	200
PAXIL TAB	46	PEPCID SUSP	228	PHOSLO CAP	167
PAXLOVID TAB	109	PEPCID TAB	228	PHOSLYRA SOLN	167
150-100MG		PERCOCET TAB	17	phospha 250 neutral tab	188
PAXLOVID TAB	109	PERFOROMIST NEB	32	phytonadione tab	239
300-100MG		SOLN		PICATO GEL	139
pazopanib tab	91	PERIDEX SOLN	192	PIFELTRO TAB	107
PCE TAB	181	permethrin cream	148	pilocarpine ophth soln	202
PEAK FLOW METER	185	perphenazine tab	103	pilocarpine tab	193
pediatric multiple	194	PERPHENAZINE/ AMITRIPTYLINE TAB	219	pimecrolimus cream	146
vitamins/fluoride soln		pfizerpen g inj	215	PIMOZIDE TAB	222
pediatric multiple	194	PHEBURANE ORAL	158	pindolol tab	115
vitamins/fluoride/iron soln		PELLETS		pioglitazone tab	55
peg 3350 soln (100 gram	179	phenazopyridine tab	169	piperacillin/tazobactam inj	216
Moviprep equiv)		PHENELZINE SULFATE	45	PIQRAY TAB	92
peg 3350/electrolytes soln	179	TAB		pirfenidone cap	224
PEGASYS INJ	110	phenelzine tab	45	pirfenidone tab 267mg	224
PEG-INTRON INJ	110	phenobarbital elixir	177	pirfenidone tab 801mg	224
PEMAZYRE TAB	91			piroxicam cap	11

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## ALPHABETICAL LISTING OF DRUGS

pitavastatin calcium tab	66	potassium chloride ER tab	188	PRED-G OPHTH SOLN	208
PLAN B TAB	127	potassium chloride micro	189	prednisolone ODT	130
PLAQUENIL TAB	78	tab		PREDNISOLONE ODT	130
PLAVIX TAB 75MG	172	potassium chloride powder	189	TAB	
PLEGRIDY INJ	221	packet		PREDNISOLONE OPHTH	208
PLEGRIDY PEN INJ	221	potassium chloride soln	189	SUSP	
PNEUMOVAX INJ	231	POTASSIUM CHLORIDE	189	PREDNISOLONE	208
PODIAPN CAP	150	TAB ER		SODIUM PHOSPHATE	
PODOCON SOLN	146	potassium citrate CR tab	168	OPHTH SOLN	
PODOFILOX SOLN	146	potassium citrate/citric	168	prednisolone soln	130
polyethylene glycol 3350	180	acid powder pack		PREDNISONE SOLN	130
powder		potassium citrate/citric	168	prednisone tab	130
POLYETHYLENE	216	acid soln		PREFEST TAB	161
GLYCOL 8000		potassium phosphate	188	pregabalin cap	39
GRANULES		monobasic tab		pregabalin cap 225mg	39
polymyxin b/trimethoprim	204	PRADAXA CAP	34	pregabalin cap 300mg	39
ophth soln		pramipexole tab	97	pregabalin soln	39
POLYTRIM OPHTH	204	pramoxine/hydrocortisone	21	PREHEVBRIO SUSP	235
SOLN		cream		PREMARIN TAB	162
POMALYST CAP	85	prasugrel tab	172	PREMARIN VAGINAL	238
posaconazole DR tab	61	pravastatin tab	66	CREAM	
posaconazole susp	61	praziquantel tab	21	PREMPHASE TAB,	161
POTABA CAP	239	prazosin cap	69	PREMPRO TAB	
POTABA POWDER	239	PRECOSE TAB	48	PRENATABS RX TAB	195
PACKET		PRED FORTE OPHTH	207	PRENATAL 19 CHEW	195
potassium bicarbonate	188	SUSP		TAB	
effer tab		PRED MILD OPHTH	208	PRENATAL 19 TAB	195
potassium chloride ER cap	188	SOLN			

