



**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 All previous versions of the formulary are no longer in effect.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 10/1/2024

<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
ST	Step Therapy	VAC	Vaccine Program		

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

Last Updated 10/1/2024

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
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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ST	Step Therapy	VAC	Vaccine Program		

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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
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML <i>(semaglutide (weight management))</i>	2	PA-QL QL= 4 pens/28 days
ZEPBOUND INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML <i>(tirzepatide (weight management))</i>	2	PA-QL QL= 4 inj/28 days
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	1	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG <i>(guanfacine hcl (adhd))</i>	3	-
KAPVAY TAB .1MG <i>(clonidine hcl (adhd))</i>	3	-
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders</b>		
SUNOSI TAB 150MG, 75MG <i>(solriamfetol hcl)</i>	2	PA-QL QL= 1 tab/day
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders</b>		
WAKIX TAB 17.8MG, 4.45MG <i>(pitolisant hcl)</i>	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
<b>STIMULANTS - MISC. - Miscellaneous stimulant drugs</b>		

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<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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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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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	-
TOBI PODHALER 28MG ( <i>tobramycin</i> )	4	LD-PA Only available through Walgreens 888-347-3416

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

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

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Last Updated 10/1/2024

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

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

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<i>etodolac tab 400MG, 500MG</i>	1	-
FELDENE CAP 10MG, 20MG ( <i>piroxicam</i> )	3	-
FLURBIPROFEN TAB 50MG ( <i>flurbiprofen</i> )	1	-
<i>flurbiprofen tab 100MG</i>	1	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-
<i>ibuprofen tab 800MG</i>	1	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	-

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

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<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system</b>		
ENBREL INJ 25MG 25MG/0.5ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
<b>ANALGESICS - NONNARCOTIC - Drugs to treat pain</b>		
<b>SALICYLATES - Drugs to treat pain</b>		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for females (no age restriction)
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for females (no age restriction)
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	1	-
<b>ANALGESICS - OPIOID - Drugs to treat pain</b>		
<b>OPIOID AGONISTS - Drugs to treat pain</b>		
ABSTRAL SL TAB ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 tabs/30 days

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

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FENTANYL CITRATE LOLLIPOP 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (ACTIQ Equiv) ( <i>fentanyl citrate</i> )	1	PA-QL QL= 120 lozenges/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
FENTORA 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

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<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
<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

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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
OXYCODONE TAB 15MG ( <i>oxycodone hcl</i> )	1	QL QL= 120 tabs/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i>	1	QL QL= 120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG ( <i>oxycodone hcl</i> )	3	QL QL=120 tabs/30 days
<i>tramadol ER tab 100MG, 200MG, 300MG</i> (ULTRAM ER Equiv)	1	QL QL= 30 tabs/30 days
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG ( <i>tramadol hcl</i> )	1	QL QL= 30 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days
ULTRAM TAB ( <i>tramadol hcl tab</i> )	3	QL QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ( <i>oxycodone</i> )	2	PA-QL QL= 120 caps/30 days

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

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<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv)	1	QL QL=120 tabs/30 days
<i>OXYCODONE/ASPIRIN TAB 4.835MG-325MG</i> ( <i>oxycodone-aspirin</i> )	1	QL QL= 120 tabs/30 days
<i>PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> ( <i>oxycodone w/ acetaminophen</i> )	3	QL QL=120 tabs/30 days
<i>tramadol/acetaminophen tab 37.5MG-325MG</i> (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
<i>TYLENOL/CODEINE TAB</i> ( <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

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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>		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR <i>(testosterone)</i>	2	PA-QL QL= 1 patch/day
ANDROGEL 1% 25MG 25MG/2.5GM <i>(testosterone)</i>	3	PA-QL QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1% 1%, 50MG/5GM <i>(testosterone)</i>	3	PA-QL QL= 2 packets/day
ANDROGEL 1.62% 1.25GM 20.25MG/1.25GM <i>(testosterone)</i>	3	PA-QL QL= 1 packet/day
ANDROGEL 1.62% 2.5GM 40.5MG/2.5GM <i>(testosterone)</i>	3	PA-QL QL= 2 packets/day
ANDROGEL PUMP 1.62% 1.62% <i>(testosterone)</i>	3	PA-QL QL= 2 bottles/30 days
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	1	-
METHITEST TAB 10MG <i>(methyltestosterone)</i>	3	PA
<i>methyltestosterone cap 10MG</i>	1	PA

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<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
<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (VOGELXO GEL, ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP 1% 1% ( <i>testosterone</i> )	1	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
VOGELXO GEL PUMP 1% 1% ( <i>testosterone</i> )	3	PA-QL QL= 4 bottles/30 days

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

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

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

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

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

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TIKOSYN CAP 125MCG, 250MCG, 500MCG ( <i>dofetilide</i> )	3	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	4	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 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 100MCG/ACT, 250MCG/ACT, 50MCG/ACT <i>(fluticasone propionate (inhalation))</i>	3	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT <i>(fluticasone propionate hfa)</i>	3	-

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

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

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

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

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

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PRADAXA CAP 110MG, 150MG, 75MG ( <i>dabigatran etexilate mesylate</i> )	3	-
<b>ANTICONVULSANTS - Drugs to treat seizures</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures</b>		
<i>clobazam susp 2.5MG/ML</i> (ONFI Equiv)	1	PA Members age 9 or older require Prior Authorization
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	1	PA
<i>clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
DIASTAT ACDL GEL 10MG, 20MG ( <i>diazepam (anticonvulsant)</i> )	3	QL QL= 4 doses/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	2	QL QL= 4 doses/fill
DIAZEPAM GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	2	QL QL= 4 doses/fill
<i>diazepam rectal gel 10MG, 20MG</i>	1	QL QL= 4 doses/fill
KLONOPIN TAB .5MG, 1MG, 2MG ( <i>clonazepam</i> )	3	-
NAYZILAM SPRAY 5MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	3	QL QL= 4 doses/fill

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

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EPIDIOLEX SOLN 100MG/ML ( <i>cannabidiol</i> )	4	LD-PA Only available through Lumicera 855-847-3553
EPRONTIA SOLN 25MG/ML ( <i>topiramate</i> )	3	PA Members age 9 or older require Prior Authorization
FINTEPLA SOLN 2.2MG/ML ( <i>fenfluramine hcl (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	-

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

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

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TEGRETOL TAB 200MG ( <i>carbamazepine</i> )	3	-
TEGRETOL XR TAB 100MG, 200MG, 400MG ( <i>carbamazepine</i> )	3	-
TOPAMAX SPRINKLE CAP 15MG, 25MG ( <i>topiramate</i> )	3	-
TOPAMAX TAB 100MG, 200MG, 25MG, 50MG ( <i>topiramate</i> )	3	-
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	1	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	1	-
TRILEPTAL SUSP 300MG/5ML ( <i>oxcarbazepine</i> )	3	-
TRILEPTAL TAB 150MG, 300MG, 600MG ( <i>oxcarbazepine</i> )	3	-
ZONEGRAN CAP 100MG, 25MG ( <i>zonisamide</i> )	3	-
ZONISADE SUSP 100MG/5ML ( <i>zonisamide</i> )	3	PA PA required for members age 9 years or older
<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>		

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<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	1	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	1	-
FELBATOL SUSP 600MG/5ML ( <i>felbamate</i> )	3	-
FELBATOL TAB 400MG, 600MG ( <i>felbamate</i> )	3	-
XCOPRI PAK 100-150MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI TAB 25MG 25MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day
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>		

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

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

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<i>valproic acid syrup 250MG/5ML, 500MG/10ML</i> (DEPAKENE Equiv)	1	-
<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG <i>(mirtazapine)</i>	3	-
REMERON TAB 15MG, 30MG <i>(mirtazapine)</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>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID- Drugs to treat depression</b>		

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

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

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

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<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	1	-
<b>TRICYCLIC AGENTS - Drugs to treat depression</b>		
<i>amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</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	-
<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	-

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

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

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

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GLUCAGON EMR INJ 1MG/ML ( <i>glucagon hcl</i> )	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG ( <i>glucagon rdna</i> )	2	QL QL= 2 inj/fill
GVOKE INJ .5MG/0.1ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill
<i>mifepristone tab 300MG</i> (KORLYM Equiv)	1	LMSP-PA-QL QL= 4 tabs/day
PROGLYCEM SUSP 50MG/ML ( <i>diazoxide</i> )	3	-
ZEGALOGUE INJ .6MG/0.6ML ( <i>dasiglucagon hcl</i> )	2	QL QL= 2 inj/fill
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ( <i>alogliptin benzoate</i> )	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ( <i>sitagliptin phosphate</i> )	2	QL QL= 1 tab/day
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - Drugs to regulate blood sugar</b>		
CYCLOSET TAB .8MG ( <i>bromocriptine mesylate (diabetes)</i> )	3	-
<b>INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar</b>		

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OZEMPIC INJ 2MG/3ML ( <i>semaglutide</i> )	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR 18MG/3ML ( <i>liraglutide</i> )	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ( <i>exenatide</i> )	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ ( <i>exenatide</i> )	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG ( <i>exenatide</i> )	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 10MCG/0.04ML ( <i>exenatide</i> )	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 8MG/3ML ( <i>semaglutide</i> )	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG ( <i>semaglutide</i> )	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)

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<b>INSULIN - Drugs to regulate blood sugar</b>		
HUMALOG JR KWIKPEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	2	-
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML ( <i>insulin lispro</i> )	2	-
HUMALOG MIX INJ 25UNIT/ML-75UNIT/ML, 50UNIT/ML ( <i>insulin lispro protamine &amp; lispro</i> )	2	-
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 50UNIT/ML ( <i>insulin lispro protamine &amp; lispro (human)</i> )	2	-
HUMALOG PEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	2	-
HUMULIN MIX INJ ( <i>insulin 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	-

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HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML <i>(insulin regular (human))</i>	2	-
INSULIN GLARGINE SOLN PEN-INJ 300UNIT/ML <i>(insulin glargine)</i>	2	-
INSULIN LISPRO INJ 100UNIT/ML (HUMALOG Equiv) <i>(insulin lispro)</i>	1	-
INSULIN LISPRO JR KWIKPEN INJ 100UNIT/ML <i>(insulin lispro)</i>	2	-
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML <i>(insulin lispro)</i>	2	-
LYUMJEV INJ 100UNIT/ML <i>(insulin lispro-aabc)</i>	2	-
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>		

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FARXIGA TAB 10MG, 5MG ( <i>dapagliflozin propanediol</i> )	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG ( <i>empagliflozin</i> )	2	QL QL= 1 tab/day
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
AMARYL TAB 1MG, 2MG, 4MG ( <i>glimepiride</i> )	3	-
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG ( <i>glipizide</i> )	3	-
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>		

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DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ( <i>diphenoxylate w/ atropine</i> )	1	-
<b>ANTIDIARRHEALS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	1	-
LOMOTIL TAB ( <i>diphenoxylate w/ atropine tab</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

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<i>deferasirox tab 180MG, 360MG, 90MG</i> (JADENU Equiv)	1	LMSP
<i>deferasirox tab for oral susp 125MG, 250MG, 500MG</i> (EXJADE Equiv)	1	LMSP
<i>deferiprone tab 1000MG, 500MG</i> (FERRIPROX Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
KLOXXADO NASAL SPRAY 8MG/0.1ML ( <i>naloxone hcl</i> )	2	-
<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	1	OTC
NALOXONE HCL SOLN 0.4MG/ML .4MG/ML ( <i>naloxone hcl</i> )	\$0	-
NALOXONE PREFILLED INJ .4MG/ML ( <i>naloxone hcl</i> )	\$0	-
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	-
NARCAN NASAL SPRAY 4MG/0.1ML ( <i>naloxone hcl</i> )	1	OTC
OPVEE NASAL SPRAY ( <i>nalmefene hcl</i> )	2	-
RIVIVE, REXTOVY SPRAY 3MG/0.1ML, 4MG/0.25MI ( <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>		

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ANZEMET TAB 100MG, 50MG ( <i>dolasetron mesylate</i> )	4	QL QL= 9 tabs/fill
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	1	QL QL= 9 tabs/fill
GRANISOL SOLN ( <i>granisetron hcl</i> )	4	QL QL= 60ml/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFTRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	1	-
ONDANSETRON TAB 24MG ( <i>ondansetron hcl</i> )	1	-
<i>ondansetron tab 4MG, 8MG</i>	1	-
SANCUSO PATCH 3.1MG/24HR ( <i>granisetron</i> )	4	QL QL= 4 patches/fill
ZOFTRAN ODT ( <i>ondansetron</i> )	3	-
ZOFTRAN SOLN ( <i>ondansetron hcl</i> )	3	-
ZOFTRAN 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	-

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<b>ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics</b>		
AKYNZEO CAP .5MG-300MG <i>(netupitant-palonosetron)</i>	2	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
CESAMET CAP <i>(nabilone)</i>	3	-
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	1	PA
MARINOL CAP 10MG, 2.5MG, 5MG <i>(dronabinol)</i>	3	PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<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	-

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<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 ( <i>terbinafine hcl</i> )	3	-
<i>nystatin powder</i>	1	-
<i>nystatin tab 500000UNIT</i>	1	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	1	-
<b>IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections</b>		
DIFLUCAN SUSP 10MG/ML, 40MG/ML ( <i>fluconazole</i> )	3	-
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>ketokonazole 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	-

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SPORANOX CAP 100MG ( <i>itraconazole</i> )	3	-
SPORANOX SOLN 10MG/ML ( <i>itraconazole</i> )	3	PA
VFEND SUSP 40MG/ML ( <i>voriconazole</i> )	3	-
VFEND TAB 200MG, 50MG ( <i>voriconazole</i> )	3	-
<i>voriconazole susp 40MG/ML</i> (VFEND Equiv)	1	-
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	1	-
<b>ANTIHIISTAMINES - Drugs to treat allergies</b>		
<b>ANTIHIISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
CARBINOXAMINE SOLN 4MG/5ML ( <i>carbinoxamine maleate</i> )	1	-
<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>ANTIHIISTAMINES - 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>ANTIHIISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		

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<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	-
<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	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol</b>		
NEXLIZET TAB 10MG-180MG ( <i>bempedoic acid-ezetimibe</i> )	2	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol</b>		
LOVAZA CAP 1GM-375MG-465MG ( <i>omega-3-acid ethyl esters</i> )	3	-

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<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	-
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	-

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<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>		
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

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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	-
<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	-

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<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> )	2	QL-ST QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	2	QL-ST QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		
ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG ( <i>quinapril hcl</i> )	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG ( <i>ramipril</i> )	3	-

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<i>benazepril tab 10MG, 20MG, 40MG, 5MG</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
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	1	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	1	-

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VASOTEC TAB 10MG, 2.5MG, 20MG, 5MG (enalapril maleate)	3	-
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		
DIBENZYLIN CAP 10MG ( <i>phenoxybenzamine hcl</i> )	3	LMSP
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLIN 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	-
<b>ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
CARDURA TAB 1MG, 2MG, 4MG, 8MG ( <i>doxazosin mesylate</i> )	3	-

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CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR ( <i>clonidine</i> )	3	-
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	1	-
<i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv)	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
METHYLDOPA TAB 250MG, 500MG ( <i>methyldopa</i> )	1	-
<i>methyldopa tab 250MG, 500MG</i>	1	-
MINIPRESS CAP 1MG, 2MG, 5MG ( <i>prazosin hcl</i> )	3	-
<i>prazosin cap 1MG, 2MG, 5MG</i> (MINIPRESS Equiv)	1	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	1	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	1	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	1	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	1	-

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<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	-
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	-

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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	-
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	-

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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	-
ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG <i>(bisoprolol &amp; hydrochlorothiazide)</i>	3	-
<b>DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure</b>		
<i>aliskiren tab 150MG, 300MG</i> (TEKTURNA Equiv)	1	-
TEKTURNA TAB 150MG, 300MG <i>(aliskiren fumarate)</i>	3	-
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure</b>		
<i>eplerenone tab 25MG, 50MG</i> (INSPIRA Equiv)	1	-
INSPIRA TAB 25MG, 50MG <i>(eplerenone)</i>	3	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		

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<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	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	1	LMSP
PRIMSOL SOLN <i>(trimethoprim hcl)</i>	3	-
PRIMSOL SOLN 50MG/5ML <i>(trimethoprim hcl)</i>	3	-
TINDAMAX TAB <i>(tinidazole)</i>	3	-
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	1	-
TRIMETHOPRIM TAB 100MG <i>(trimethoprim)</i>	1	-
<i>trimethoprim tab</i>	1	-
XIFAXAN TAB 200MG 200MG <i>(rifaximin)</i>	3	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG <i>(rifaximin)</i>	2	QL QL= 60 tabs/30 days

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<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		
BACTRIM DS TAB 160MG-800MG, 80MG-400MG <i>(sulfamethoxazole-trimethoprim)</i>	3	-
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	1	-
<i>smz/tmp susp 160MG/20ML-800MG/20ML, 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	1	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		
ALINIA SUSP 100MG/5ML ( <i>nitazoxanide</i> )	2	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG ( <i>nitazoxanide</i> )	3	PA-QL QL= 6 tabs/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	1	-
LAMPIT TAB 120MG, 30MG ( <i>nifurtimox</i> )	2	RS Restricted to Infectious Disease Specialist
MEPRON SUSP 750MG/5ML ( <i>atovaquone</i> )	3	-
NITAZOXANIDE TAB 500MG ( <i>nitazoxanide</i> )	1	PA-QL QL= 6 tabs/3 days
<i>nitazoxanide tab 500MG</i>	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

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INVANZ INJ 1GM ( <i>ertapenem sodium</i> )	M	M
<i>meropenem inj 1GM, 500MG</i> (MERREM Equiv)	M	M
<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		
FIRVANQ SOLN 25MG/ML 25MG/ML ( <i>vancomycin hcl</i> )	1	-
FIRVANQ SOLN 50MG/ML 50MG/ML ( <i>vancomycin hcl</i> )	1	-
VANCOCIN CAP 125MG, 250MG ( <i>vancomycin hcl</i> )	3	QL QL= 56 caps/fill
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
<b>LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)</b>		
<i>dapsone tab 100MG, 25MG</i>	1	-
<b>LINCOSAMIDES - Drugs to treat bacterial infections</b>		
CLEOCIN CAP 150MG, 300MG, 75MG ( <i>clindamycin hcl</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>		

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PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

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<i>linezolid susp 100MG/5ML (ZYVOX Equiv)</i>	1	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG (ZYVOX Equiv)</i>	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
<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 monohydr macro</i> )	3	-

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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	-
<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	-

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<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>pyridstigmine soln 60MG/5ML</i> (MESTINON Equiv)	1	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		
RIFAMATE CAP ( <i>isoniazid &amp; rifampin</i> )	2	-
RIFATER TAB ( <i>isoniazid-rifampin w/ pyrazinamide</i> )	3	PA
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	1	-
<i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv)	1	-
ISONIAZID TAB 100MG ( <i>isoniazid</i> )	1	-

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<i>isoniazid tab 300MG</i>	1	-
MYAMBUTOL TAB 400MG ( <i>ethambutol hcl</i> )	3	-
MYCOBUTIN CAP 150MG ( <i>rifabutin</i> )	3	-
PRETOMANID TAB 200MG ( <i>pretomanid</i> )	2	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	2	-
<i>pyrazinamide tab 500MG</i>	1	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	1	-
RIFADIN CAP 150MG, 300MG ( <i>rifampin</i> )	3	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	1	-
TRECTOR TAB 250MG ( <i>ethionamide</i> )	3	RS Restricted to Infectious Disease Specialist
<b>ANTINEOPLASTICS - Drugs to treat cancer</b>		
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	1	LMSP-ONC
<b>TOPOISOMERASE I INHIBITORS - Drugs to treat cancer</b>		
HYCANTIN CAP .25MG, 1MG ( <i>topotecan hcl</i> )	4	LMSP-ONC-PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
ALKERAN TAB 2MG ( <i>melphalan</i> )	3	LMSP-ONC
<i>busulfan inj 6MG/ML</i>	M	M
BUSULFEX INJ 6MG/ML ( <i>busulfan</i> )	M	M

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CYCLOPHOSPHAMIDE CAP 25MG, 50MG <i>(cyclophosphamide)</i>	3	ONC
<i>cyclophosphamide cap 25MG, 50MG</i>	1	ONC
CYCLOPHOSPHAMIDE TAB 25MG, 50MG <i>(cyclophosphamide)</i>	2	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG <i>(lomustine)</i>	2	ONC
HEXALEN CAP <i>(altretamine)</i>	4	LMSP-ONC
MELPHALAN TAB 2MG <i>(melphalan)</i>	1	LMSP-ONC
MYLERAN TAB 2MG <i>(busulfan)</i>	4	LMSP-ONC
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	1	LMSP-ONC
ZANOSAR INJ 1GM <i>(streptozocin)</i>	M	M
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	1	LMSP-ONC
JYLAMVO SOLN, XATMEP SOLN 2.5MG/ML, 2MG/ML <i>(methotrexate)</i>	3	PA Prior Authorization required for members age 9 or older
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	1	ONC
<i>methotrexate inj 1000MG/40ML, 1GM/40ML, 250MG/10ML, 50MG/2ML</i>	1	-
<i>methotrexate tab 2.5MG</i> (TREXALL Equiv)	1	ONC

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PURIXAN SUSP 2000MG/100ML ( <i>mercaptopurine</i> )	3	PA Members age 9 or older require Prior Authorization
TABLOID TAB 40MG ( <i>thioguanine</i> )	2	ONC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer</b>		
FRUZAQLA CAP 1MG 1MG ( <i>fruquintinib</i> )	4	LD-PA-QL QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRUZAQLA CAP 5MG 5MG ( <i>fruquintinib</i> )	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
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 45MG ( <i>leuprolide acetate (6 month)</i> )	M	M
LYSODREN TAB 500MG ( <i>mitotane</i> )	4	LD-ONC Only available through Walgreens 888-347-3416
<i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv)	1	ONC
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	1	ONC
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	1	LMSP-ONC
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
AUGTYRO CAP 40MG ( <i>repotrectinib</i> )	4	LMSP-PA-QL-SF QL= 8 caps/day

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PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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BALVERSA TAB 3MG 3MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF CAP 100MG, 50MG ( <i>bosutinib</i> )	4	MSP-PA
BOSULIF TAB 100MG, 400MG, 500MG ( <i>bosutinib</i> )	4	KMSP-ONC-PA-SF
BRAFTOVI CAP 75MG 75MG ( <i>encorafenib</i> )	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
CABOMETYX TAB 20MG, 40MG, 60MG ( <i>cabozantinib s-malate</i> )	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
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

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CALQUENCE TAB 100MG ( <i>acalabrutinib maleate</i> )	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
CAPRELSA TAB 100MG ( <i>vandetanib</i> )	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG 300MG ( <i>vandetanib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG ( <i>cabozantinib s-malate</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ( <i>duvelisib</i> )	4	LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	4	LMSP-ONC-PA-QL QL= 3 tabs/day
<i>dasatinib tab 100MG, 140MG, 20MG, 50MG, 70MG, 80MG</i> (SPRYCEL Equiv)	1	LMSP-ONC-PA
<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

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

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

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

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

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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
RETEVMO TAB 120MG, 160MG, 80MG ( <i>selpercatinib</i> )	4	LMSP-PA-QL-SF QL= 2 tabs/day
RETEVMO TAB 40MG 40MG ( <i>selpercatinib</i> )	4	LMSP-PA-QL-SF QL= 3 tabs/day
REZLIDHIA CAP 150MG ( <i>olutasidenib</i> )	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306
ROZLYTREK CAP 100MG, 200MG ( <i>entrectinib</i> )	4	LMSP-PA-QL QL= 3 caps/day
ROZLYTREK PAK 50MG ( <i>entrectinib</i> )	4	LMSP-PA-QL QL= 6 packs/day
RUBRACA TAB 200MG, 250MG, 300MG ( <i>rucaparib camsylate</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG ( <i>midostaurin</i> )	4	LMSP-ONC-PA-QL QL= 56 caps/28 days

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SCSEMBLIX TAB 20MG, 40MG ( <i>asciminib hcl</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCSEMBLIX TAB 100 MG 100MG ( <i>asciminib hcl</i> )	4	LD-PA-QL QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	1	LMSP-ONC-PA
STIVARGA TAB 40MG ( <i>regorafenib</i> )	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	1	LMSP-ONC-PA
TABRECTA TAB 150MG, 200MG ( <i>capmatinib hcl</i> )	4	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG ( <i>dabrafenib mesylate</i> )	4	LMSP-ONC-PA-QL QL= 4 caps/day
TAFINLAR TAB 10MG ( <i>dabrafenib mesylate</i> )	4	LMSP-PA
TALZENNA CAP 0.25MG .25MG ( <i>talazoparib tosylate</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG ( <i>talazoparib tosylate</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ( <i>nilotinib hcl</i> )	4	LMSP-ONC-PA-SF

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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
TRUQAP TAB 160MG, 200MG ( <i>capivasertib</i> )	4	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TURALIO CAP 125MG, 200MG ( <i>pexidartinib hcl</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VANFLYTA TAB 17.7MG ( <i>quizartinib dihydrochloride</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VANFLYTA TAB 26.5MG 26.5MG ( <i>quizartinib dihydrochloride</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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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
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

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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
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	1	LMSP-ONC-PA
HYDREA CAP 500MG ( <i>hydroxyurea</i> )	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ ( <i>interferon alfa-2b inj</i> )	4	KMSP
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	2	ONC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	1	ONC

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MESNEX TAB 400MG ( <i>mesna</i> )	4	LMSP-ONC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS - Drugs to protect against chemotherapy drugs</b>		
IWILFIN TAB 192MG ( <i>eflornithine hydrochloride</i> )	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679
<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>		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	1	-
<i>amantadine syrup</i> (SYMMETREL Equiv)	1	-

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<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 10MG-100MG, 25MG-100MG, 25MG-250MG</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	-
SINEMET CR TAB ( <i>carbidopa-levodopa</i> )	3	-

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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	-
TRIHEXYPHENIDYL SOLN .4MG/ML ( <i>trihexyphenidyl hcl</i> )	1	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG ( <i>carbidopa-levodopa</i> )	1	-
<i>carbidopa-levodopa-entacapone tab 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG</i> (STALEVO Equiv)	1	-

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INBRIJA INH POWDER 42MG ( <i>levodopa</i> )	3	PA-QL QL= 10 caps/day
STALEVO TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG ( <i>carbidopa-levodopa-entacapone</i> )	3	-
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (ESKALITH ER Equiv) ( <i>lithium carbonate</i> )	1	-
<i>lithium carbonate cap</i> (ESKALITH ER Equiv)	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
<i>lithium oral solution 8MEQ/5ML</i> (LITHIUM Equiv)	1	PA Prior Authorization Required for members age 9 and older
LITHOBID TAB 300MG ( <i>lithium carbonate</i> )	3	-
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		
EQUETRO CAP ( <i>carbamazepine (antipsychotic)</i> )	2	-
GEODON CAP 20MG, 40MG, 60MG, 80MG ( <i>ziprasidone hcl</i> )	3	-
LATUDA TAB 120MG, 20MG, 40MG, 60MG, 80MG ( <i>lurasidone hcl</i> )	3	-

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<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	-
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	-

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<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	-
<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	-

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<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	-
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv)	1	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	1	-
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	1	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	1	-

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<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	-
<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	-

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<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	-
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	-

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<i>efavirenz/emtricitabine/tenofovir df tab</i> <b>200MG-300MG-600MG</b> (ATRIPLA Equiv)	1	QL QL= 1 tab/day
<i>efavirenz/lamivudine/tenofovir df (lo) tab</i> <b>300MG-400MG, 300MG-600MG</b> (SYMFI (LO) Equiv)	1	QL QL= 1 tab/day
<i>emtricitabine cap 200MG</i> (EMTRIVA Equiv)	1	-
<i>emtricitabine/tenofovir disoproxil fumarate tab</i> <b>100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</b> (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	-
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	-

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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 ( <i>nevirapine</i> )	1	-
<i>nevirapine ER tab 400MG</i>	1	-
NEVIRAPINE SUSP 50MG/5ML ( <i>nevirapine</i> )	1	-
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	1	-
NORVIR CAP 100MG ( <i>ritonavir</i> )	3	-
NORVIR POWDER PACK 100MG ( <i>ritonavir</i> )	3	-
NORVIR SOLN 80MG/ML ( <i>ritonavir</i> )	3	-
NORVIR TAB 100MG ( <i>ritonavir</i> )	3	-

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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	-
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	-

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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	-
<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>		

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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
BARACLUDE SOLN .05MG/ML ( <i>entecavir</i> )	3	PA Members age 9 or older require Prior Authorization
BARACLUDE TAB .5MG, 1MG ( <i>entecavir</i> )	3	LMSP-QL QL= 1 tab/day

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<i>entecavir tab .5MG, 1MG</i> (BARACLUDGE Equiv)	1	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbv)</i> )	4	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	1	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ( <i>ledipasvir-sofosbuvir</i> )	4	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG ( <i>glecaprevir-pibrentasvir</i> )	4	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG ( <i>glecaprevir-pibrentasvir</i> )	4	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/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
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

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<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
RELENZA DISKHALER 5MG/BLISTER ( <i>zanamivir</i> )	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	1	-

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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	-
<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	-

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<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	-
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>		

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<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/af)</i> )	3	-
BETAPACE TAB 120MG, 160MG, 80MG ( <i>sotalol hcl</i> )	3	-
CORGARD TAB 20MG, 40MG, 80MG ( <i>nadolol</i> )	3	-
INDERAL LA CAP 120MG, 160MG, 60MG, 80MG ( <i>propranolol hcl</i> )	3	-
<i>nadolol tab</i> (CORGARD Equiv)	1	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	1	-

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PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
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<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	-
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-
CALAN SR TAB 120MG, 180MG, 240MG ( <i>verapamil hcl</i> )	3	-

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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, 180MG, 240MG, 300MG, 360MG, 420MG</i> (CARDIZEM SR 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
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	-

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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	-
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>		

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CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG ( <i>mavacamten</i> )	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs</b>		
<i>amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG</i> (CADUET Equiv)	1	-
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG ( <i>amlodipine besylate-atorvastatin calcium</i> )	3	-
<b>IMPOTENCE AGENTS - Drugs to treat erectile dysfunction</b>		
CAVERJECT INJ 10MCG, 20MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
EDEX INJ 10MCG, 20MCG, 40MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	1	QL QL= 6 tabs/30 days

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STENDRA TAB 100MG, 200MG, 50MG ( <i>avanafil</i> )	2	QL QL= 6 tabs/30 days
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>vardenafil ODT 10MG</i> (STAXYN Equiv)	1	QL QL= 6 tabs/30 days
<i>vardenafil tab 10MG, 2.5MG, 20MG, 5MG</i> (LEVITRA Equiv)	1	QL QL= 6 tabs/30 days
<b>PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions</b>		
ISOXSUPRINE TAB 10MG, 20MG ( <i>isoxsuprine hcl</i> )	2	-
<i>isoxsuprine tab 10MG, 20MG</i>	1	-
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		
ORENITRAM TAB .125MG, .25MG, 1MG, 2.5MG, 5MG ( <i>treprostinil diolamine</i> )	4	LD-PA Only available through CVS Specialty 800-237-2767
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG ( <i>treprostinil</i> )	4	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG ( <i>treprostinil</i> )	4	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523

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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
OPSUMIT TAB 10MG ( <i>macitentan</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523

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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>		
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

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<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension</b>		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG <i>(riociguat)</i>	4	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
<b>SINUS NODE INHIBITORS - Drugs to control heart rhythm</b>		
CORLANOR TAB 5MG, 7.5MG <i>(ivabradine hcl)</i>	3	PA
<i>ivabradine hcl tab 5MG, 7.5MG</i> (CORLANOR Equiv)	1	PA
<b>TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis</b>		
VYNDAMAX CAP 61MG <i>(tafamidis)</i>	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP 20MG <i>(tafamidis meglumine (cardiac))</i>	4	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	M
CEFAZOLIN INJ 100GM, 1GM, 2GM, 300GM, 3GM <i>(cefazolin sodium)</i>	M	M
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	1	-

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<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>cefaclor</i> )	1	-
<i>cefaclor cap 250MG, 500MG</i> (CECLOR Equiv)	1	-
CEFACTOR ER TAB 500MG ( <i>cefaclor monohydrate</i> )	3	-
CEFACTOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML ( <i>cefaclor</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</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>	1	-
PREDNISONE 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 ( <i>promethazine &amp; phenylephrine</i> )	1	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i>	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 .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 .01%, .025%, .05%</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</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% (NIZORAL Equiv) <i>(ketoconazole (topical))</i>	EXC	OTC
<i>nizoral a-d shampoo 1%</i> (NIZORAL Equiv)	EXC	OTC
NIZORAL SHAMPOO <i>(ketoconazole (topical))</i>	3	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<i>nystatin oint 100000UNIT/GM</i>	1	-
<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	1	-
<i>oxiconazole nitrate cream 1%</i> (OXISTAT Equiv)	1	-
<i>tavaborole soln 5%</i> (KERYDIN Equiv)	1	QL-ST QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation</b>		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	1	OTC-QL QL= 5 tubes/fill
VOLTAREN GEL 1% <i>(diclofenac sodium (topical))</i>	3	OTC-QL QL= 5 tubes/fill
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer</b>		
<i>bexarotene gel 1%</i> (TARGRETIN Equiv)	1	LMSP-PA

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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 .015% ( <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	-
CALCIPOTRIENE SOLN .005% ( <i>calcipotriene</i> )	1	-
<i>calcipotriene soln .005%</i>	1	-
CALCITRIOL OINT 3MCG/GM ( <i>calcitriol (topical)</i> )	3	-
DOVONEX CREAM .005% ( <i>calcipotriene</i> )	3	-

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DRITHO-SCALP CREAM 1% ( <i>anthralin</i> )	3	-
METHOXSALEN CAP 10MG ( <i>methoxsalen rapid</i> )	2	LMSP
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP 10MG ( <i>methoxsalen rapid</i> )	3	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML ( <i>risankizumab-rzaa</i> )	4	LMSP-PA-QL QL= 1 inj/84 days
SPEVIGO INJ 150MG/ML ( <i>spesolimab-sbzo</i> )	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
STELARA INJ 45MG/0.5ML ( <i>ustekinumab</i> )	4	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML ( <i>ixekizumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
<i>tazarotene cream 0.05% .05%</i> (TAZORAC Equiv)	1	-
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	1	-
TAZORAC CREAM .05%, .1% ( <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

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<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	1	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
<i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% ( <i> penciclovir</i> )	3	-
<i>penciclovir cream 1%</i> (DENAVIR Equiv)	1	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
SILVADENE CREAM 1% ( <i>silver sulfadiazine</i> )	3	-
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	1	-
SULFAMYLON CREAM 85MG/GM ( <i>mafenide acetate</i> )	2	-
<b>CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation</b>		
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	1	-
<i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv)	1	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	1	-
BETAMETHASONE AUGMENTED GEL .05% ( <i>betamethasone dipropionate augmented</i> )	2	-
<i>betamethasone augmented gel</i>	1	-
<i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv)	1	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv)	1	-

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

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

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

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ULTRAVATE OINT ( <i>halobetasol propionate</i> )	3	-
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		
ADBRY INJ 300MG/2ML ( <i>tralokinumab-ldrm</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG ( <i>abrocitinib</i> )	4	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 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%</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% ( <i>podofilox</i> )	1	-
<i>podofilox soln .5%</i>	1	-
SALEX SHAMPOO 2%, 3% ( <i>salicylic acid</i> )	3	-
SALEX SHAMPOO 6% ( <i>salicylic acid</i> )	3	-
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		

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<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel .5%, 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	-
METROGEL 1% 1% ( <i>metronidazole (topical)</i> )	3	-

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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>		
REGANEX GEL .01% ( <i>becaplermin</i> )	2	QL QL= 30gm/fill