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

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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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ALPHABETICAL LISTING OF DRUGS

PRENATAL VITAMINS (NON-PREFERRED)	195	PROGESTERONE SUPP	238	propranolol tab	115
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	239	PROGLYCEM SUSP	51	propylthiouracil tab	225
PRETOMANID TAB	79	PROLENSA OPHTH SOLN	211	PROSCAR TAB	169
PREVACID CAP	229	PROMACTA POWDER	174	pro-stat liquid	200
PREVACID OTC CAP	229	PROMACTA TAB	174	PROTOPIC OINT	146
PREVIDENT SOLN	192	12.5MG, 25MG		protriptyline tab	48
PREVNAR 13 INJ	232	PROMACTA TAB 50MG	174	PROVERA TAB	217
PREVNAR 20 INJ	232	PROMACTA TAB 75MG	174	PROVIGIL TAB	5
PREVYMIS TAB	109	PROMACTA DM syrup	132	PROZAC CAP	46
PREZCOBIX TAB	107	promethazine supp	62	PULMICORT INH SUSP	29
PREZISTA SUSP	107	promethazine syrup	62	PULMOZYME INH SOLN	223
PREZISTA TAB	107	promethazine tab	62	PURIXAN SUSP	81
PRIFTIN TAB	79	PROMETHAZINE VC SYRUP	132	pyrazinamide tab	79
primaquine tab	78	PROMETHAZINE	133	pyridostigmine CR tab	78
primidone tab	39	VC/CODEINE SYRUP		pyridostigmine tab	78
PRIMSOL SOLN	74	promethazine/codeine syrup	133	pyridostigmine soln	78
PRINIVIL TAB, ZESTRIL TAB	67	PROMETHEGAN SUPP	62	pyrimethamine tab	78
PRISTIQ TAB	47	PROMETRIUM CAP	217	PYRUKYND TAB	172
probenecid tab	170	propafenone ER cap	25	PYRUKYND TAPER PACK	172
prochlorperazine supp	103	propafenone tab	25	<hr/>	
prochlorperazine tab	103	proparacaine ophth soln	205	<b>Q</b>	
PROCTOCORT CREAM	144	propranolol ER cap	115	QBRELIS SOLN	67
proctosol HC cream	21	propranolol oral soln	115	QINLOCK TAB	92
progesterone cap	217	20mg/5ml		QSYMIA CAP	2
		PROPRANOLOL SOLN	115	QUESTRAN LITE	64
				POWDER	
				QUESTRAN POWDER	64

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ALPHABETICAL LISTING OF DRUGS

QUESTRAN POWDER	64	RELENZA DISKHALER	112	RHOFADE CREAM	148
PACK		REMERON SOLUTAB	44	ribavirin cap	110
quetiapine tab	102	REMERON TAB	44	RIBAVIRIN TAB	110
quetiapine XR tab	102	renaphro cap	193	rifabutin cap	79
quinapril tab	68	RENOVA CREAM	136	RIFADIN CAP	79
QUINAPRIL/HCTZ TAB	72	REVELA TAB	167	RIFAMATE CAP	79
quinapril/hydrochlorothiazide tab	72	repaglinide tab	55	rifampin cap	79
quinidine gluconate CR tab	24	REPATHA INJ	66	RIFATER TAB	79
quinidine sulfate tab	24	REPATHA PUSHTRONEX INJ	66	riluzole tab	199
QVAR REDHALER	29	REQUIP TAB	97	RIMANTADINE TAB	112
<b>R</b>		RESCRIPTOR TAB	107	RINVOQ ER TAB	6
RABAVERT INJ	235	RESTORIL CAP 15MG	177	RIOMET SOLN	50
rabeprazole EC tab	229	RESTORIL CAP 22.5MG	177	risedronate DR tab	155
RADICAVA ORS	199	RESTORIL CAP 30MG	177	risedronate tab	155
STARTER KIT		RESTORIL CAP 7.5MG	177	RISPERDAL M ODT	100
RADICAVA ORS SUSP	199	RETACRIT INJ	174	RISPERDAL SOLN	100
raloxifene tab	157	RETEVMO CAP	92	RISPERDAL TAB	100
ramelteon tab	178	RETIN-A CREAM	135	risperidone microspheres inj	101
ramipril cap	68	REVATIO SUSP	121	RISPERIDONE ODT	101
RANEXA TAB	22	REVATIO TAB	121	risperidone soln	101
ranolazine tab	22	REVLIMID CAP	190	risperidone tab	101
rasagiline tab	98	REYATAZ POWDER	107	RITALIN LA CAP, APTENSIO XR CAP	5
RAZADYNE ER CAP	219	PACK		RITALIN TAB	5
RAZADYNE TAB	219	REYVOW TAB	187	ritonavir tab	107
REBETOL SOLN	110	REZLIDHIA CAP	92	rivastigmine cap	219
REGLAN TAB	164	REZUROCK TAB	190	rivastigmine patch	219
REGANEX GEL	148	RHEUMATREX TAB	6		