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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 Onco360 or CareMed 877-662-6633
FUROSEMIDE SOLN 40MG/5ML, 8MG/ML ( <i>furosemide</i> )	1	-
<i>furosemide soln 10MG/ML</i>	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG ( <i>furosemide</i> )	3	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
<b>POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
ALDACTONE TAB ( <i>spironolactone tab</i> )	3	-
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	1	-
CARISPIR SUSP 25MG/5ML ( <i>spironolactone</i> )	3	PA
<i>spironolactone susp 25MG/5ML</i> (CAROSPIR Equiv)	1	PA
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	1	-
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
CHLOROTHIAZIDE TAB (DIURIL Equiv) ( <i>chlorothiazide</i> )	1	-
<i>chlorothiazide tab</i> (DIURIL Equiv)	1	-
<i>chlorthalidone tab 25MG, 50MG</i>	1	-
DIURIL SUSP 250MG/5ML ( <i>chlorothiazide</i> )	2	-

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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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PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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Last Updated 10/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<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</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 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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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 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> (VIVELLE-DOT 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, 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
LIVMARLI SOLN 19MG/ML 19MG/ML ( <i>maralixibat chloride</i> )	4	LD-PA-QL QL= 60mL/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
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	-

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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, 20GM/30ML</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 ( <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>HYPEROXALURIA AGENTS ***</b>		
RIFLOZA INJ 160MG 160MG/ML ( <i>nedosiran sodium</i> )	4	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575

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RIVFLOZA INJ 128MG/0.8ML ( <i>nedosiran sodium</i> )	4	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA VIAL 80MG/0.5ML ( <i>nedosiran sodium</i> )	4	LD-PA-QL QL= 2 vials/30 days; Only available through Orsini 800-410-8575
<b>IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease</b>		
FILSPARI TAB 200MG, 400MG ( <i>sparsentan</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695
<b>INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence</b>		
ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	2	-
<b>PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate</b>		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-
AVODART CAP .5MG ( <i>dutasteride</i> )	3	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG ( <i>tamsulosin hcl</i> )	3	-
PROSCAR TAB ( <i>finasteride tab</i> )	3	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG ( <i>alfuzosin hcl</i> )	3	-

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

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<i>probenecid tab 500MG</i> (BENEMID Equiv)	1	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML ( <i>emicizumab-kxwh</i> )	4	LMSP-PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions</b>		
<i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv)	M	M
<b>COMPLEMENT INHIBITORS - Drugs to treat blood disorders</b>		
CINRYZE INJ 500UNIT ( <i>c1 esterase inhibitor (human)</i> )	M	M
EMPAVELI INJ 1080MG/20ML ( <i>pegcetacoplan</i> )	4	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG ( <i>avacopan</i> )	4	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 16.6MG/0.416ML ( <i>zilucoplan sodium</i> )	4	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 23MG 23MG/0.574ML ( <i>zilucoplan sodium</i> )	4	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479

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ZILBRYSQ INJ 32.4MG 32.4MG/0.81ML ( <i>ziluoplan sodium</i> )	4	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		
<i>pentoxifylline ER tab 400MG</i> (TRENAL 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	-
<i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG ( <i>prasugrel hcl</i> )	3	-

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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>		
DROXIA CAP 200MG, 300MG, 400MG ( <i>hydroxyurea (sickle cell disease)</i> )	2	-
<b>AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders</b>		

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<i>l-glutamine powder packet 5GM</i> (ENDARI Equiv)	1	LMSP-PA-QL QL= 6 packets/day
OXBRYTA TAB FOR ORAL SUSP 300MG ( <i>voxelotor</i> )	4	LD-PA-QL QL= 5 tabs/day; Only available through Accredo 800-803-2523
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i> <i>500MCG/0.1ML</i> (NASCOBAL Equiv)	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>		
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

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

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NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML <i>(filgrastim-aafi)</i>	4	LMSP
NYVEPRIA INJ 6MG/0.6ML <i>(pegfilgrastim-apgf)</i>	4	LMSP
PROMACTA POWDER 12.5MG, 25MG <i>(eltrombopag olamine)</i>	4	LMSP-PA-QL QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG <i>(eltrombopag olamine)</i>	4	LMSP-PA-QL QL= 1 tab/day
PROMACTA TAB 50MG 50MG <i>(eltrombopag olamine)</i>	4	LMSP-PA-QL QL= 2 tabs/day
PROMACTA TAB 75MG 75MG <i>(eltrombopag olamine)</i>	4	LMSP-PA-QL QL= 2 tabs/day
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML <i>(epoetin alfa-epbx)</i>	4	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML <i>(filgrastim-sndz)</i>	4	LMSP
<b>HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders</b>		
<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG <i>(fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid)</i>	3	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-

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IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG ( <i>fe asp gly-fe polysaccharide-succ acd-c-threonic acid-b12-fa</i> )	1	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ( <i>fe asparto gly-succinic acd-vit c-threonic acd-vit b12-fa</i> )	1	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ( <i>fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa</i> )	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ( <i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i> )	1	-
MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG ( <i>iron-vitamin c-vitamin b12-folic acid</i> )	3	-
<i>multivitamin tab 1MG-25MCG-100MG-250MG</i>	1	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG ( <i>ferrous fumarate w/ fa-dss-b complex-vit c</i> )	2	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	1	-

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<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>ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<b>BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>phenobarbital elixir 20MG/5ML</i>	1	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	1	-
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
AMBIEN CR TAB 12.5MG, 6.25MG ( <i>zolpidem tartrate</i> )	3	QL QL= 1 tab/day

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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	-
<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

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<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
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

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<i>peg 3350 soln (100 gram Moviprep equiv)</i> <i>1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM</i> (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> <i>1.48GM-5.72GM-11.2GM-420GM</i> (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> <i>1.6GM/177ML-3.13GM/177ML-17.5GM/177ML</i> (SUPREP Equiv)	\$0	QL QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM ( <i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i> )	2	QL QL= 2 fills/calendar year
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		
<i>lactulose soln</i>	1	-
MIRALAX 17GM/SCOOP ( <i>polyethylene glycol 3350</i> )	EXC	OTC
<i>polyethylene glycol 3350 powder 17GM/SCOOP</i> (MIRALAX Equiv)	EXC	OTC
<b>MACROLIDES - Drugs to treat bacterial infections</b>		
<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		

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<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	-
<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>		

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DIFICID SUSP 40MG/ML ( <i>fidaxomicin</i> )	2	QL-ST QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	2	QL-ST QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	\$0	-
DIAPHRAGM 2% ( <i>diaphragm wide seal</i> )	\$0	-
FEMALE CONDOMS ( <i>condoms - female</i> )	\$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS ( <i>condoms - male</i> )	\$0	OTC-QL QL= 12 condoms/fill
<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
ACCU-CHEK AVIVA PLUS METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK GUIDE CARE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK GUIDE ME KIT ( <i>blood glucose monitoring supplies</i> )	\$0	OTC

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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
FREESTYLE LIBRE 3 READER ( <i>continuous glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR ( <i>continuous glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3-PLUS SENSOR ( <i>continuous glucose system sensor</i> )	2	PA-QL QL= 2 sensors/30 days

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FREESTYLE LIBRE RECEIVER ( <i>continuous glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY) ( <i>continuous glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days
LANCET DEVICE ( <i>lancet devices</i> )	1	OTC
LANCET KIT ( <i>lancets misc.</i> )	1	OTC
LANCETS ( <i>lancets</i> )	1	OTC
OMNIPOD 5 G6 INTRO KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/year
OMNIPOD 5 G6 PODS MISC ( <i>insulin infusion disposable pump</i> )	2	QL QL= 10 pods/30 days
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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Last Updated 10/1/2024

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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>respiratory therapy supplies</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>		
AIMOVIG 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 15MEQ, 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 GRANULES PACKET 50MG ( <i>alpelisib (pros agents)</i> )	4	MSP-PA-QL QL= 1 packet/day
VIJOICE TAB 125MG, 50MG ( <i>alpelisib (pros agents)</i> )	4	MSP-PA-QL QL= 1 tab/day
VIJOICE TAB 250MG ( <i>alpelisib (pros agents)</i> )	4	MSP-PA-QL QL= 2 tabs/day
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		
LOKELMA PAK 10GM, 5GM ( <i>sodium zirconium cyclosilicate</i> )	4	LMSP-PA
<b>PROGERIA TREATMENT AGENTS ***</b>		
ZOKINVY CAP 50MG, 75MG ( <i>lonafarnib</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		
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 .12%</i> (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% ( <i>chlorhexidine gluconate (mouth-throat)</i> )	3	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		
PREVIDENT SOLN .02%, .022%, .2% ( <i>sodium fluoride (dental)</i> )	2	-
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	1	-

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<i>sodium fluoride rinse .02%, .022%, .05%, .2%</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>		
<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	-

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<b>PED MULTI VITAMINS W/FL &amp; FE - Drugs to treat vitamin deficiency</b>		
ESCAVITE CHEW TAB ( <i>ped multivitamins w/fl &amp; iron</i> )	3	-
<i>pediatric multiple vitamins/fluoride/iron soln</i>	1	-
<b>PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency</b>		
FLORIVA PLUS DROPS ( <i>pediatric multivitamins w/fl</i> )	2	-
MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML ( <i>pediatric multivitamins w/fl</i> )	1	-
MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML ( <i>pediatric multivitamins w/fl</i> )	1	-
MULTIVITAMIN/FLUORIDE CHEW 0.25MG ( <i>pediatric multivitamins w/fl</i> )	1	-
MULTIVITAMIN/FLUORIDE CHEW 1MG ( <i>pediatric multivitamins w/fl</i> )	1	-
MULTIVITAMIN/FLUORIDE CHEW TAB ( <i>pediatric multivitamins w/fl</i> )	1	-
<i>pediatric multiple vitamins/fluoride soln</i>	1	-
TRI-VITAMIN FLUORIDE DROPS ( <i>pediatric vitamins acid w/ fluoride</i> )	1	-
<b>PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency</b>		
CONCEPT DHA CAP ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> )	3	-

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MYNATAL-Z TAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	3	-
NEONATAL 19 TAB ( <i>prenatal vitamin-folic acid</i> )	3	-
NEONATAL FE TAB ( <i>prenatal multivitamins w/ iron-folic acid</i> )	3	-
PRENATABS RX TAB ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	3	-
PRENATAL 19 CHEW TAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	3	-
PRENATAL 19 TAB ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	3	-
PRENATAL VITAMINS (NON-PREFERRED) ( <i>prenatal mv &amp; min w/fe polysaccharide complex-fa-dha</i> )	3	-
VITAFOL STRIPS ( <i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i> )	3	-
VP-PNV-DHA CAP ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	3	-
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
BACLOFEN ORAL SOLN 10 MG/5ML 10MG/5ML ( <i>baclofen</i> )	3	PA Prior Authorization Required for members age 9 and older

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BACLOFEN ORAL SOLN 5 MG/5ML 5MG/5ML ( <i>baclofen</i> )	3	PA Prior Authorization Required for members age 9 and older
BACLOFEN SUSP 25MG/5ML (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	-

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<i>methocarbamol tab 500MG, 750MG</i> (ROBAXIN Equiv)	1	-
ROBAXIN TAB 750MG ( <i>methocarbamol</i> )	3	-
SKELAXIN TAB 800MG ( <i>metaxalone</i> )	3	-
SOMA TAB 350MG ( <i>carisoprodol</i> )	3	QL QL=120 tabs/30 days
<i>tizanidine tab</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

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

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

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EVRYSDI SOLN .75MG/ML ( <i>risdiplam</i> )	4	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
<b>NUTRIENTS - Drugs to treat nutrient disorders</b>		
<b>LIPIDS - Drugs to treat nutrient disorders</b>		
LIQUIGEN ( <i>medium chain triglycerides</i> )	2	OTC-PA
MCT OIL ( <i>medium chain triglycerides</i> )	2	OTC-PA
<b>MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances</b>		
CREATINE PACKET 5000MG ( <i>creatine</i> )	2	OTC-PA
<b>PROTEINS - Drugs to treat nutrient disorders</b>		
CITRULLINE PACKET ( <i>citrulline</i> )	2	OTC-PA
NUTRITIONAL SUPPLEMENT LIQUID ( <i>protein</i> )	2	OTC-PA
<i>phlexy-10 tab</i>	1	OTC-PA
<i>pro-stat liquid</i>	1	OTC-PA
<b>OPHTHALMIC AGENTS - Drugs to treat eye conditions</b>		
<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	-

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

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

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<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	1	-
<i>brimonidine ophth soln 0.2% .2%</i>	1	-
<i>brimonidine tartrate ophth soln 0.1% .1%</i> (ALPHAGAN Equiv)	1	-
IOPIDINE OPHTH SOLN 1% ( <i>apraclonidine hcl</i> )	2	-
IOPIDINE OPHTH SOLN ( <i>apraclonidine hcl</i> )	3	-
SIMBRINZA OPHTH SUSP .2%-1% ( <i>brinzolamide-brimonidine tartrate</i> )	2	-
<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% ( <i>azithromycin (ophth)</i> )	2	-
BACITRACIN OPHTH OINT 500UNIT/GM ( <i>bacitracin (ophthalmic)</i> )	2	-
<i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv)	1	-
<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	1	-
BLEPH-10 OPHTH SOLN 10% ( <i>sulfacetamide sodium (ophth)</i> )	3	-
CILOXAN OPHTH OINT .3% ( <i>ciprofloxacin hcl (ophth)</i> )	3	-

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CILOXAN OPHTH SOLN .3% ( <i>ciprofloxacin hcl (ophth)</i> )	3	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	1	-
<i>erythromycin ophth oint 5MG/GM</i>	1	-
<i>gatifloxacin ophth soln .5%</i> (ZYMAXID Equiv)	1	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
GENTAK OPHTH OINT .3% ( <i>gentamicin sulfate (ophth)</i> )	1	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	1	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	1	-
LEVOFLOXACIN OPHTH SOLN 0.5% .5% ( <i>levofloxacin (ophth)</i> )	1	-
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	1	-
NATACYN OPHTH SUSP 5% ( <i>natamycin</i> )	2	QL QL= 15ml/fill
NEOMYCIN/POLYMYXIN/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	-

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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
ST	Step Therapy	VAC	Vaccine Program		



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Last Updated 10/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<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	-
TOBREX OPHTH OINT .3% <i>(tobramycin (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	-
XDEMVY 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>		

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<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	1	QL-RS QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
<b>OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing</b>		
ALCAINE OPHTH SOLN .5% ( <i>proparacaine hcl</i> )	3	-
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	1	-
<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		
ALREX OPHTH SUSP 0.2% .2% ( <i>loteprednol etabonate</i> )	3	-
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	1	-
BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% ( <i>sulfacetamide sod-prednisolone</i> )	3	-
DEXAMETHASONE OPHTH SOLN .1% ( <i>dexamethasone sodium phosphate (ophth)</i> )	2	-
<i>difluprednate ophth emulsion .05%</i> (DUREZOL Equiv)	1	-
DUREZOL OPHTH EMULSION .05% ( <i>difluprednate</i> )	3	-
FLAREX OPHTH SUSP .1% ( <i>fluorometholone acetate</i> )	3	-
<i>fluorometholone ophth soln</i> (FML LIQUIFILM Equiv)	1	-

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FML FORTE OPHTH SUSP .25% ( <i>fluorometholone (ophth)</i> )	3	-
FML LIQUIFLIM OPHTH SUSP .1% ( <i>fluorometholone (ophth)</i> )	3	-
FML S.O.P. OPHTH OINT .1% ( <i>fluorometholone (ophth)</i> )	3	-
LOTEMAX OPHTH OINT .5% ( <i>loteprednol etabonate</i> )	2	-
LOTEMAX OPHTH SUSP .5% ( <i>loteprednol etabonate</i> )	3	-
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	1	-
<i>loteprednol ophth susp .2%, .5%</i> (LOTEMAX, ALREX Equiv)	1	-
MAXIDEX OPHTH SOLN .1%, 9% ( <i>dexamethasone (ophth)</i> )	2	-
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	-

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<i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)</i>	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN 1%-3.5MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-hc (ophth)</i> )	1	-
PRED FORTE OPTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	3	-
PRED FORTE OPTH SUSP ( <i>prednisolone acetate (ophth)</i> )	3	-
PRED MILD OPTH SOLN .12% ( <i>prednisolone acetate (ophth)</i> )	2	-
PRED-G OPTH SOLN .3%-1% ( <i>gentamicin-prednisolone acetate</i> )	2	-
PREDNISOLONE OPTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	1	-
PREDNISOLONE OPTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	1	-
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN 1% ( <i>prednisolone sodium phosphate (ophth)</i> )	2	-
<i>sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN Equiv)</i>	1	-
SULFACETAMIDE/PREDNISOLONE OPTH SOLN .23%-10% ( <i>sulfacetamide sod-prednisolone</i> )	1	-

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TOBRADEX OPHTH OINT .1%-.3% <i>(tobramycin-dexamethasone)</i>	2	-
TOBRADEX OPHTH SOLN .1%-.3% <i>(tobramycin-dexamethasone)</i>	3	-
TOBRADEX ST OPHTH SUSP <i>(tobramycin-dexamethasone ophth susp)</i>	3	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	1	-
ZYLET OPHTH SUSP .3%-.5% <i>(loteprednol etabonate-tobramycin)</i>	2	QL QL= 5ml/fill (10ml bottle is Not Covered)
<b>OPHTHALMICS - MISC. - Miscellaneous eye agents</b>		
ACULAR (LS) OPHTH SOLN .4%, .5% <i>(ketorolac tromethamine (ophth))</i>	3	-
ACUVAIL OPHTH SOLN .45% <i>(ketorolac tromethamine (ophth))</i>	3	-
ALOCRILOPHTH SOLN 2% <i>(nedocromil sodium (ophth))</i>	2	-
ALOMIDE 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	-

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<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	-
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	-

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FLURBIPROFEN OPHTH SOLN .03% ( <i>flurbiprofen sodium</i> )	2	-
ILEVRO OPHTH SUSP .3% ( <i>nepafenac</i> )	2	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	1	OTC OTC covered only
LASTACAFT OPHTH SOLN .25% ( <i>alcaftadine</i> )	3	QL QL= 3ml/30 days
NEVANAC OPHTH SUSP .1% ( <i>nepafenac</i> )	2	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	1	OTC
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	1	OTC-QL QL= 2.5ml/30 days
PATANOL OPHTH SOLN .1% ( <i>olopatadine hcl</i> )	3	-
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

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LUMIGAN OPHTH SOLN .01% ( <i>bimatoprost</i> )	2	QL QL= 2.5ml/30 days
TRAVATAN Z DROPS .004% ( <i>travoprost</i> )	3	QL QL= 2.5ml/30 days
<i>travoprost ophth soln .004%</i> (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days
XALATAN OPHTH SOLN .005% ( <i>latanoprost</i> )	3	QL QL= 2.5ml/30 days
<b>OTIC AGENTS - Drugs to treat ear infection</b>		
<b>OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents</b>		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	1	-
<b>OTIC ANTI-INFECTIVES - Drugs to treat ear infections</b>		
CIPROFLOXACIN OTIC SOLN .2% ( <i>ciprofloxacin hcl (otic)</i> )	2	-
<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	-

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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</i> 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	1	-
<i>neomycin/polymixin/hydrocortisone otic susp</i> 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	1	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% ( <i>fluocinolone acetonide (otic)</i> )	3	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	1	-
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	1	QL QL= 28 tabs/fill, 1 fill/365 days
<b>PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
GAMASTAN INJ ( <i>immune globulin (human) im</i> )	M	M
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM ( <i>immune globulin (human) iv</i> )	M	M

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HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	2	KMSP-PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency</b>		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	4	KMSP-PA
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 10GM/50ML, 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	-

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<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	1	-
<b>NATURAL PENICILLINS - Drugs to treat bacterial infections</b>		
PENICILLIN G PROCAINE INJ 600000UNIT/ML ( <i>penicillin g procaine</i> )	M	M
PENICILLIN G SODIUM INJ 5000000UNIT ( <i>penicillin g sodium</i> )	M	M
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML ( <i>penicillin v potassium</i> )	1	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	1	-
PFIZERPEN G INJ 20000000UNIT, 5000000UNIT (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	-

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

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<b>PROGESTINS - Drugs to replace female hormones</b>		
<b>PROGESTINS - Drugs used for contraception</b>		
AYGESTIN TAB 5MG ( <i>norethindrone acetate</i> )	3	-
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	4	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG ( <i>progesterone</i> )	3	-
PROVERA TAB 10MG, 2.5MG, 5MG ( <i>medroxyprogesterone acetate</i> )	3	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency</b>		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
ANTABUSE TAB 250MG, 500MG ( <i>disulfiram</i> )	3	-
<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	1	-
<b>ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders</b>		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM ( <i>sodium oxybate</i> )	4	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523

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SODIUM OXYBATE SOLN 500MG/ML ( <i>sodium oxybate</i> )	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
<b>ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss</b>		
ARICEPT TAB 10MG, 5MG ( <i>donepezil hydrochloride</i> )	3	QL QL= 2 tabs/day
ARICEPT TAB 23MG 23MG ( <i>donepezil hydrochloride</i> )	3	QL QL= 1 tab/day
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR ( <i>rivastigmine</i> )	3	ST Step Therapy requires trial of rivastigmine cap
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	1	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	1	-

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<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
NAMENDA TAB 10MG, 5MG ( <i>memantine hcl</i> )	3	-
RAZADYNE ER CAP 16MG, 24MG, 8MG ( <i>galantamine hydrobromide</i> )	3	-
RAZADYNE TAB 4MG ( <i>galantamine hydrobromide</i> )	3	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
<b>COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG ( <i>chlordiazepoxide-amitriptyline</i> )	1	-
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	1	-

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PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG <i>(perphenazine-amitriptyline)</i>	1	-
SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG <i>(olanzapine-fluoxetine hcl)</i>	3	-
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK <i>(milnacipran hcl)</i>	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG <i>(milnacipran hcl)</i>	2	QL QL= 2 tabs/day
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		
AUSTEDO XR TAB 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG <i>(deutetrabenazine)</i>	4	LMSP-PA-QL QL= 1 tab/day
INGREZZA CAP 40MG, 60MG, 80MG <i>(valbenazine tosylate)</i>	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
INGREZZA PACK 40-80MG <i>(valbenazine tosylate)</i>	4	LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585
INGREZZA SPRINKLE CAP 40MG, 60MG, 80MG <i>(valbenazine tosylate)</i>	4	LD-PA-QL QL= 1 cap/day; Only available through PantheRx 855-726-8479
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	1	LMSP
<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		

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AVONEX INJ 30MCG/0.5ML ( <i>interferon beta-1a</i> )	4	LMSP
BETASERON INJ .3MG ( <i>interferon beta-1b</i> )	4	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	1	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	1	LMSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	1	LMSP
GILENYA CAP 0.25MG .25MG ( <i>fingolimod hcl</i> )	4	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	1	LMSP
KESIMPTA INJ 20MG/0.4ML ( <i>ofatumumab (ms)</i> )	4	LMSP
MAVENCLAD PAK 10MG ( <i>cladribine (multiple sclerosis)</i> )	4	LD Only available through Walgreens 888-347-3416
MAYZENT TAB .25MG, 1MG, 2MG ( <i>siponimod fumarate</i> )	4	LMSP
MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	4	LMSP
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	LMSP
<i>teriflunomide tab 14MG, 7MG</i> (AUBAGIO TAB Equiv)	1	LMSP

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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>		
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

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<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	SMKG
<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	SMKG
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis</b>		
WAINUA INJ 45MG/0.8ML ( <i>eplontersen sodium</i> )	4	LD-PA-QL QL= 1 inj/28 days; Only available through Orsini 800-410-8575
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG ( <i>ivacaftor</i> )	4	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	4	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG ( <i>lumacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ( <i>lumacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML ( <i>dornase alfa</i> )	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ( <i>tezacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 2 tabs/day

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

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<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	-
<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 ( <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	-

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

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SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG ( <i>levothyroxine sodium</i> )	3	-
THYROLAR TAB ( <i>liotrix (t3-t4)</i> )	2	-
TIROSINT-SOL 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML ( <i>levothyroxine sodium</i> )	3	PA-QL QL=1 ml/day; Prior Authorization required for members age 9 or older
<b>TOXOIDS - Drugs to prevent infection</b>		
<b>TOXOID COMBINATIONS - Drugs to prevent infection</b>		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	\$0	VAC Covered for members age 19 years or older
TETANUS/DIPHThERIA TOXOID INJ 2LF/0.5ML ( <i>tetanus-diphtheria toxoids (td)</i> )	\$0	VAC Covered for members age 19 years or older
<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
ANASPAZ ODT .125MG ( <i>hyoscyamine sulfate</i> )	3	-
BENTYL CAP ( <i>dicyclomine hcl</i> )	3	-

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BENTYL SYRUP ( <i>dicyclomine hcl</i> )	3	-
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	1	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	1	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	1	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv)	1	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-
LEVBID TAB .375MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSIN SL TAB .125MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSIN TAB .125MG ( <i>hyoscyamine sulfate</i> )	3	-
<i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv)	1	-
ROBINUL TAB 1MG, 2MG ( <i>glycopyrrolate</i> )	3	-
SYMAX DUOTAB .375MG ( <i>hyoscyamine sulfate</i> )	3	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cimetidine tab 200MG, 300MG, 400MG, 800MG</i> (TAGAMET Equiv)	1	-
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	1	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	1	-
<i>nizatidine cap</i> (AXID Equiv)	1	-
PEPCID SUSP ( <i>famotidine</i> )	3	-

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

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

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

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

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

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

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

Last Updated 10/1/2024

<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
FLUMIST QUADRIVALENT NASAL SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HD PF INJ ( <i>influenza virus vac split high-dose quad preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ ( <i>influenza virus vaccine split high-dose preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
HEPLISAV-B INJ ( <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
NOVAVAX INJ 5MCG/0.5ML ( <i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days
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

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

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

Last Updated 10/1/2024

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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	-
CLEOCIN VAGINAL SUPP 100MG ( <i>clindamycin phosphate vaginal</i> )	3	QL QL= 3 suppositories/fill
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	1	QL QL=1 tube/fill
METROGEL VAGINAL GEL ( <i>metronidazole vaginal</i> )	3	-
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	1	-
MICONAZOLE 3 SUPP 200MG 200MG ( <i>miconazole nitrate vaginal</i> )	3	-
TERAZOL CREAM ( <i>terconazole vaginal</i> )	3	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% ( <i>terconazole vaginal</i> )	1	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	1	-
<b>VAGINAL ESTROGENS - Drugs to treat low hormones</b>		
ESTRACE VAGINAL CREAM .1MG/GM ( <i>estradiol vaginal</i> )	3	-
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	1	-

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

Last Updated 10/1/2024

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<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
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>		

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

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

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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>		ACCU-CHEK TEST STRIP		acyclovir susp	
abacavir soln	105	ACCUPRIL TAB	66	acyclovir tab	113
abacavir tab	105	acebutolol cap	116	ADACEL/BOOSTRIX INJ	230
abacavir/lamivudine tab	105	acetaminophen/codeine soln	17	ADALAT CC TAB	117
abacavir/lamivudine/zidovudine tab	105	acetaminophen/codeine tab	17	ADALIMUMAB FKJP KIT	6
ABILIFY TAB	105	acetazolamide ER cap	153	INJ 20MG/0.4ML	
abiraterone tab 250mg	83	acetazolamide tab	153	ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	7
ABSTRAL SL TAB	12	acetic acid otic soln	215	ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	7
acamprosate calcium DR tab	220	acetic acid/hydrocortisone otic soln	216	ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	7
acarbose tab	48	acetylcysteine soln	135	ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	7
ACCOLATE TAB	27	ACIPHEX TAB	232	ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	7
ACCU-CHEK AVIVA PLUS METER	184	acitretin cap	141	ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	7
ACCU-CHEK AVIVA PLUS TEST STRIP	151	ACTEMRA ACTPEN INJ	9	ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	7
ACCU-CHEK GUIDE CARE METER	184	ACTEMRA SC INJ	9	ADALIMUMAB-ADAZ INJ	7
ACCU-CHEK GUIDE METER	184	ACTHAR GEL INJ	157	ADALIMUMAB-ADAZ PFS INJ	7
ACCU-CHEK GUIDE TEST STRIP	151	ACTIGALL CAP	165	ADALIMUMAB-ADAZ AUTO-INJECTOR KIT	7
ACCU-CHEK NANO METER	185	ACTIMMUNE INJ	97		
ACCU-CHEK SMARTVIEW TEST STRIP	151	ACTIQ LOZENGE	13		
		ACTIVELLA TAB	162		
		ACTONEL TAB	156		
		ACTOS TAB	54		
		ACULAR (LS) OPHTH SOLN	212		
		ACUVAIL OPHTH SOLN	212		
		acyclovir cap	113		
		acyclovir oint	143		

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## ALPHABETICAL LISTING OF DRUGS

ADALIMUMAB-FKJP	7	albendazole tab	21	aliskiren tab	72
AUTO-INJECTOR KIT		ALBENZA TAB	21	ALKERAN TAB	79
40MG/0.8ML		albuterol HFA inhaler	29	ALKINDI SPRINKLE CAI	130
ADALIMUMAB-FKJP	8	albuterol neb soln	29	0.5MG	
PFS KIT 20 MG/0.4ML		ALBUTEROL	29	ALKINDI SPRINKLE CAI	130
ADALIMUMAB-FKJP	8	NEBULIZER SOLN		1MG	
PFS KIT 40 MG/0.8ML		albuterol sulfate syrup	29	ALLEGRA ODT	61
adapalene cream	136	albuterol sulfate tab	29	allopurinol tab	172
adapalene gel	136	albuterol/ipratropium neb	29	ALOCRILOPHTH SOLN	212
adapalene/benzoyl	136	soln		ALOGLIPTIN TAB	51
peroxide gel 0.1-2.5%		ALCAINE OPTH SOLN	209	ALOGLIPTIN-METFORM	48
adapalene/benzoyl	136	alclometasone cream	143	IN TAB	
peroxide gel 0.3-2.5%		alclometasone oint	143	ALOGLIPTIN-PIOGLITAZ	48
ADBRY INJ	147	ALCOHOL SWABS	187	ONE TAB	
adefovir dipivoxil tab	111	ALDACTAZIDE TAB	154	ALOMIDE OPTH SOLN	212
ADEMPAS TAB	124	ALDACTAZIDE TAB	154	ALORA PATCH	163
ADIPEX-P CAP	2	50-50MG		alosetron tab	168
ADIPEX-P TAB	2	ALDACTONE TAB	155	ALPHAGAN P OPTH	205
ADVAIR HFA INHALER	29	ALDARA CREAM	148	SOLN 0.15%	
AEROCHAMBER	188	ALECENSA CAP	86	alprazolam tab	24
AEROCHAMBER	188	alendronate sodium oral	156	ALREX OPTH SUSP	209
SUPPLIES		soln		0.2%	
AFLURIA INJ, FLUZONE	235	alendronate tab	156	ALTACE CAP	66
INJ		ALENDRONATE TAB	156	ALUNBRIG TAB 30MG	86
AGRYLIN CAP	174	40MG		ALUNBRIG TAB 90MG,	86
AIMOVIG INJ	189	alfuzosin SR tab	171	180MG	
AJOVY INJ	189	ALINIA SUSP	74	ALVESCO INHALER	28
AKYNZEO CAP	59	ALINIA TAB	74	amantadine cap	98

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## ALPHABETICAL LISTING OF DRUGS

amantadine syrup	98	amoxapine tab	47	ANDROGEL 1.62%	19
amantadine tab	99	amoxicillin cap	217	1.25GM	
AMARYL TAB	55	AMOXICILLIN CHEW	217	ANDROGEL 1.62%	19
AMBIEN CR TAB	179	TAB		2.5GM	
AMBIEN TAB	180	amoxicillin susp	218	ANDROGEL PUMP	19
ambrisentan tab	122	amoxicillin tab	218	1.62%	
amethyst tab	126	AMOXICILLIN/CLAVUL	218	ANNOVERA RING	129
AMICAR SOLN	179	ANATE ER TAB		ANORO ELLIPTA	29
AMICAR TAB	179	amoxicillin/clavulanate	218	INHALER	
amikacin inj	5	susp		ANTABUSE TAB	220
amiloride tab	155	amoxicillin/clavulanate tab	219	ANUSOL-HC CREAM	21
AMILORIDE/HCTZ TAB	154	500-125mg, 875-125mg		ANZEMET TAB	58
amiloride/hydrochlorothia	154	amphetamine/dextroamphe	1	APAP/CODEINE SOLN	17
zide tab		tamine ER cap		APRACLONIDINE	205
aminocaproic acid soln	179	amphetamine/dextroamphe	1	OPHTH SOLN	
aminocaproic acid tab	179	tamine tab		aprepitant pak	59
amiodarone tab	25	ampicillin cap	218	APTIVUS CAP	105
amitriptyline tab	47	ampicillin/sulbactam inj	219	APTIVUS SOLN	105
amlodipine tab	117	ANAFRANIL CAP	47	aranelle tab	126
amlodipine/atorvastatin tab	120	anagrelide cap	174	arformoterol tartrate neb	29
amlodipine/benazepril cap	69	ANASPAZ ODT	230	soln	
amlodipine/olmesartan tab	69	anastrozole tab	83	ARICEPT TAB	221
amlodipine/valsartan tab	69	ANCOBON CAP	59	ARICEPT TAB 23MG	221
ammonium lactate cream	147	ANDRODERM PATCH	19	ARIMIDEX TAB	83
ammonium lactate lotion	147	ANDROGEL 1% 25MG	19	aripiprazole soln	105
amnesteem cap, claravis	136	ANDROGEL 1% 50MG,	19	aripiprazole tab	105
cap, isotretinoin cap,		TESTIM GEL 1%		ARIXTRA INJ	33
myorisan cap, zenatane cap				armodafinil tab	4

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ALPHABETICAL LISTING OF DRUGS

ARMOUR THYROID TAB, NATURE THROID TAB	229	ATROPINE SUL SOLN 1% OPHTH	204	azithromycin tab	183
ARNUITY ELLIPTA INHALER	28	ATROPINE SULFATE OPHTH OINT	204	AZOPT OPHTH SUSP	212
AROMASIN TAB	83	ATROVENT HFA INHALER	26	AZOR TAB	70
ARTHROTEC TAB	9	AUGMENTIN ES-600 SUSP	219	AZULFIDINE EN TAB	167
asenapine maleate SL tab	103	AUGMENTIN SUSP	219	AZULFIDINE TAB	167
ASMANEX HFA INHALER	28	AUGMENTIN TAB	219	<b>B</b>	
ASMANEX INHALER	28	AUGTYRO CAP	86	BACITRACIN OPHTH OINT	206
aspirin chew tab 81mg	12	AURYXIA TAB	168	bacitracin/neomycin/poly myxin b ophth oint	206
aspirin ec tab 81mg	12	AUSTEDO XR TAB	223	bacitracin/polymyxin b ophth oint	206
ASTAMED MYO CAP	152	AVALIDE TAB	70	bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	209
atazanavir cap	106	AVAPRO TAB	68	BACLOFEN ORAL SOLN 10 MG/5ML	198
ATELVIA TAB	156	AVELOX TAB	164	BACLOFEN ORAL SOLN 5 MG/5ML	199
atenolol tab	116	aviane tab	126	baclofen susp	199
atenolol/chlorthalidone tab	70	AVODART CAP	171	baclofen tab	199
atomoxetine cap	3	AVONEX INJ	224	BACTRIM DS TAB	74
ATORVALIQ SUSP	64	AYGESTIN TAB	220	BALCOLTRA TAB	126
atorvastatin tab	64	AYVAKIT TAB	85	balsalazide cap	167
atovaquone susp	74	AZASITE SOLN	206	BALVERSA TAB 3MG	87
atovaquone/proguanil tab	77	azathioprine tab	114	BALVERSA TAB 4MG	87
ATRALIN GEL, RETIN-A GEL	136	azelaic acid gel	149	BALVERSA TAB 5MG	87
atropine ophth oint	204	azelastine nasal spray 0.1%	201	BANZEL SUSP	35
atropine ophth soln	204	azelastine ophth soln	212		
		AZILECT TAB	100		
		azithromycin susp	183		