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ALPHABETICAL LISTING OF DRUGS

RIVIVE SPRAY	58	SANDIMMUNE SOLN	113	SEROQUEL XR TAB	102
rizatriptan ODT	187	100MG/ML		sertraline conc	46
rizatriptan tab	187	SANTYL OINT	145	sertraline tab	46
ROBAXIN TAB	196	SAPHRIS SL TAB	102	sevelamer powder pak	167
ROBINUL TAB	228	sapropterin	158	sevelamer tab	167
ROCALTROL CAP	158	dihydrochloride powder		SFROWASA ENEMA	166
ROCALTROL SOLN	158	packet		SHINGRIX INJ	235
roflumilast tab	27	sapropterin	158	SIGNIFOR INJ	160
ropinirole ER tab	97	dihydrochloride soluble		sildenafil susp	121
ropinirole tab	97	tab		sildenafil tab	119
rosuvastatin tab	66	SAVELLA PAK	219	sildenafil tab 20mg	121
ROXICODONE TAB	16	SAVELLA TAB	220	SILVADENE CREAM	141
ROZEREM TAB	178	SAXENDA INJ	2	silver sulfadiazine cream	141
ROZLYTREK CAP	92	scopolamine patch	59	SIMBRINZA OPHTH	203
ROZLYTREK PAK	92	selegiline cap	98	SUSP	
RUBRACA TAB	92	selegiline tab	98	SIMLANDI INJ	8
rufinamide susp	39	selenium sulfide lotion	140	SIMPONI	8
rufinamide tab	39	selenium sulfide shampoo	140	AUTO-INJECTOR 100MG	
RUKOBIA ER TAB	107	SELZENTRY SOLN	107	SIMPONI INJ 100MG	8
RYBELSUS TAB	53	SELZENTRY TAB	107	simvastatin tab	66
RYDAPT CAP	92	SEMGLEE INJ, INSULIN	55	SINEMET CR TAB	98
RYTHMOL SR CAP	25	GLARGINE-YFGN INJ		SINEMET TAB	98
<b>S</b>				SINGULAIR CHEW TAB	27
SALAGEN TAB	193	SEMGLEE PEN, INSULIN	55	SINGULAIR GRANULE	27
SALEX SHAMPOO	146	GLARGINE-YFGN PEN		PACK	
salsalate tab	12	SEMPREX-D CAP	133	SINGULAIR TAB	27
SANCUSO PATCH	59	SEREVENT DISKUS	32	sirolimus soln	190
		INHALER		sirolimus tab	113
		SEROQUEL TAB	102		

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## ALPHABETICAL LISTING OF DRUGS

SIVEXTRO TAB	76	sodium polystyrene	113	SOLU-MEDROL INJ	130
SKELAXIN TAB	196	powder		SOLU-MEDROL INJ	131
SKYCLARYS CAP	199	sodium polystyrene susp	113	2GM	
SKYRIZI INJ 150MG/ML	140	sodium sulfacetamide	135	SOLU-MEDROL PF INJ	131
SKYRIZI INJ 180	166	lotion		SOMA TAB	197
MG/1.2ML		sodium	135	SOMAVERT INJ	156
SKYRIZI INJ	166	sulfacetamide/sulfur		sorafenib tosylate tab	92
360MG/2.4ML		cleanser 10-5%		sotalol AF tab	115
SKYTROFA INJ	156	sodium	136	sotalol tab	115
SLO-NIACIN TAB	239	sulfacetamide/sulfur		SOTYLIZE SOLN	115
SLYND TAB	128	cleanser 9-4.5%		5MG/ML	
smz/tmp (DS) tab	74	sodium	136	SPECTRACEF TAB	124
smz/tmp susp	74	sulfacetamide/sulfur		SPIKEVAX INJ	235
SOD CHLORIDE INJ	189	emulsion 10-5%		SPIKEVAX INJ	235
sodium chloride neb soln	133	sodium/magnesium/potassi	179	50MCG/0.5ML	
sodium citrate/citric acid	168	um soln		SPINOSAD SUSP	148
soln		SOFOSBUVIR/VELPATAS	110	SPIRIVA RESPIMAT	27
sodium fluoride cream	192	VIR TAB		INHALER 1.25MCG/ACT	
sodium fluoride gel	192	SOGROYA INJ	156	spironolactone susp	153
sodium fluoride paste	193	SOHONOS CAP 1.5MG	197	spironolactone tab	153
sodium fluoride rinse	193	SOHONOS CAP 10MG	197	spironolactone/hydrochlor	152
sodium fluoride soln	187	SOHONOS CAP 1MG	197	othiazide tab	
SODIUM FLUORIDE TAB	188	SOHONOS CAP 2.5MG	197	SPORANOX CAP	61
sodium fluoride/potassium	193	SOHONOS CAP 5MG	197	SPORANOX SOLN	61
nitrate paste		solifenacin tab	230	sprintec 28 tab	126
SODIUM OXYBATE	217	SOLU-CORTEF INJ	130	SPRYCEL TAB	92
SOLN		SOLU-CORTEF INJ	130	SPS SUSP	191
		100MG		STALEVO TAB	99

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ALPHABETICAL LISTING OF DRUGS

STAVUDINE CAP	108	SUMADAN WASH	136	TABLOID TAB	81
STELARA INJ	140	9-4.5%		TABRECTA TAB	93
STENDRA TAB	119	sumatriptan inj	187	tacrolimus cap	113
STIMATE NASAL SOLN	159	SUMATRIPTAN INJ	187	tacrolimus oint	146
STIOLTO INHALER	32	6MG/0.5ML		tadalafil tab	119
STIVARGA TAB	92	sumatriptan tab	187	tadalafil tab (PAH)	121
STRENSIQ INJ	158	sunitinib malate cap	92	tadalafil tab 2.5mg, 5mg	119
STRIBILD TAB	108	SUNOSI TAB	3	TADLIQ SUSP	121
STRIVERDI RESPIMAT	32	SUPRAX CAP	124	TAFINLAR CAP	93
INHALER		SUPRAX CHEW TAB	124	TAFINLAR TAB	93
STROMEKTOL TAB	22	SUPRAX SUSP	124	TAGRISSE TAB	82
SUBOXONE SL FILM	18	SUPRAX SUSP	124	TAKHZYRO INJ	171
sucalfate susp	230	500MG/5ML		TAKHZYRO INJ	171
sucalfate tab	229	SURMONTIL CAP	48	150MG/ML	
SUFLAVE SOLN	179	SYMAX DUOTAB	228	TALTZ INJ	140
sulfacetamide sodium	204	SYMBYAX CAP	219	TALZENNA CAP 0.25MG	93
ophth soln		SYMDEKO TAB	223	TALZENNA CAP 0.5MG,	93
sulfacetamide	208	SYMPROIC TAB	166	0.75MG, 1MG	
sodium/prednisolone		SYMTUZA TAB	108	TAMIFLU CAP	112
ophth soln		SYNAREL NASAL SOLN	157	TAMIFLU CAP 30MG	112
SULFACETAMIDE/PRED	208	SYNJARDY TAB	49	tamoxifen tab	85
NISOLONE OPHTH		SYNJARDY XR TAB	49	tamsulosin cap	169
SOLN		10-1000MG, 25-1000MG		TAPAZOLE TAB	225
sulfadiazine tab	224	SYNJARDY XR TAB	50	TASIGNA CAP	93
SULFAMYLON CREAM	141	5-1000MG,		TASMAR TAB	96
sulfasalazine EC tab	166	12.5-1000MG		tavorole soln	138
sulfasalazine tab	166	SYNTHROID TAB	226	TAVNEOS CAP	171
sulindac tab	11			tazarotene cream 0.1%	140