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ALPHABETICAL LISTING OF DRUGS

BAQSIMI NASAL POWDER	50	betamethasone augmented cream	143	bicalutamide tab	83
BARACLUDE SOLN	111	BETAMETHASONE AUGMENTED GEL	143	BIKTARVY TAB	106
BARACLUDE TAB	111	betamethasone augmented lotion	143	BILTRICIDE TAB	22
B-D AUTOSHIELD DUO PEN NEEDLE	188	betamethasone augmented oint	143	bimatoprost ophth soln	147
B-D INSULIN SYRINGE U-500	188	betamethasone dipropionate cream	144	bisoprolol tab	116
BECONASE AQ NASAL SPRAY	201	betamethasone dipropionate lotion	144	bisoprolol/hydrochlorothia zide tab	70
benazepril tab	67	betamethasone dipropionate oint	144	BLEPH-10 OPHTH SOLN	206
benazepril/hydrochlorothia zide tab	70	betamethasone valerate cream	144	BLEPHAMIDE S.O.P. OPHTH OINT	209
BENICAR HCT TAB	70	betamethasone valerate lotion	144	BONIVA TAB 150MG	156
BENLYSTA	194	betamethasone valerate oint	144	bosentan tab	122
AUTO-INJECTOR		BETAPACE AF TAB	116	BOSULIF CAP	87
BENLYSTA INJ	194	BETAPACE TAB	116	BOSULIF TAB	87
BENTYL CAP	230	BETASERON INJ	224	BRAFTOVI CAP 75MG	87
BENTYL SYRUP	231	bethanechol tab	234	BREO ELLIPTA	30
BENZAACLIN GEL	136	bexarotene cap	97	INHALER	
BENZAMYCIN GEL	136	bexarotene gel	140	BREO ELLIPTA	30
BENZNIDAZOLE TAB	22	BEXSERO INJ	234	INHALER 50-25 MCG/ACT	
benzonatate cap 100mg, 200mg	133	BIAXIN TAB	183	BREZTRI AEROSPHERE	30
benztropine tab	98			INHALER	
bepotastine ophth soln	212			BRILINTA TAB	174
BEPREVE OPHTH SOLN	212			brimonidine ophth soln 0.15%	206
BETAGAN OPHTH SOLN	203			brimonidine ophth soln 0.2%	206
				brimonidine tartrate gel	149

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ALPHABETICAL LISTING OF DRUGS

brimonidine tartrate ophth soln 0.1%	206	buprenorphine/naloxone SL tab	18	calcipotriene cream	141
brimonidine/timolol ophth soln	203	bupropion ER tab	43	calcipotriene oint	141
brinzolamide ophth susp	213	bupropion SR tab	225	CALCIPOTRIENE SOLN	141
bromfenac ophth soln	213	bupropion tab	43	calcitonin nasal spray	157
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	213	bupropion XL tab	43	calcitriol cap	159
bromfenac sodium ophth soln 0.07%	213	buspirone tab	23	CALCITRIOL OINT	141
bromocriptine cap	99	busulfan inj	79	calcitriol soln	159
bromocriptine tab	99	BUSULFEX INJ	79	calcium acetate cap	169
BROVANA NEB SOLN	30	butorphanol nasal spray	18	CALIBRATION LIQUID	185
BROVEX PEB LIQUID	133	BUTRANS PATCH	19	CALQUENCE CAP	87
BRUKINSA CAP	87	BYDUREON BCISE AUTO INJ	52	CALQUENCE TAB	88
budesonide ER tab	130	BYDUREON INJ	52	CAMZYOS CAP	120
budesonide inh susp	28	BYDUREON PEN INJ	52	capecitabine tab	80
budesonide rectal foam	21	BYETTA INJ	52	CAPRELSA TAB	88
budesonide SR cap	130	BYLVAY CAP 1200MCG	166	CAPRELSA TAB 300MG	88
budesonide/formoterol inhaler	30	BYLVAY CAP 400MCG	166	captopril tab	67
bumetanide tab	154	BYLVAY SPRINKLE CAP 200MCG	167	CAPTOPRIL/HYDROCHL OROTHIAZIDE TAB	70
buprenorphine patch	18	BYLVAY SPRINKLE CAP 600MCG	167	CAPVAXIVE INJ	234
buprenorphine SL tab	18	<b>C</b>		CARAFATE SUSP	233
buprenorphine/naloxone sl film	18	cabergoline tab	161	CARAFATE TAB	232
		CABLIVI INJ KIT	174	carbamazepine chew tab	35
		CABOMETYX TAB	87	carbamazepine ER cap	35
		CADUET TAB	120	carbamazepine ER tab	35
		CALAN SR TAB	117	carbamazepine susp	35
				carbamazepine tab	35
				CARBATROL CAP	35
				carbidopa tab	98

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## ALPHABETICAL LISTING OF DRUGS

carbidopa/levodopa ER tab	99	cefdinir susp	125	chlorhexidine gluconate	195
CARBIDOPA/LEVODOPA ODT	99	CEFDITOREN TAB	125	soln	
carbidopa/levodopa tab	99	cefixime cap	125	chloroquine tab	77
carbidopa-levodopa-entacapon tab	100	cefixime susp	125	CHLOROTHIAZIDE TAB	155
CARBINOXAMINE SOLN	61	CEFOTAXIME INJ	125	chlorpromazine tab	104
carbinoxamine tab	61	cefoxitin inj	125	chlorthalidone tab	155
CARDIZEM CD CAP	118	cefpodoxime proxetil susp	126	chlorzoxazone tab 500mg	199
CARDIZEM TAB	118	cefpodoxime proxetil tab	126	CHOLBAM CAP	165
CARDURA TAB	68	ceftriaxone inj	126	cholestyramine lite powder	63
CARETOUCH MIS	188	cefuroxime tab	125	cholestyramine lite powder pack	63
carglumic acid tab	159	CELEBREX CAP	9	cholestyramine powder	63
carisoprodol tab	199	celecoxib cap	9	cholestyramine powder pack	63
CARISPIR SUSP	155	CELEXA TAB	44	CIBINQO TAB	147
CARNITOR SOLN	159	CELONTIN CAP	42	ciclopirox cream	139
CARNITOR TAB	159	CENTANY OINT	138	ciclopirox gel	139
carvedilol tab	115	cephalexin cap	124	ciclopirox nail soln	139
CASODEX TAB	83	cephalexin susp	125	ciclopirox shampoo	139
CATAPRES-TTS PATCH	69	CERDELGA CAP	175	ciclopirox topical susp	139
CAVERJECT INJ	120	CEREZYME INJ	175	cilostazol tab	174
CAYSTON INH SOLN	75	CERVICAL CAP	184	CILOXAN OPHTH OINT	206
CEFACLOR CAP	125	CESAMET CAP	59	CILOXAN OPHTH SOLN	207
CEFACLOR ER TAB	125	cesia tab	126	CIMDUO TAB	106
CEFACLOR SUSP	125	cevimeline cap	196	cimetidine tab	231
cefazolin inj	124	CHEMET CAP	56	CIMZIA INJ	167
CEFAZOLIN INJ	124	chlordiazepoxide cap	24	cinacalcet tab	160
cefdinir cap	125	CHLORDIAZEPOXIDE/A MITRIPTYLINE TAB	222		

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## ALPHABETICAL LISTING OF DRUGS

CINRYZE INJ	173	CLEOCIN VAGINAL	240	clobetasol propionate oint	144
CIPRO HC OTIC SUSP	215	CREAM		clobetasol propionate soln	144
CIPRO SUSP	164	CLEOCIN VAGINAL	240	clobetasol shampoo	144
CIPRO TAB	164	SUPP		clobetasol spray	144
CIPRODEX OTIC SUSP	215	CLEOCIN-T LOTION	136	CLOBEX LOTION	144
CIPROFLOXACIN	164	CLEOCIN-T PAD	136	CLOBEX SHAMPOO	144
100MG TAB		CLEOCIN-T SOLN	136	CLOBEX SPRAY	144
ciprofloxacin ophth soln	207	CLIMARA PATCH	163	clomipramine cap	47
CIPROFLOXACIN OTIC	215	clindamycin cap	75	clonazepam ODT	34
SOLN		clindamycin gel	136	clonazepam tab	34
ciprofloxacin susp	164	clindamycin lotion	137	clonidine ER tab	3
ciprofloxacin tab	164	clindamycin pad	137	clonidine patch	69
ciprofloxacin/dexamethaso	215	clindamycin soln	75	clonidine tab	69
ne otic susp		clindamycin topical soln	137	clopidogrel tab 75mg	174
citalopram soln	44	clindamycin vaginal cream	240	clotrimazole troches	195
citalopram tab	44	clindamycin/benzoyl	137	clotrimazole/betamethason	139
CITRULLINE PACKET	203	peroxide gel		e cream	
CLARINEX SYRUP	61	CLINDESSE VAGINAL	239	clozapine tab	103
CLARINEX TAB	61	CREAM		CLOZARIL TAB	103
CLARINEX-D TAB	134	clobazam susp	34	CODEINE SULFATE TAB	13
clarithromycin ER tab	183	clobazam tab	34	15MG	
CLARITHROMYCIN	183	clobetasol foam	144	CODEINE SULFATE TAB	13
SUSP		clobetasol lotion	144	60MG	
clarithromycin tab	183	clobetasol propionate	144	codeine sulfate tablet	13
CLARITIN CHEW TAB	61	cream		15mg, 30mg	
CLEOCIN CAP	75	clobetasol propionate	144	COLAZAL CAP	167
CLEOCIN SOLN	75	emollient cream		colchicine tab	172
		clobetasol propionate gel	144	colchicine/probenecid tab	172

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ALPHABETICAL LISTING OF DRUGS

cyanocobalamin inj	176	CYTOTEC TAB	232	DENA VIR CREAM	143
cyanocobalamin nasal	176	CYTRA K CRYSTALS	169	DEPAKENE CAP	42
spray 500 mcg/0.1ml		CYTRA-3 SYRUP	169	DEPAKENE SYRUP	42
cyclobenzaprine tab 10mg	199	<hr/>			
cyclobenzaprine tab 5mg	199	<b>D</b>		DEPAKOTE ER TAB	42
CYCLOGYL OPHTH	204	dabigatran etexilate	33	DEPAKOTE SPRINKLE	42
SOLN		mesylate cap		CAP	
CYCLOMYDRIL OPHTH	205	dalfampridine ER tab	224	DEPAKOTE TAB	42
SOLN		DALIRESP TAB	27	DEPEN TITRATAB	192
cyclopentolate ophth soln	205	danazol cap	19	DEPLIN CAP	152
CYCLOPHOSPHAMIDE	80	DANTRIUM CAP	200	DEPO-MEDROL INJ	130
CAP		dantrolene cap	200	DEPO-MEDROL INJ,	130
CYCLOPHOSPHAMIDE	80	dapsone tab	75	METHYLPREDNISOLON	
TAB		darifenacin SR tab	233	E ACE INJ	
CYCLOSET TAB	51	darunavir tab	106	DEPO-PROVERA INJ	129
cyclosporine cap	114	dasatinib tab	88	DEPO-PROVERA SC INJ	129
cyclosporine modified cap	114	DAYBUE SOLN	202	104MG	
cyclosporine modified	114	DDAVP NASAL SOLN	161	DERMA-SMOOTH/FS	144
soln		DDAVP NASAL SPRAY	161	OIL	
cyclosporine ophth	209	DDAVP TAB	161	DERMOTIC OIL	216
emulsion		deferasirox granules	56	DESCOVY TAB	106
cyproheptadine syrup	62	packet		desipramine tab	47
cyproheptadine tab	62	deferasirox tab	57	DESLORATADINE ODT	61
CYSTADROPS SOLN	213	deferasirox tab for oral	57	desloratadine tab	61
CYSTAGON CAP	170	susp		desmopressin acetate nasal	161
CYSTARAN OPHTH	213	deferiprone tab	57	spray	
SOLN		DELESTROGEN INJ	163	desmopressin acetate tab	161
CYTOMEL TAB	229	DELSTRIGO TAB	106	desoximetasone cream	145
		demeclocycline tab	228	desoximetasone oint	145

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ALPHABETICAL LISTING OF DRUGS

desvenlafaxine ER tab	46	DIACOMIT CAP	35	dicyclomine cap	231
DETROL LA CAP	233	DIACOMIT POWDER	35	dicyclomine soln	231
DETROL TAB	233	PACK		dicyclomine tab	231
DEXAMETHASONE	131	DIALYVITE TAB	196	didanosine DR cap	106
CONC		DIALYVITE/ZINC TAB	196	DIFFERIN CREAM	137
dexamethasone elixir	131	DIAPHRAGM	184	DIFFERIN GEL	137
DEXAMETHASONE	209	DIASTAT ACDL GEL	34	DIFICID SUSP	184
OPHTH SOLN		DIASTAT RECTAL GEL,	34	DIFICID TAB	184
DEXAMETHASONE	131	DIAZEPAM RECTAL GEL		DIFLUCAN SUSP	60
SODIUM PHOSPHATE		diazepam conc	24	DIFLUCAN TAB	60
INJ		DIAZEPAM GEL	34	difluprednate ophth	209
DEXAMETHASONE	131	diazepam oral soln	24	emulsion	
SOLN		5mg/5ml		digoxin soln	119
dexamethasone tab	131	diazepam rectal gel	34	DIGOXIN SOLN	119
DEXCOM G6 RECEIVER	185	diazepam tab 2mg, 10mg	24	0.05MG/ML	
DEXCOM G6 SENSOR	185	diazepam tab 5mg	24	digoxin tab	119
DEXCOM G6	185	diazoxide susp	50	dihydroergotamine	189
TRANSMITTER		DIBENZYLINE CAP	68	mesylate inj	
DEXCOM G7 RECEIVER	185	diclofenac gel	141	DILANTIN CAP 100MG	41
DEXCOM G7 SENSOR	185	diclofenac gel 1%	140	DILANTIN CAP 30MG	41
DEXEDRINE CAP	1	diclofenac potassium tab	9	DILANTIN INFATABS	41
dexmethylphenidate ER	4	diclofenac sodium EC tab	9	DILANTIN SUSP	41
cap		diclofenac sodium ophth	213	DILAUDID TAB 2MG	13
dexmethylphenidate tab	4	soln		DILAUDID TAB 4MG	13
dextroamphetamine ER	1	diclofenac sodium XR tab	9	DILAUDID TAB 8MG	13
cap		diclofenac/misoprostol	9	diltiazem ER cap	118
dextroamphetamine soln	1	DR tab		diltiazem tab	118
dextroamphetamine tab	1	dicloxacillin cap	219	dimethyl fumarate DR cap	224

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ALPHABETICAL LISTING OF DRUGS

dimethyl fumarate DR starter pack	224	dorzolamide/timolol ophth soln	204	DUPIXENT INJ	147
DIOVAN HCT TAB	70	DOVATO TAB	106	DURAGESIC PATCH	13
DIOVAN TAB	68	DOVONEX CREAM	141	DUREZOL OPHTH	209
DIPENTUM CAP	167	doxazosin tab	69	EMULSION	
diphenhydramine cap 50mg	61	doxepin cap	47	dutasteride cap	171
diphenhydramine inj	61	doxepin conc	47	<b>E</b>	
DIPHENOXYLATE/ATRO PINE LIQUID	56	doxercalciferol cap	160	econazole cream	139
diphenoxylate/atropine tab	56	doxycycline hyclate cap	228	EDECRIN TAB	154
DIPROLENE AF CREAM	145	doxycycline hyclate tab	228	EDEX INJ	120
DIPROLENE OINT	145	doxycycline monohydrate cap 100mg	228	EDURANT TAB	106
dipyridamole tab	174	doxycycline monohydrate cap 50mg	228	EFAVIRENZ CAP	106
disopyramide cap	25	doxycycline monohydrate tab	228	efavirenz tab	106
disulfiram tab	220	doxycycline susp	228	efavirenz/emtricitabine/tenofovir df tab	107
DITROPAN XL TAB	233	D-PENAMINE TAB	114	efavirenz/lamivudine/tenofovir df (lo) tab	107
DIURIL SUSP	155	DRISDOL CAP	242	EFFEXOR XR CAP	46
divalproex ER tab	42	DRITHO-SCALP CREAM	142	EFFIENT TAB	174
divalproex sodium DR tab	42	dronabinol cap	59	EFUDEX CREAM	141
divalproex sprinkle cap	42	drospirenone/ethinyl estradiol/levomefolate tab	127	EGRIFTA INJ	158
dofetilide cap	25	DROXIA CAP	175	ELDEPYRL CAP	100
DOLOPHINE TAB	13	DRYSOL SOLN	149	ELESTAT OPHTH SOLN	213
donepezil ODT	221	DUAC GEL	137	ELIDEL CREAM	148
donepezil tab	221	DULERA INHALER	30	ELIGEN B12 TAB	152
donepezil tab 23mg	221	duloxetine EC cap	46	ELIMITE CREAM	150
DOPTELET TAB	176			ELIQUIS TAB, ELIQUIS STARTER PACK	33
dorzolamide ophth soln	213			ELIXOPHYLLIN ELIXIR	32

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ALPHABETICAL LISTING OF DRUGS