**T**

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ALPHABETICAL LISTING OF DRUGS

TAZORAC CREAM	140	terconazole cream	237	tetracycline cap	225
TAZORAC CREAM 0.05%	140	TERCONAZOLE CREAM	237	TEZSPIRE INJ	26
TAZVERIK TAB	93	0.8%		THALOMID CAP	112
TECHLITE INSULIN	185	terconazole supp	237	THEO-24 CAP	33
SYRINGE		teriflunomide tab	221	theophylline ER tab	33
TECHLITE PEN NEEDLE	185	TERIPARATIDE INJ	155	theophylline soln	33
TEGRETOL SUSP	39	620MCG/2.48ML		THEOPHYLLINE TAB ER	33
TEGRETOL TAB	39	TESSALON CAP	131	thioridazine tab	103
TEGRETOL XR TAB	39	testosterone cypionate inj	19	thiothixene cap	103
TEKTURNA HCT TAB	72	TESTOSTERONE	19	THYROLAR TAB	226
TEKTURNA TAB	73	ENANTHATE INJ		tiagabine tab	41
telmisartan tab	68	200MG/ML		TIAZAC CAP	117
temazepam cap 15mg	177	TESTOSTERONE GEL 1%	19	TIBSOVO TAB	93
temazepam cap 22.5mg	177	25MG		TIGAN CAP	59
temazepam cap 30mg	177	testosterone gel 1% 50mg	20	TIKOSYN CAP	25
temazepam cap 7.5mg	178	testosterone gel 1% pump	20	timolol maleate ophth gel	200
TEMOVATE CREAM	144	testosterone gel 1.62%	20	timolol maleate ophth soln	201
TEMOVATE OINT	144	1.25gm		timolol maleate tab	115
temozolomide cap	80	testosterone gel 1.62%	20	TIMOPTIC OPHTH SOLN	201
tenofovir disoproxil	108	2.5gm		TIMOPTIC-XE OPHTH	201
fumarate tab		TESTOSTERONE GEL	20	GEL	
TENORETIC TAB	72	PUMP		TINDAMAX TAB	74
TENORMIN TAB	114	testosterone gel pump	20	tinidazole tab	74
TEPMETKO TAB	93	1.62%		tiopronin tab	169
TERAZOL CREAM	237	testosterone soln	20	TIROSINT-SOL	227
terazosin cap	69	TETANUS/DIPHTHERIA	227	TIVICAY PD TAB	108
terbinafine tab	60	TOXOID INJ		TIVICAY TAB	108
terbutaline sulfate tab	32	tetrabenazine tab	220	tizanidine tab	197

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ALPHABETICAL LISTING OF DRUGS

TOBI PODHALER	5	TOPROL XL TAB	114	triamcinolone in orabase	193
TOBRADEX OPHTH OINT	208	toremifene tab	85	paste	
TOBRADEX OPHTH SOLN	208	torsemide tab	153	triamcinolone lotion	144
TOBRADEX ST OPHTH SUSP	208	TOVIAZ TAB	231	triamcinolone oint	144
tobramycin neb soln	6	TRACLEER TAB 32MG	121	triamcinolone OTC nasal	198
tobramycin ophth soln	204	tramadol ER tab	16	spray	
tobramycin/dexamethason e ophth soln	208	TRAMADOL HCL ER TAI	16	triamterene/hydrochloroth	152
TOBEX OPHTH OINT	205	tramadol tab	16	iazide cap	
TOBEX OPHTH SOLN	205	tramadol/acetaminophen tab	18	triamterene/hydrochloroth	152
TODAY SPONGE	236	tranexamic acid tab	176	iazide tab	
TOFRANIL TAB	48	TRANSDERM-SCOP PATCH	59	triazolam tab	178
TOLAZAMIDE TAB	56	tranylcypromine tab	45	tricitrates soln	168
TOLBUTAMIDE TAB	56	TRAVATAN Z DROPS	211	tricon cap	176
tolcapone tab	96	travoprost ophth soln	211	TRICOR TAB	64
TOLMETIN TAB	11	trazodone tab	46	trientine cap	189
tolterodine SR cap	230	TRECATOR TAB	79	trifluoperazine tab	103
tolterodine tab	231	TRELEGY ELLIPTA INHALER	32	TRIFLURIDINE OPHTH SOLN	205
TOPAMAX SPRINKLE CAP	39	TREMFYA INJ	140	trihexyphenidyl elixir	98
TOPAMAX TAB	40	tretinoin cap	80	TRIHXYPHENIDYL SOLN	98
TOPICORT CREAM	144	tretinoin cream	136	trihexyphenidyl tab	96
TOPICORT OINT	144	tretinoin gel	136	TRIKAFTA TAB	223
topiramate sprinkle cap	40	tretinoin gel 0.08%	136	TRIKAFTA THERAPY PACK	223
topiramate tab	40	triamcinolone acetate inj	131	tri-legest tab	126
		triamcinolone cream	144	TRILEPTAL SUSP	40
				TRILEPTAL TAB	40

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ALPHABETICAL LISTING OF DRUGS

TRI-LUMA CREAM	147	TYVASO DPI POWDER	120	VAGIFEM TAB	238
trimethobenzamide cap	59	MAINTENANCE KIT		valacyclovir tab	111
trimethoprim tab	74	32-48MCG		VALCHLOR GEL	139
trimipramine cap	48	TYVASO DPI POWDER	120	VALCYTE TAB	109
TRINTELLIX TAB	46	TITRATION KIT		valganciclovir soln	109
tri-sprintec tab	126	16-32-48MCG		valganciclovir tab	109
TRIUMEQ PD TAB	108	TYVASO DPI POWDER	120	VALIUM TAB 2MG,	24
TRIUMEQ TAB	108	TITRATION KIT		10MG	
TRIZIVIR TAB	108	16-32MCG		VALIUM TAB 5MG	24
tropicamide ophth soln	202	TYVASO INH SOLN 0.6	120	valproic acid cap	43
tropium chloride SR cap	231	MG/ML		valproic acid syrup	43
tropium tab	231			valsartan tab	68
TRUEPLUS INSULIN	185	<b>U</b>		valsartan/hydrochlorothiazide tab	72
SYRINGE		UBRELVY TAB	185	VALTOCO NASAL SPRAY	35
TRUEPLUS PEN	185	UCERIS RECTAL FOAM	21	VALTRESX TAB	111
NEEDLE		UCERIS TAB	131	VANCOCIN CAP	75
TRULANCE TAB	163	ULORIC TAB	170	vancomycin cap	75
TRULICITY INJ	53	ULTRAM TAB	16	VANFLYTA TAB	94
TRUMENBA INJ	232	ULTRAVATE CREAM	144	VANFLYTA TAB 26.5MG	94
TRUSOPT OPHTH SOLN	211	ULTRAVATE OINT	144	VANIQA CREAM	146
TUKYSA TAB	81	UPNEEQ SOLN	211	varafenafil ODT	119
TURALIO CAP	93	UPTRAVI TAB	122	varafenafil tab	119
tussigon tab	131	URECHOLINE TAB	231	VARENICLINE TAB	222
TWIRLA PATCH	126	UROKIT-K TAB	168	varenicline tartrate tab	222
TYBLUME TAB	126	UROXATRAL TAB	169	varenicline tartrate tab	222
TYLENOL/CODEINE TAF	18	URSO FORTE TAB	163	starter pack	
TYMLOS INJ	155	ursodiol cap	163	VARIVAX INJ	235
TYVASO DPI POWDER	119	ursodiol tab	163		