ELLA TAB	129	ENGERIX-B INJ,	237	ertapenem inj	74
ELMIRON CAP	171	RECOMBIVAX-HB INJ		ERY PAD	137
ELOCON CREAM	145	enoxaparin inj	33	ERYTHROMYCIN EC	183
ELOCON OINT	145	enpresse tab	127	CAP	
EMADINE OPHTH SOLN	213	ENSPRYNG INJ	193	erythromycin	183
EMCYT CAP	83	entacapone tab	98	ethylsuccinate susp	
EMEND CAP	59	entecavir tab	112	erythromycin gel	137
EMGALITY INJ	189	EPIDIOLEX SOLN	36	erythromycin ophth oint	207
EMGALITY INJ	189	EPIDUO GEL 0.1-2.5%	137	erythromycin pad	137
100MG/ML		EPIFOAM AEROSOL	145	erythromycin soln	137
EMPAVELI INJ	173	epinastine ophth soln	213	erythromycin tab	183
EMSAM PATCH	44	epinephrine pen inj	241	erythromycin/benzoyl	137
emtricitabine cap	107	0.15mg, 0.3mg		peroxide gel	
emtricitabine/tenofovir	107	EPIVIR HBV SOLN	112	ESBRIET CAP	227
disoproxil fumarate tab		eplerenone tab	72	ESBRIET TAB 267MG	227
EMTRIVA SOLN	107	EPRONTIA SOLN	36	ESBRIET TAB 801MG	227
EMVERM TAB	22	EQUETRO CAP	101	ESCAVITE CHEW TAB	197
ENABLEX TAB	233	ERGOLOID MESYLATES	225	escitalopram soln	44
enalapril maleate oral soln	67	TAB		escitalopram tab	45
enalapril tab	67	ergotamine	189	esomeprazole cap	232
enalapril/hydrochlorothiazide tab	70	tartrate/caffeine tab		estazolam tab	180
ENBREL INJ 25MG	12	ERGOTAMINE W/	189	ESTRACE TAB	163
ENBREL INJ 50MG	12	CAFFEINE		ESTRACE VAGINAL	240
ENBREL MINI INJ	12	ERIVEDGE CAP	82	CREAM	
ENBREL SURECLICK	12	ERLEADA TAB	83	estradiol cream	240
INJ 50MG		ERLEADA TAB 240MG	83	estradiol patch	163
ENDOMETRIN INSERT	241	erlotinib tab	82	estradiol tab	163
		erlotinib tab 25mg	82		

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ALPHABETICAL LISTING OF DRUGS

estradiol vaginal tab,	241	EXFORGE TAB	71	fenofibrate cap 67mg,	64
yuvafem vaginal tab		EZALLOR SPRINKLE	64	134mg, 200mg	
estradiol valerate inj	164	CAP		fenofibrate tab 48mg,	64
estradiol/norethindrone tab	162	ezetimibe tab	66	54mg, 145mg, 160mg	
ESTRING	241	<b>F</b>		fenofibric acid DR cap	64
eszopiclone tab	180	FALESSA TAB	152	FENOFIBRIC TAB,	64
ethacrynic tab	154	famciclovir tab	113	FIBRICOR TAB	
ethambutol tab	78	famotidine susp	231	FENTANYL BUCCAL TAI	13
ethosuximide cap	42	famotidine tab	231	fentanyl citrate lollipop	14
ethosuximide soln	42	FANAPT TAB	102	fentanyl patch	14
etodolac cap	9	FANAPT TITRATION	102	FENTORA TAB	14
etodolac ER tab	9	PACK		ferrex 150 forte cap	177
etodolac tab	10	FARESTON TAB	83	FERREX 28 TAB	177
ETOPOSIDE CAP	98	FARXIGA TAB	55	FERRIPROX SOLN	56
etravirine tab	107	FASENRA PEN INJ	26	fesoterodine fumarate ER	233
EULEXIN CAP	83	febuxostat tab	172	tab	
everolimus tab	88	felbamate susp	40	FILSPARI TAB	171
everolimus tab	193	felbamate tab	40	FINACEA GEL	149
(ZORTRESS equiv)		FELBATOL SUSP	40	finasteride tab	147
everolimus tab for oral	88	FELBATOL TAB	40	finolimod hcl cap 0.5mg	224
susp		FELDENE CAP	10	FINTEPLA SOLN	36
EVISTA TAB	158	felodipine ER tab	118	FIRDAPSE TAB	78
EVOTAZ TAB	107	FEM PH GEL	239	FIRST	73
EVOXAC CAP	196	FEMALE CONDOMS	184	METRONIDAZOLE SUSP	
EVRYSDI SOLN	203	FEMARA TAB	83	FIRST MOUTHWASH	195
EXELDERM SOLN	139	FEMHRT TAB	162	BLM	
EXELON PATCH	221	FEMRING	241	FIRVANQ SOLN	75
exemestane tab	83			25MG/ML	

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ALPHABETICAL LISTING OF DRUGS

FIRVANQ SOLN 50MG/ML	75	fluocinolone acetonide cream	145	FLUTAMIDE CAP	84
FLAGYL TAB	73	fluocinolone acetonide oil	145	FLUTICASONE DISKUS INHALER	28
FLAREX OPHTH SUSP	209	fluocinolone acetonide oint	145	FLUTICASONE HFA INHALER	28
flecainide tab	25	fluocinolone acetonide soln	145	fluticasone nasal spray	201
FLEQSUVY SUSP	199	fluocinolone otic oil	216	fluticasone propionate cream	145
FLOLIPID SUSP	65	fluocinonide cream 0.05%	145	fluticasone propionate oint	145
FLOMAX CAP	171	fluocinonide cream 0.1%	145	fluticasone/salmeterol	31
FLORIVA PLUS DROPS	197	fluocinonide emollient cream	145	inhaler, wixela inhaler	
FLUAD INJ	237	FLUOCINONIDE GEL	145	FLUTICASONE-SALMET EROL INHALER 113-14	31
FLUAD QUAD INJ	237	fluocinonide oint	145	MCG/ACT	
FLUBLOK INJ	237	fluocinonide soln	145	FLUTICASONE-SALMET EROL INHALER 232-14	31
FLUBLOK QUAD PF INJ	237	fluorometholone ophth soln	209	MCG/ACT	
FLUCELVAX INJ	237	fluorouracil cream	141	FLUTICASONE-SALMET EROL INHALER 55-14	31
FLUCELVAX QUAD INJ	237	FLUOROURACIL CREAM 0.5%	141	MCG/ACT	
fluconazole susp	60	FLUOROURACIL SOLN	141	fluvastatin ER tab	65
fluconazole tab	60	fluoxetine cap	45	fluvoxamine ER cap	45
flucytosine cap	59	fluoxetine soln	45	fluvoxamine tab	45
fludrocortisone tab	133	FLUOXETINE TAB 60MG	45	FLUZONE HD PF INJ	238
FLULAVAL INJ, FLUARI INJ	237	fluphenazine tab	104	FLUZONE HIGH DOSE PF INJ	238
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	237	FLURBIPROFEN OPHTH SOLN	214	FLUZONE/FLUARIX QUAD INJ	238
FLUMADINE TAB	113	FLURBIPROFEN TAB	10		
FLUMIST NASAL	237				
FLUMIST QUADRIVALENT NASAL SUSP	238				

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ALPHABETICAL LISTING OF DRUGS

FML FORTE OPHTH SUSP	210	FREESTYLE LIBRE 2 RECEIVER	185	galantamine tab	221
FML LIQUIFLIM OPHTH SUSP	210	FREESTYLE LIBRE 2 SENSOR	185	GALZIN CAP	192
FML S.O.P. OPHTH OINT	210	FREESTYLE LIBRE 3 READER	185	GAMASTAN INJ	216
FOCALIN TAB	4	FREESTYLE LIBRE 3 SENSOR	185	GAMMAGARD INJ	216
FOCALIN XR CAP	4	FREESTYLE LIBRE 3-PLUS SENSOR	185	GASTROCROM CONC	166
FOLBEE PLUS CZ TAB	196	FREESTYLE LIBRE RECEIVER	186	gatifloxacin ophth soln	207
folbee tab	177	FREESTYLE LIBRE SENSOR (14-DAY)	186	GAVILYTE-C SOLN	181
folic acid tab 1mg	176	FRUZAQLA CAP 1MG	81	GAVRETO CAP	89
folic acid tab 400mcg	176	FRUZAQLA CAP 5MG	81	gefitinib tab	82
folic acid tab 800mcg	176	FULPHILA INJ	176	gemfibrozil tab	64
FOLTANX TAB	152	FUROSCIX KIT	155	GENOTROPIN INJ	158
fondaparinux inj	33	FUROSEMIDE SOLN	155	GENTAK OPHTH OINT	207
formoterol fumarate neb soln	31	furosemide tab	155	gentamicin ophth soln	207
FOSAMAX TAB	157	FUZEON INJ	107	gentamicin sulfate cream	138
fosamprenavir tab	107	<b>G</b>		gentamicin sulfate oint	138
foscarnet sodium inj	111	gabapentin cap	36	GENVOYA TAB	107
FOSCAVIR INJ	111	gabapentin soln	36	GEODON CAP	101
fosinopril tab	67	gabapentin tab 600mg	36	gianvi tab, ocella tab	127
fosinopril/hydrochlorothiazide tab	71	gabapentin tab 800mg	36	GILENYA CAP 0.25MG	224
FOSRENOL CHEW TAB	169	GABITRIL TAB	41	GILOTRIF TAB	82
FOSRENOL POWDER PACK	169	galantamine ER cap	221	glatiramer inj	224
FOTIVDA CAP	89			GLEOSTINE/LOMUSTIN E CAP	80
FRAGMIN INJ	33			glimepiride tab	55
				glipizide ER tab	55
				glipizide tab	55
				glipizide/metformin tab	49
				GLOPERBA SOLN	172

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ALPHABETICAL LISTING OF DRUGS

GLUCAGEN HYPOKIT INJ	50	GUANIDINE TAB	78	HOMATROPINE OPHTH SOLN	205
GLUCAGON (RDNA) FOR INJ KIT	50	GVOKE INJ	51	HUMALOG JR	53
GLUCAGON EMR INJ	51	GVOKE INJ KIT	51	KWIKPEN INJ	
GLUCAGON INJ KIT	51	GVOKE PFS INJ	51	HUMALOG KWIKPEN INJ	53
GLUCOPHAGE TAB	50	<b>H</b>			
GLUCOPHAGE XR TAB	50	HADLIMA INJ (adalimumab-bwwd)	8	HUMALOG MIX INJ	53
GLUCOTROL TAB	55	HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd)	8	HUMALOG MIX	53
GLUCOTROL XL TAB	55	HADLIMA PUSH INJ (adalimumab-bwwd)	8	KWIKPEN, INSULIN LISPRO MIX KWIKPEN	
GLYBURID MCR TAB	55	HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd)	8	HUMALOG PEN INJ	53
glyburide tab	55	HALCION TAB	180	HUMULIN MIX INJ	53
glyburide/metformin tab	49	halobetasol propionate cream	146	HUMULIN MIX PEN INJ	53
glycopyrrolate oral soln	232	halobetasol propionate oint	146	HUMULIN N INJ	53
glycopyrrolate tab	231	haloperidol lactate conc	103	HUMULIN N PEN INJ	53
GLYGEST PAK	152	haloperidol tab	103	HUMULIN R INJ	53
GLYNASE TAB	55	HECTOROL CAP	160	HUMULIN R INJ U-500	53
GOLYTELY SOLN	181	HEMLIBRA INJ	173	HUMULIN R U-500	54
granisetron tab	58	HEPLISAV-B INJ	238	KWIKPEN INJ	
GRANISOL SOLN	58	HEXALEN CAP	80	HYCAMTIN CAP	79
griseofulvin micro tab	59	HIPREX TAB	76	HYCODAN SYRUP	133
griseofulvin susp	60	HIZENTRA INJ	217	HYD POL/CPM SUSP	134
griseofulvin tab	60			hydralazine tab	73
GRIS-PEG TAB	60			HYDREA CAP	97
guaifenesin/codeine soln	134			hydrochlorothiazide cap	156
guaifenesin/codeine syrup	134			hydrochlorothiazide tab	156
guanfacine ER tab	3			hydrocodone/acetaminoph en soln	17
guanfacine IR tab	69				

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ALPHABETICAL LISTING OF DRUGS

hydrocodone/acetaminoph en soln 10-325 mg/15ml	17	HYDROXYZINE	23	IMCIVREE INJ	2
hydrocodone/acetaminoph en tab	17	PAMOATE CAP 100MG		imipramine pamoate cap	47
hydrocodone/acetaminoph en tab 2.5-325mg	17	hydroxyzine syrup	23	imipramine tab	47
hydrocodone/chlorpheniramine CR susp	134	hydroxyzine tab	24	imiquimod cream	148
hydrocodone/chlorpheniramine/pseudoephedrine liquid	134	HYFTOR GEL	148	IMITREX INJ	189
hydrocodone/homatropine syrup	133	hyoscyamine sulfate CR tab	231	IMITREX TAB	189
hydrocortisone cream	146	hyoscyamine sulfate elixir	231	IMOVAX INJ	238
hydrocortisone enema	21	hyoscyamine sulfate ODT	231	IMPAVIDO CAP	73
hydrocortisone lotion	146	hyoscyamine sulfate SL tab	231	IMURAN TAB	114
HYDROCORTISONE LOTION 2.5%	146	hyoscyamine tab	231	INBRIJA INH POWDER	101
hydrocortisone oint	146	HYPER-SAL NEB SOLN	135	INCRELEX INJ	159
hydrocortisone tab	131	HYQVIA INJ	217	INCRUSE ELLIPTA	26
hydromorphone tab 2mg	14	HYZAAR TAB	71	INHALER	
hydromorphone tab 4mg	14	<b>I</b>		indapamide tab	156
hydromorphone tab 8mg	14	ibandronate tab 150mg	157	INDERAL LA CAP	116
hydroquinone cream	149	ibuprofen susp (Rx ONLY)	10	indomethacin cap	10
hydroxychloroquine tab	77	ibuprofen tab	10	indomethacin CR cap	10
hydroxyprogesterone inj	220	icatibant inj	173	INFANT FORMULA LIQUID	153
hydroxyurea cap	97	ICLUSIG TAB	89	INFANT FORMULA POWDER	153
hydroxyzine pamoate cap	23	IDHIFA TAB	89	INGREZZA CAP	223
		ILEVRO OPHTH SUSP	214	INGREZZA PACK	223
		imatinib tab	89	40-80MG	
		IMBRUVICA CAP 140MG	89	INGREZZA SPRINKLE	223
		IMBRUVICA CAP 70MG	89	CAP	
		IMBRUVICA SUSP	90	INLYTA TAB	81
		IMBRUVICA TAB	90	INQOVI TAB	86
		420MG, 560MG			

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ALPHABETICAL LISTING OF DRUGS

INSPIRA TAB	72	isibloom tab, enskyce tab,	127	JARDIANCE TAB	55
INSULIN GLARGINE	54	apri tab		JAYPIRCA TAB	90
SOLN PEN-INJ		isoniazid syrup	78	jinteli tab	163
INSULIN LISPRO INJ	54	isoniazid tab	78	JOENJA TAB	192
INSULIN LISPRO JR	54	ISOPTO CARBACHOL	205	jolessa tab, amethia tab	127
KWIKPEN INJ		OPHTH SOLN		JULUCA TAB	108
INSULIN LISPRO	54	ISOPTO CARPINE	205	JYLAMVO SOLN,	80
KWIKPEN INJ		OPHTH SOLN		XATMEP SOLN	
INTELENCE TAB 25MG	107	ISORDIL TITRADOSE	22	JYNARQUE PAK	162
INTRON-A INJ	97	TAB		JYNARQUE TAB	162
INTUNIV TAB	3	isosorbide dinitrate tab	22	<b>K</b>	
INVANZ INJ	74	isosorbide dinitrate tab	22	KALYDECO PAK	226
INVEGA TAB	102	40mg		KALYDECO TAB	226
INVIRASE CAP	107	isosorbide mononitrate ER	22	KAPVAY TAB	3
INVIRASE TAB	107	tab		KATERZIA SUSP	118
IOPIDINE OPTH SOLN	206	isosorbide mononitrate tab	22	KEFLEX CAP	125
ipratropium nasal spray	201	isoxsuprine tab	121	kelnor tab	127
ipratropium neb soln	26	itraconazole cap	60	KENALOG INJ	131
irbesartan tab	68	itraconazole soln	60	KEPPRA SOLN	36
irbesartan/hydrochlorothia	71	ivabradine hcl tab	124	KEPPRA TAB	36
zide tab		ivermectin tab	22	KEPPRA XR TAB	36
IRON	178	IWILFIN TAB	98	KESIMPTA INJ	224
POLYSACCH/THREONIC		IXCHIQ INJ	238	ketoconazole cream	139
ACID/B12/FA CAP		<b>J</b>		ketoconazole shampoo	139
ISENTRESS (HD) TAB	107	JAKAFI TAB	90	ketoconazole tab	60
ISENTRESS CHEW TAB	107	JANUMET TAB	49	KETO-DIASTIX TEST	151
ISENTRESS POWDER	108	JANUMET XR TAB	49	STRIP	
PACK		JANUVIA TAB	51	ketorolac inj 15mg/ml	10

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ALPHABETICAL LISTING OF DRUGS

ketorolac inj 30mg/ml	10	lactulose soln	168	LASTACAFT OPHTH	214
ketorolac inj 60mg/2ml	10	LAGEVRIO CAP (EUA)	114	SOLN	
ketorolac ophth soln	214	LAGEVRIO CAP 200MG	114	latanoprost ophth soln	214
ketorolac tab	10	LAMICTAL CHEW TAB	37	LATUDA TAB	101
KETOSTIX	151	LAMICTAL ODT KIT,	37	LAZANDA NASAL	14
ketotifen ophth soln	214	LAMICTAL XR KIT		SPRAY	
KEVZARA INJ	9	LAMICTAL STARTER KI	37	LEDIPASVIR/SOFOSBUV	112
KINERET INJ	8	LAMICTAL TAB	37	IR TAB	
KISQALI PAK	86	LAMICTAL XR TAB	37	leflunomide tab	11
KISQALI TAB	90	LAMISIL TAB	60	lenalidomide cap	193
KLARON LOTION	137	lamivudine soln	108	LENVIMA CAP	81
KLONOPIN TAB	34	lamivudine tab	108	LESCOL XL TAB	65
KLOXXADO NASAL	57	lamivudine tab 100mg	112	letrozole tab	84
SPRAY		lamivudine/zidovudine tab	108	leucovorin tab	97
KOSELUGO CAP	90	lamotrigine chew tab	37	LEVALBUTEROL	31
KOSELUGO CAP 10MG	90	lamotrigine ER tab	37	INHALER, XOPENEX	
K-PHOS NEUTRAL TAB	191	lamotrigine starter kit	37	HFA INHALER	
K-PHOS TAB	191	lamotrigine tab	37	levalbuterol neb soln	31
KRAZATI TAB	90	LAMPIT TAB	74	LEVAQUIN TAB	164
KRINTAFEL TAB	77	LANCET DEVICE	186	LEVBID TAB	231
K-TAB	191	LANCET KIT	186	levetiracetam ER tab	37
<b>L</b>		LANCETS	186	levetiracetam soln	37
labetalol tab	115	LANOXIN TAB	119	levetiracetam tab	37
LAC-HYDRIN CREAM	147	lansoprazole cap	232	LEVOBUNOLOL OPHTH	204
LAC-HYDRIN LOTION	147	lanthanum carbonate chew	169	SOLN	
lacosamide oral solution	36	tab		levocarnitine soln	160
lacosamide tab	37	lapatinib ditosylate tab	90	levocarnitine tab	160
LACTIC ACID LOTION	147	LASIX TAB	155	levofloxacin ophth soln	207

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## ALPHABETICAL LISTING OF DRUGS

LEVOFLOXACIN OPHTH SOLN 0.5%	207	LINZESS CAP	168	LOKELMA PAK	194
levofloxacin soln	164	liothyronine tab	229	LOMOTIL TAB	56
levofloxacin tab	165	LIPITOR TAB	65	LONSURF TAB	86
levonorgestrel tab	129	LIQUIGEN	203	LOPID TAB	64
levonorgestrel-ethinyl estradiol-fe tab	127	lisdexamfetamine dimesylate cap	1	lopinavir/ritonavir soln	108
levothyroxine tab	229	lisdexamfetamine dimesylate chew tab	1	lopinavir/ritonavir tab	108
LEVSIN SL TAB	231	lisinopril tab	67	LOPRESSOR TAB	116
LEVSIN TAB	231	lisinopril/hydrochlorothiazide tab	71	LOPROX CREAM	139
LEXAPRO TAB	45	LITFULO CAP	148	LOPROX SHAMPOO	139
LEXIVA SUSP	108	lithium carbonate cap	101	loratadine cap	61
l-glutamine powder packet	176	lithium carbonate ER tab	101	lorazepam conc	24
lidocaine cream 3%	149	lithium carbonate tab	101	lorazepam tab	24
lidocaine gel	149	lithium oral solution	101	LORBRENA TAB 100MG	90
lidocaine oint	149	LITHOBID TAB	101	LORBRENA TAB 25MG	91
lidocaine patch	149	LITHOSTAT TAB	172	LORTAB	17
lidocaine patch 5%	149	LIVALO TAB	65	LORTAB ELIXIR	17
lidocaine soln	149	LIVMARLI SOLN 19MG/ML	167	losartan tab	68
lidocaine viscous soln	195	LIVTENCITY TAB	111	losartan/hydrochlorothiazide tab	71
lidocaine/hydrocortisone cream	21	L-METHYLFOLATE TAB	152	LOTEMAX OPHTH OINT	210
lidocaine/prilocaine cream	149	LO LOESTRIN TAB	127	LOTEMAX OPHTH SUSP	210
LIDODERM PATCH	149	LODOSYN TAB	98	LOTENSIN HCT TAB	71
LIKMEZ SUSP	73	loestrin tab	127	LOTENSIN TAB	67
LINDANE SHAMPOO	150	lohist liquid	134	loteprednol etabonate ophth gel	210
linezolid susp	76			loteprednol ophth susp	210
linezolid tab	76			LOTREL CAP	71
				LOTRISONE CREAM	139

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ALPHABETICAL LISTING OF DRUGS

LOTRONEX TAB	168	MACRODANTIN CAP	77	medroxyprogesterone tab	220
lovastatin tab	65	MALARONE TAB	77	mefenamic acid cap	10
LOVAZA CAP	62	malathion lotion	150	mefloquine tab	77
LOVENOX INJ	33	MALE CONDOMS	184	megestrol susp	84
loxapine cap	103	MAPROTILINE TAB	43	megestrol tab	84
lubiprostone cap	166	maraviroc tab	108	MEKINIST SOLN	91
LUMAKRAS TAB	91	MARINOL CAP	59	MEKINIST TAB 0.5MG	91
LUMAKRAS TAB 320MG	91	MARPLAN TAB	44	MEKINIST TAB 2MG	91
LUMIGAN OPHTH SOLN	215	MATULANE CAP	97	MEKTOVI TAB	91
LUMRYZ PACK	220	MAVENCLAD PAK	224	meloxicam tab	10
LUNESTA TAB	180	MAVYRET PAK	112	MELPHALAN TAB	80
LUPKYNIS CAP	193	MAVYRET TAB	112	memantine ER cap	222
LUPRON DEPOT INJ	84	MAXALT MLT TAB	189	memantine sol	222
LUPRON DEPOT-PED	159	MAXALT TAB	190	memantine tab	222
INJ		MAXIDEX OPHTH SOLN	210	MENEST TAB	164
lurasidone hcl tab	102	MAXITROL OPHTH OIN	210	MENTAX CREAM	139
LUVIRA CAP	152	MAXITROL OPHTH	210	MEPHYTON TAB	242
LYNPARZA TAB	91	SUSP		MEPRON SUSP	74
LYSODREN TAB	84	MAXZIDE TAB	154	mercaptapurine tab	80
LYSTEDA TAB	179	MAYZENT TAB	224	meropenem inj	75
LYTGOBI THERAPY	91	MAYZENT TAB STARTEI	224	mesalamine DR tab	167
PACK		PACK		mesalamine enema	167
LYUMJEV INJ	54	MCT OIL	203	mesalamine ER cap	167
LYUMJEV KWIKPEN INJ	54	meclizine chew tab	58	mesalamine supp	167
LYVISPAH GRANULE	199	meclizine tab	58	MESNEX TAB	98
PACKET		MEDROL DOSE PACK	131	MESTINON TAB	78
<b>M</b>		MEDROL TAB	131	MESTINON TIMESPAN	78
MACROBID CAP	76	medroxyprogesterone inj	129	TAB	

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## ALPHABETICAL LISTING OF DRUGS

METANX CAP	152	methylphenidate chew tab	4	metronidazole lotion	150
metaxalone tab	199	methylphenidate ER cap	4	metronidazole tab	73
METAXALONE TAB	199	methylphenidate ER tab	4	metronidazole vaginal gel	240
400MG		methylphenidate soln	5	mexiletine hcl cap	25
metformin ER tab	50	methylphenidate tab	5	MICARDIS TAB	68
metformin soln	50	methylprednisolone	131	MICONAZOLE 3 SUPP	240
metformin tab	50	acetate inj		200MG	
methadone conc	14	methylprednisolone dose	131	midazolam inj	180
methadone soln 10mg/5ml	14	pack		midodrine tab	241
METHADONE SOLN	15	methylprednisolone tab	131	mifepristone tab	51
5MG/5ML		methylprenisolone sod	132	mifepristone tab 200mg	161
methadone tab	15	succinate inj		MIFIPREX TAB	161
methadone tab 10mg	15	methyltestosterone cap	19	MIGLITOL TAB	48
METHADOSE CONC	15	metoclopramide soln	166	miglustat cap	175
methazolamide tab	154	metoclopramide tab	166	MINIPRESS CAP	69
methenamine hippurate tab	77	metolazone tab	156	MINOCIN CAP	228
methimazole tab	229	metoprolol ER tab	116	minocycline cap	228
METHITEST TAB	19	metoprolol tab	116	minoxidil tab	73
methocarbamol tab	200	metoprolol/hydrochlorothi	71	MIRALAX	182
methotrexate inj	80	azide tab		MIRAPEX TAB	99
methotrexate tab	80	METROCREAM	149	MIRENA IUD	130
methoxsalen cap	142	METROGEL 1%	149	mirtazapine ODT	43
methscopolamine tab	231	METROGEL VAGINAL	240	mirtazapine tab	43
methsuximide cap	42	GEL		MIRVASO GEL	150
methyl dopa tab	69	METROLOTION	150	misoprostol tab	232
methylergonovine tab	216	metronidazole cream	150	MOBIC TAB	10
METHYLIN SOLN	4	metronidazole gel	150	modafinil tab	5
methylphenidate CD cap	4	metronidazole gel 0.75%	150	mometasone cream	146

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ALPHABETICAL LISTING OF DRUGS

mometasone oint	146	MULTIVITAMIN	197	MYNATAL-Z TAB	198
mometasone soln	146	FLUORIDE DROPS		MYRBETRIQ TAB	234
MONODOX CAP	228	0.25MG/ML		MYSOLINE TAB	37
montelukast chew tab	27	MULTIVITAMIN	197	<b>N</b>	
montelukast granule pack	27	FLUORIDE DROPS		nabumetone tab	10
montelukast tab	27	0.5MG/ML		nadolol tab	116
morphine sulfate ER tab	15	multivitamin tab	178	nafcillin inj	219
MORPHINE SULFATE	15	MULTIVITAMIN/FLOURI	197	naftifine cream	139
ORAL SOLN 10 MG/5ML		DE CHEW 0.25MG		naftifine gel	139
MORPHINE SULFATE	15	MULTIVITAMIN/FLOURI	197	NAFTIN CREAM	139
ORAL SOLN		DE CHEW 1MG		NAFTIN GEL	139
100MG/5ML		MULTIVITAMIN/FLUORI	197	naloxone hcl nasal spray	57
morphine sulfate oral soln	15	DE CHEW TAB		NALOXONE HCL SOLN	57
10mg/5ml		multivitamin/minerals tab	196	0.4MG/ML	
MORPHINE SULFATE	15	mupirocin oint	139	naloxone inj	56
SOLN		MUSE SUPP	120	NALOXONE PREFILLED	57
MORPHINE SULFATE	16	MYAMBUTOL TAB	79	INJ	
TAB		MYCOBUTIN CAP	79	naltrexone tab	56
MOTEGRITY TAB	165	mycophenolate DR tab	115	NAMENDA TAB	222
MOTOFEN TAB	56	mycophenolate mofetil	115	NAPROSYN EC TAB	11
MOTRIN SUSP	10	cap		NAPROSYN TAB	11
MOVANTIK TAB	168	mycophenolate mofetil	115	naproxen EC tab	11
moxifloxacin ophth soln	207	susp		naproxen tab	11
moxifloxacin tab	165	mycophenolate mofetil tab	115	NARCAN NASAL SPRAY	57
MULTAQ TAB	25	MYDRIACYL OPHTH	205	NARDIL TAB 15MG	44
MULTIGEN FOLIC TAB	178	SOLN		NASACORT OTC NASAL	201
MULTIGEN PLUS TAB	178	MYFEMBREE TAB	163	SPRAY	
MULTIGEN TAB	178	MYLERAN TAB	80	NASCOBAL SPRAY	176

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ALPHABETICAL LISTING OF DRUGS

NATACYN OPHTH SUSP	207	NEOSPORIN OPHTH	207	nicotine gum	225
NATAZIA TAB	127	SOLN		NICOTINE KIT	225
nateglinide tab	54	NEPHROCAP	196	nicotine lozenge	225
NATPARA INJ	157	NEPHRON FA TAB	178	nicotine patch	225
NATROBA SUSP	150	NEPTAZANE TAB	154	NICOTROL INHALER	225
NAYZILAM SPRAY	34	NERLYNX TAB	92	NICOTROL NASAL	225
nebivolol hcl tab	116	NEUPRO PATCH	99	SPRAY	
NEBUSAL NEB SOLN	135	NEURONTIN CAP	38	nifedipine cap	118
NEFAZODONE TAB	46	NEURONTIN SOLN	38	nifedipine ER tab	118
nefazodone tab 50mg,	46	NEURONTIN TAB	38	nilutamide tab	84
250mg		600MG		nimodipine cap	118
neomycin tab	5	NEURONTIN TAB	38	NINLARO CAP	92
NEOMYCIN/POLYMIXIN	207	800MG		NITAZOXANIDE TAB	74
/GRAMICIDIN OPHTH		NEVANAC OPHTH SUSP	214	NITRO-BID OINT	22
SOLN		nevirapine ER tab	108	NITRO-DUR PATCH	23
neomycin/polymixin/hydro	216	NEVIRAPINE SUSP	108	NITRO-DUR PATCH	23
coritisona otic soln		nevirapine tab	108	0.3MG/HR, 0.8MG/HR	
neomycin/polymixin/hydro	216	NEXLETOL TAB	62	nitrofurantoin	77
coritisona otic susp		NEXLIZET TAB	62	macrocrystals cap	
neomycin/polymyxin/dexa	210	NEXPLANON IMPLANT	129	nitrofurantoin	77
methasone ophth oint		NEXTSTELLIS TAB	127	monohydrate cap	
neomycin/polymyxin/dexa	211	niacin cap	242	nitroglycerin lingual spray	23
methasone ophth soln		niacin CR tab	242	nitroglycerin patch	23
NEOMYCIN/POLYMYXI	211	niacin ER tab	66	nitroglycerin SL tab	23
N/HYDROCORTISONE		niacin tab	242	NITROLINGUAL PUMP	23
OPHTH SOLN		NIACIN TR CAP	242	SPRAY	
NEONATAL 19 TAB	198	NIACIN TR TAB	242	NITROSTAT SL TAB	23
NEONATAL FE TAB	198	niacinamide tab	242	NIVESTYM INJ	177

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ALPHABETICAL LISTING OF DRUGS

NIZATIDINE CAP	231	NOXAFIL SUSP	60	OCTREOTIDE INJ	162
NIZORAL A-D	140	NOXAFIL TAB	60	100MCG	
SHAMPOO		np thyroid tab	229	OCUFLOX OPHTH SOLN	207
NIZORAL SHAMPOO	140	NUBEQA TAB	84	ODEFSEY TAB	109
norethindrone ace-ethinyl	127	NUCALA INJ	26	ODOMZO CAP	82
estradiol-fe cap		NUCORT LOTION	146	OFEV CAP	227
norethindrone	128	NUCYNTA TAB	16	ofloxacin ophth soln	208
acetate/ethinyl estradiol FE		NUEDEXTA CAP	225	ofloxacin otic soln	215
chew tab		NULYTELY SOLN	181	ofloxacin tab	165
norethindrone	128	NUTRITIONAL	153	OGSIVEO TAB	92
acetate/ethinyl estradiol		SUPPLEMENT LIQUID		OGSIVEO TAB 50MG	92
tab		NUTRITIONAL	153	OJJAARA TAB	92
norethindrone tab	130	SUPPLEMENT POWDER		olanzapine ODT	103
norethindrone/ethinyl	128	NUVARING	129	olanzapine tab	103
estradiol FE tab		NUVIGIL TAB	5	olanzapine/fluoxetine cap	222
NORLIQVA ORAL SOLN	118	nystatin cream	140	OLLIZAC POWDER	152
NORPACE CAP	25	nystatin oint	140	olmesartan tab	68
NORPRAMIN TAB	47	nystatin powder	60	olmesartan/hydrochlorothi	71
nortrel tab	128	nystatin susp	195	azide tab	
nortriptyline cap	47	nystatin tab	60	olopatadine ophth soln	214
nortriptyline oral soln	48	nystatin topical powder	140	0.1%	
NORVASC TAB	118	nystatin/triamcinolone	140	olopatadine ophth soln	214
NORVIR CAP	108	cream		0.2%	
NORVIR POWDER PACK	108	nystatin/triamcinolone oint	140	OLUMIANT TAB	6
NORVIR SOLN	108	NYVEPRIA INJ	177	OLUX FOAM	146
NORVIR TAB	108			omega-3-acid ethyl esters	63
NOVAVAX INJ	238	<b>O</b>		cap	
NOXAFIL PAK	60	OICALIVA TAB	165	omeprazole DR cap	232
		octreotide inj	162		

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ALPHABETICAL LISTING OF DRUGS

omeprazole tab	233	ONETOUCH TEST STRIP	152	ORGOVYX TAB	84
OMNICEF SUSP	126	ONETOUCH VERIO	187	ORIAHNN CAP	163
OMNIPOD 5 G6 INTRO KIT	186	FLEX METER		ORILISSA TAB 150MG	158
OMNIPOD 5 G6 PODS MISC	186	ONETOUCH VERIO IQ METER	187	ORILISSA TAB 200MG	158
OMNIPOD 5 G7 KIT INTRO	186	ONETOUCH VERIO METER	187	ORKAMBI GRANULES PACKET	226
OMNIPOD 5 G7 MIS PODS	186	ONETOUCH VERIO REFLECT METER	187	ORKAMBI TAB	226
OMNIPOD 5 INTRO KIT	186	ONETOUCH VERIO TEST STRIP	152	ORSERDU TAB	84
OMNIPOD 5 PACK PODS	186	ONFI SUSP	35	ORSERDU TAB 345MG	85
OMNIPOD DASH INTRO KIT	186	ONFI TAB	35	oseltamivir cap	113
OMNIPOD DASH PODS	186	OPILL TAB	130	oseltamivir cap 30mg	113
OMNIPOD GO KIT	187	OPSUMIT TAB	122	oseltamivir susp	113
OMNIPOD STARTER KIT	187	OPVEE NASAL SPRAY	57	OTEZLA STARTER PACK	11
OMNITROPE INJ	158	ORACIT SOLN	170	OTEZLA TAB	11
ondansetron ODT	58	ORAP TAB	225	OVACE PLUS CREAM	142
ondansetron soln	58	ORAPRED ODT TAB	132	OVIDE LOTION	150
ONDANSETRON TAB	58	ORAPRED SOLN	132	oxacillin inj	219
ONETOUCH DELICA LANCETS	187	ORENCIA CLICK INJ	11	OXBRYTA TAB FOR ORAL SUSP	176
ONETOUCH DELICA PLUS LANCETS	187	ORENCIA SC INJ 125MG/ML	11	oxcarbazepine susp	38
ONETOUCH DELICA ULTRASOFT LANCETS	187	ORENCIA SC INJ 50MG/0.4ML	11	oxcarbazepine tab	38
ONETOUCH METER	187	ORENCIA SC INJ 87.5MG/0.7ML	11	oxiconazole nitrate cream	140
		ORENITRAM TAB	121	OXSORALEN ULTRA CAP	142
				oxybutynin ER tab	233
				oxybutynin syrup	233
				oxybutynin tab	233
				oxycodone soln	16