**V**

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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

ALPHABETICAL LISTING OF DRUGS

VARUBI TAB	60	VERELAN SR CAP	117	VITAMIN D TAB	239
VASERETIC TAB	72	360mg		400UNIT	
VASOTEC TAB	68	VERZENIO TAB	94	VITRAKVI CAP 100MG	94
VAXNEUVANCE INJ	232	VESICARE TAB	231	VITRAKVI CAP 25MG	94
V-C FORTE CAP	194	VFEND SUSP	61	VITRAKVI SOLN	94
VELIVET PAK	126	VFEND TAB	61	VIVELLE-DOT PATCH	162
VELPHORO CHEW TAB	167	V-GO INJ KIT	184	VIZIMPRO TAB	82
VEMLIDY TAB	111	VIBRAMYCIN CAP	225	VOLTAREN GEL	138
VENCLEXTA STARTER	82	VIBRAMYCIN SUSP	225	VONJO CAP	94
PACK		VIBRAMYCIN SYRUP	225	voriconazole susp	61
VENCLEXTA TAB	82	VICTOZA INJ	53	voriconazole tab	61
VENELEX OINT	149	VIDEX SOLN	108	VOSEVI TAB	111
venlafaxine ER cap	47	vigabatrin powder pack	42	VOWST CAP	166
venlafaxine tab	47	vigabatrin tab	42	VOXZOGO INJ	159
VENTAVIS INH SOLN	120	vigadrone powder pack	42	VP-PNV-DHA CAP	195
VENTOLIN HFA	32	VIGAMOX OPHTH SOLN	205	VYNDAMAX CAP	122
INHALER		VIJOICE TAB	191	VYNDAQEL CAP	122
VERAPAMIL ER CAP,	117	VIJOICE TAB 250MG	191	VYVANSE CAP	1
VERELAN CAP		viorele tab, kariva tab	126	VYVANSE CHEW TAB	2
verapamil SR cap	117	VIRACEPT TAB	108		
VERAPAMIL SR CAP	117	VIREAD TAB 150MG,	108	<b>W</b>	
360mg		200MG, 250MG		WAKIX TAB	3
verapamil SR tab	117	VISTARIL CAP	23	warfarin tab	33
verapamil tab	117	VITAFOL STRIPS	195	WEGOVI INJ	2
VERELAN CAP	117	vitamin D cap	239	WEGOVI INJ	2
VERELAN PM CAP	117	vitamin D cap 1000unit	239	1.7MG/0.75ML	
VERELAN PM ER CAP	117	vitamin D cap 400unit	239	WEGOVI INJ	3
200MG, 300MG				2.4MG/0.75ML	
				WELIREG TAB	85

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ALPHABETICAL LISTING OF DRUGS

WELLBUTRIN SR TAB	44	XCOPRI TITRATION PAK	41	zafirlukast tab	27	
WELLBUTRIN XL TAB	44	150-200MG		zaleplon cap	178	
wymzya FE tab	126	XCOPRI TITRATION PAK	41	ZANAFLEX TAB	197	
<hr/>						
<b>X</b>		50-100MG		ZANOSAR INJ	80	
XACIATO GEL	236	XDEMVY OPHTH SOLN	205	ZARONTIN CAP	43	
XADAGO TAB	98	XELJANZ SOLN	6	ZARONTIN SOLN	43	
XALATAN OPHTH SOLN	212	XELJANZ TAB	6	ZARXIO INJ	174	
XALKORI CAP	94	XELJANZ XR TAB	6	ZAVZPRET NASAL	185	
XALKORI SPRINKLE	95	XEMBIFY INJ	214	SPRAY		
CAP		XENLETA TAB	77	ZEGALOGUE INJ	51	
XAQUIL XR TAB	151	XIFAXAN TAB 200MG	74	ZEGERID CAP OTC	230	
XARELTO STARTER	33	XIFAXAN TAB 550MG	74	ZEJULA CAP	95	
PACK		XIGDUO XR TAB	50	ZEJULA TAB	95	
XARELTO SUSP	33	XIGDUO XR TAB	50	ZELAPAR ODT	98	
XARELTO TAB	33	10-1000MG		ZELBORAF TAB	95	
XCOPRI PAK	41	XIGDUO XR TAB	50	ZEMPLAR CAP	159	
100-150MG		2.5-1000MG, 5-1000MG		ZEPBOUND INJ	3	
XCOPRI PAK	41	XIGDUO XR TAB	50	ZEPOSIA CAP	221	
150-200MG		5-500MG, 10-500MG,		ZEPOSIA STARTER PACK	221	
XCOPRI PAK 50-200MG	41	10-1000MG		ZESTORETIC TAB	72	
XCOPRI TAB 150MG,	41	XOPENEX NEB SOLN	32	ZETONNA NASAL SPRA	198	
200MG		XOSPATA TAB	95	ZIAC TAB	73	
XCOPRI TAB 25MG	41	XPHOZAH TAB	159	zidovudine cap	109	
XCOPRI TAB 50MG,	41	XPOVIO PAK	86	zidovudine syrup	109	
100MG		XTAMPZA ER CAP	16	zidovudine tab	109	
XCOPRI TITRATION PAK	41	XYZBAC TAB	151	ZIMHI SOLN	58	
12.5-25MG		<hr/>			ziprasidone cap	100
		<b>Z</b>		ZIRGAN OPHTH GEL	205	
		zafemy patch	127			

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ALPHABETICAL LISTING OF DRUGS

ZITHROMAX POWDER	180	ZYLET OPHTH SUSP	209
PACK		ZYLOPRIM TAB	170
ZITHROMAX SUSP	180	ZYMAXID OPHTH SOLN	205
ZITHROMAX TAB	180	ZYPREXA TAB	102
ZOCOR TAB	66	ZYPREXA ZYDIS TAB	102
ZOFRAN ODT	59	ZYRTEC CHILD CHEW	62
ZOFRAN SOLN	59	TAB	
ZOFRAN TAB	59	ZYVOX SUSP	76
ZOKINVY CAP	191	ZYVOX TAB	76
ZOLINZA CAP	95		
zolmitriptan tab	187		
ZOLOFT CONC	46		
ZOLOFT TAB	46		
zolpidem ER tab	178		
zolpidem tab	176		
ZONEGRAN CAP	40		
ZONISADE SUSP	40		
zonisamide cap	40		
ZONTIVITY TAB	172		
ZORYVE CREAM	140		
ZOVIRAX CAP	111		
ZOVIRAX SUSP	111		
ZOVIRAX TAB	111		
ZTALMY SUSP	40		
ZUTRIPRO LIQUID	133		
ZYDELIG TAB	95		
ZYKADIA CAP	95		
ZYKADIA TAB	95		

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