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ALPHABETICAL LISTING OF DRUGS

OXYCODONE TAB	16	pazopanib tab	92	PERIDEX SOLN	195
oxycodone/acetaminophen tab	18	PCE TAB	183	permethrin cream	150
OXYCODONE/ASPIRIN TAB	18	PEAK FLOW METER	188	perphenazine tab	104
OXYTROL PATCH (OTC)	233	pediatric multiple vitamins/fluoride soln	197	PERPHENAZINE/AMITRIPTYLINE TAB	223
OZEMPIC INJ	52	pediatric multiple vitamins/fluoride/iron soln	197	PFIZERPEN G INJ	218
<b>P</b>		peg 3350 soln (100 gram Moviprep equiv)	182	PHEBURANE ORAL PELLETS	160
paliperidone ER tab	102	peg 3350/electrolytes soln	182	phenazopyridine tab	172
PALYNZIQ INJ	160	PEGASYS INJ	112	PHENELZINE SULFATE TAB	44
PAMELOR CAP	48	PEG-INTRON INJ	112	phenelzine tab	44
pantoprazole EC tab	232	PEMAZYRE TAB	92	phenobarbital elixir	179
PARAGARD IUD	129	penciclovir cream	143	phenobarbital tab	179
paricalcitol cap	160	penicillamine tab	192	phenoxybenzamine cap	68
PARLODEL CAP	99	PENICILLIN G	218	phentermine cap	2
PARLODEL TAB	99	PROCAINE INJ		phentermine tab	2
PARNATE TAB	44	PENICILLIN G SODIUM INJ	218	phenylephrine ophth soln	205
paroxetine ER tab	45	PENICILLIN VK SOLN	218	phenytoin cap	41
paroxetine oral susp	45	penicillin vk tab	218	phenytoin chew tab	41
paroxetine tab	45	pentamidine neb soln	73	phenytoin susp	42
PATANOL OPHTH SOLN	214	pentoxifylline ER tab	174	PHEXXI GEL	239
PAXIL CR TAB	45	PEPCID SUSP	231	phlexy-10 tab	203
PAXIL ORAL SUSP	45	PEPCID TAB	232	PHOSLO CAP	169
PAXIL TAB	45	PERCOCET TAB	18	PHOSLYRA SOLN	169
PAXLOVID TAB 150-100MG	111	PERFOROMIST NEB SOLN	31	phospha 250 neutral tab	191
PAXLOVID TAB 300-100MG	111			phytonadione tab	242
				PICATO GEL	141

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## ALPHABETICAL LISTING OF DRUGS

PIFELTRO TAB	109	polymyxin b/trimethoprim	208	PRADAXA CAP	34
pilocarpine ophth soln	205	ophth soln		pramipexole tab	99
pilocarpine tab	196	POLYTRIM OPHTH	208	pramoxine/hydrocortisone	21
pimecrolimus cream	148	SOLN		cream	
PIMOZIDE TAB	225	POMALYST CAP	85	prasugrel tab	175
pindolol tab	116	posaconazole DR tab	60	pravastatin tab	65
pioglitazone tab	54	posaconazole susp	60	praziquantel tab	22
piperacillin/tazobactam inj	219	POTABA CAP	243	prazosin cap	69
PIQRAY TAB	93	POTABA POWDER	243	PRECOSE TAB	48
pirfenidone cap	227	PACKET		PRED FORTE OPHTH	211
pirfenidone tab 267mg	227	potassium bicarbonate	191	SUSP	
pirfenidone tab 801mg	227	effer tab		PRED MILD OPHTH	211
piroxicam cap	11	potassium chloride ER cap	191	SOLN	
pitavastatin calcium tab	65	potassium chloride ER tab	191	PRED-G OPHTH SOLN	211
PLAN B TAB	129	potassium chloride micro	192	prednisolone ODT	132
PLAQUENIL TAB	77	tab		PREDNISOLONE ODT	132
PLAVIX TAB 75MG	175	potassium chloride powder	192	TAB	
PLEGRIDY INJ	224	packet		PREDNISOLONE OPHTH	211
PNEUMOVAX INJ	234	potassium chloride soln	192	SUSP	
PODIAPN CAP	152	POTASSIUM CHLORIDE	192	PREDNISOLONE	211
PODOCON SOLN	148	TAB ER		SODIUM PHOSPHATE	
PODOFILOX SOLN	148	potassium citrate CR tab	170	OPHTH SOLN	
polyethylene glycol 3350	182	potassium citrate/citric	170	prednisolone soln	132
powder		acid powder pack		PREDNISONE SOLN	132
POLYETHYLENE	219	potassium citrate/citric	170	prednisone tab	132
GLYCOL 8000		acid soln		PREFEST TAB	163
GRANULES		potassium phosphate	191	pregabalin cap	38
		monobasic tab		pregabalin cap 225mg	38

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ALPHABETICAL LISTING OF DRUGS

pregabalin cap 300mg	38	primaquine tab	77	PROMETHAZINE	135
pregabalin soln	38	primidone tab	38	VC/CODEINE SYRUP	
PREHEVBRIO SUSP	238	PRIMSOL SOLN	73	promethazine/codeine	135
PREMARIN TAB	164	PRINIVIL TAB, ZESTRIL	67	syrup	
PREMARIN VAGINAL	241	TAB		PROMETHEGAN SUPP	62
CREAM		PRISTIQ TAB	46	PROMETRIUM CAP	220
PREMPHASE TAB,	163	probenecid tab	173	propafenone ER cap	25
PREMPRO TAB		prochlorperazine supp	104	propafenone tab	25
PRENATABS RX TAB	198	prochlorperazine tab	104	proparacaine ophth soln	209
PRENATAL 19 CHEW	198	PROCTOCORT CREAM	146	propranolol ER cap	117
TAB		proctosol HC cream	21	propranolol oral soln	117
PRENATAL 19 TAB	198	progesterone cap	220	20mg/5ml	
PRENATAL VITAMINS	198	PROGESTERONE SUPP	241	PROPRANOLOL SOLN	117
(NON-PREFERRED)		PROGLYCEM SUSP	51	propranolol tab	117
PRENATAL VITAMINS	242	PROLENSA OPHTH	214	propylthiouracil tab	229
(PRENATAL PLUS,		SOLN		PROSCAR TAB	171
PREPLUS, PRENAPLUS)		PROMACTA POWDER	177	pro-stat liquid	203
PRETOMANID TAB	79	PROMACTA TAB	177	PROTOPIC OINT	148
PREVACID CAP	232	12.5MG, 25MG		protriptyline tab	48
PREVACID OTC CAP	232	PROMACTA TAB 50MG	177	PROVERA TAB	220
PREVIDENT SOLN	195	PROMACTA TAB 75MG	177	PROVIGIL TAB	5
PREVNAR 13 INJ	235	promethazine DM syrup	134	PROZAC CAP	46
PREVNAR 20 INJ	235	promethazine supp	62	PULMICORT INH SUSP	29
PREVYMIS TAB	111	promethazine syrup	62	PULMOZYME INH SOLN	226
PREZCOBIX TAB	109	promethazine tab	62	PURIXAN SUSP	81
PREZISTA SUSP	109	PROMETHAZINE VC	134	pyrazinamide tab	79
PREZISTA TAB	109	SYRUP		pyridostigmine CR tab	78
PRIFTIN TAB	79			pyridostigmine tab	78

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ALPHABETICAL LISTING OF DRUGS

pyridostigmine soln	78	ramelteon tab	181	RETEVMO TAB	93
pyrimethamine tab	78	ramipril cap	67	RETEVMO TAB 40MG	93
PYRUKYND TAB	175	RANEXA TAB	22	RETIN-A CREAM	137
PYRUKYND TAPER	175	ranolazine tab	22	REVATIO SUSP	123
PACK		rasagiline tab	100	REVATIO TAB	123
<hr/>					
<b>Q</b>		RAZADYNE ER CAP	222	REVLIMID CAP	193
QBRELIS SOLN	67	RAZADYNE TAB	222	REYATAZ POWDER	109
QINLOCK TAB	93	REBETOL SOLN	112	PACK	
QSYMIA CAP	2	REGLAN TAB	166	REYVOW TAB	190
QUESTRAN LITE	63	REGRANEX GEL	150	REZLIDHIA CAP	93
POWDER		RELENZA DISKHALER	113	REZUROCK TAB	193
QUESTRAN POWDER	63	REMERON SOLUTAB	43	RHEUMATREX TAB	6
QUESTRAN POWDER	63	REMERON TAB	43	RHOFADE CREAM	150
PACK		renaphro cap	196	RIBAVIRIN CAP	112
quetiapine tab	104	RENOVA CREAM	138	RIBAVIRIN TAB	112
quetiapine XR tab	104	RENVELA TAB	169	rifabutin cap	79
quinapril tab	67	repaglinide tab	54	RIFADIN CAP	79
quinidine gluconate CR tab	25	REPATHA INJ	66	RIFAMATE CAP	78
quinidine sulfate tab	25	REPATHA PUSHTRONEX	66	rifampin cap	79
QVAR REDHALER	29	INJ		RIFATER TAB	78
<hr/>					
<b>R</b>		REQUIP TAB	99	RIFLOZA INJ 160MG	170
RABAVERT INJ	238	RESCRIPTOR TAB	109	riluzole tab	202
rabeprazole EC tab	232	RESTORIL CAP 15MG	180	RIMANTADINE TAB	113
RADICAVA ORS	202	RESTORIL CAP 22.5MG	180	RINVOQ ER TAB	6
STARTER KIT		RESTORIL CAP 30MG	180	RINVOQ ORAL SOLN	6
RADICAVA ORS SUSP	202	RESTORIL CAP 7.5MG	180	RIOMET SOLN	50
raloxifene tab	159	RETACRIT INJ	177	risedronate DR tab	157
		RETEVMO CAP	93	risedronate tab	157

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ALPHABETICAL LISTING OF DRUGS

RISPERDAL M ODT	102	ROXICODONE TAB	16	SAXENDA INJ	2
RISPERDAL SOLN	102	ROZEREM TAB	181	SCSEMBLIX TAB	94
RISPERDAL TAB	102	ROZLYTREK CAP	93	SCSEMBLIX TAB 100 MG	94
risperidone microspheres inj	102	ROZLYTREK PAK	93	scopolamine patch	58
risperidone ODT	102	RUBRACA TAB	93	selegiline cap	100
risperidone soln	103	rufinamide susp	38	selegiline tab	100
risperidone tab	103	rufinamide tab	38	selenium sulfide lotion	142
RITALIN LA CAP, APTENSIO XR CAP	5	RUKOBIA ER TAB	109	selenium sulfide shampoo	143
RITALIN TAB	5	RYBELSUS TAB	52	SELZENTRY SOLN	109
ritonavir tab	109	RYDAPT CAP	93	SELZENTRY TAB	109
rivastigmine cap	222	RYTHMOL SR CAP	25	SEMGLEE INJ, INSULIN	54
rivastigmine patch	222	<b>S</b>		GLARGINE-YFGN INJ	
RIVFLOZA INJ	171	SALAGEN TAB	196	SEMGLEE PEN, INSULIN	54
RIVFLOZA VIAL	171	SALEX SHAMPOO	148	GLARGINE-YFGN PEN	
RIVIVE, REXTOVY SPRAY	57	salsalate tab	12	SEMPREX-D CAP	135
rizatriptan ODT	190	SANCUSO PATCH	58	SEROQUEL TAB	104
rizatriptan tab	190	SANDIMMUNE SOLN 100MG/ML	115	SEROQUEL XR TAB	104
ROBAXIN TAB	200	SANTYL OINT	147	sertraline conc	46
ROBINUL TAB	231	SAPHRIS SL TAB	104	sertraline tab	46
ROCALTROL CAP	160	sapropterin	160	sevelamer powder pak	169
ROCALTROL SOLN	160	dihydrochloride powder packet		sevelamer tab	169
roflumilast tab	27	sapropterin	160	SFROWASA ENEMA	168
ropinirole ER tab	99	dihydrochloride soluble tab		SHINGRIX INJ	238
ropinirole tab	99	SAVELLA PAK	223	SIGNIFOR INJ	162
rosuvastatin tab	65	SAVELLA TAB	223	sildenafil susp	123
				sildenafil tab	120
				sildenafil tab 20mg	123
				SILVADENE CREAM	143

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ALPHABETICAL LISTING OF DRUGS

silver sulfadiazine cream	143	smz/tmp (DS) tab	74	sodium/magnesium/potassi	182
SIMBRINZA OPHTH	206	smz/tmp susp	74	um soln	
SUSP		SOD CHLORIDE INJ	192	SOFOSBUVIR/VELPATAS	112
SIMLANDI INJ	8	sodium chloride neb soln	135	VIR TAB	
(adalimumab-ryvk)		sodium citrate/citric acid	170	SOGROYA INJ	158
SIMPONI	8	soln		SOHONOS CAP 1.5MG	200
AUTO-INJECTOR 100MG		sodium fluoride cream	195	SOHONOS CAP 10MG	200
SIMPONI INJ 100MG	8	sodium fluoride gel	195	SOHONOS CAP 1MG	200
simvastatin tab	65	sodium fluoride paste	195	SOHONOS CAP 2.5MG	201
SINEMET CR TAB	99	sodium fluoride rinse	196	SOHONOS CAP 5MG	201
SINEMET TAB	100	sodium fluoride soln	190	solifenacin tab	234
SINGULAIR CHEW TAB	27	SODIUM FLUORIDE TAB	191	SOLU-CORTEF INJ	132
SINGULAIR GRANULE	27	SODIUM OXYBATE	221	SOLU-CORTEF INJ	132
PACK		SOLN		100MG	
SINGULAIR TAB	27	sodium polystyrene	115	SOLU-MEDROL INJ	132
sirolimus soln	193	powder		SOLU-MEDROL INJ	133
sirolimus tab	115	sodium polystyrene susp	115	2GM	
SIVEXTRO TAB	76	sodium sulfacetamide	137	SOLU-MEDROL PF INJ	133
SKELAXIN TAB	200	lotion		SOMA TAB	200
SKYCLARYS CAP	202	sodium	137	SOMAVERT INJ	158
SKYRIZI INJ 150MG/ML	142	sulfacetamide/sulfur		sorafenib tosylate tab	94
SKYRIZI INJ 180	168	cleanser 10-5%		sotalol AF tab	117
MG/1.2ML		sodium	138	sotalol tab	117
SKYRIZI INJ	168	sulfacetamide/sulfur		SOTYLIZE SOLN	117
360MG/2.4ML		cleanser 9-4.5%		5MG/ML	
SKYTROFA INJ	158	sodium	138	SPECTRACEF TAB	126
SLO-NIACIN TAB	243	sulfacetamide/sulfur		SPEVIGO INJ	142
SLYND TAB	130	emulsion 10-5%		SPIKEVAX INJ	239

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ALPHABETICAL LISTING OF DRUGS

SPIKEVAX INJ	239	sulfacetamide sodium	208	SYMBYAX CAP	223
50MCG/0.5ML		ophth soln		SYMDEKO TAB	226
SPINOSAD SUSP	150	sulfacetamide	211	SYMPROIC TAB	168
SPIRIVA RESPIMAT	27	sodium/prednisolone		SYMTUZA TAB	110
INHALER 1.25MCG/ACT		ophth soln		SYNAREL NASAL SOLN	159
spironolactone susp	155	SULFACETAMIDE/PRED	211	SYNJARDY TAB	49
spironolactone tab	155	NISOLONE OPHTH		SYNJARDY XR TAB	49
spironolactone/hydrochlor	154	SOLN		10-1000MG, 25-1000MG	
othiazide tab		sulfadiazine tab	228	SYNJARDY XR TAB	49
SPORANOX CAP	61	SULFAMYLON CREAM	143	5-1000MG,	
SPORANOX SOLN	61	sulfasalazine EC tab	168	12.5-1000MG	
sprintec 28 tab	128	sulfasalazine tab	168	SYNTHROID TAB	230
STALEVO TAB	101	sulindac tab	11	<hr/>	
STAVUDINE CAP	109	SUMADAN WASH	138	<b>T</b>	
STELARA INJ	142	9-4.5%		TABLOID TAB	81
STENDRA TAB	121	sumatriptan inj	190	TABRECTA TAB	94
STIMATE NASAL SOLN	161	SUMATRIPTAN INJ	190	tacrolimus cap	115
STIOLTO INHALER	32	6MG/0.5ML		tacrolimus oint	148
STIVARGA TAB	94	sumatriptan tab	190	tadalafil tab	121
STRENSIQ INJ	160	sunitinib malate cap	94	tadalafil tab (PAH)	123
STRIBILD TAB	109	SUNOSI TAB	3	tadalafil tab 2.5mg, 5mg	121
STRIVERDI RESPIMAT	32	SUPRAX CAP	126	TADLIQ SUSP	123
INHALER		SUPRAX CHEW TAB	126	TAFINLAR CAP	94
STROMECTOL TAB	22	SUPRAX SUSP	126	TAFINLAR TAB	94
SUBOXONE SL FILM	19	SUPRAX SUSP	126	TAGRISSO TAB	82
sucralfate susp	233	500MG/5ML		TAKHZYRO INJ	174
sucralfate tab	232	SURMONTIL CAP	48	TAKHZYRO INJ	174
SUFLAVE SOLN	182	SYMAX DUOTAB	231	150MG/ML	
				TALTZ INJ	142

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ALPHABETICAL LISTING OF DRUGS

TALZENNA CAP 0.25MG	94	temazepam cap 7.5mg	180	testosterone gel 1% pump	20
TALZENNA CAP 0.5MG, 0.75MG, 1MG	94	TEMOVATE CREAM	146	testosterone gel 1.62% 1.25gm	20
TAMIFLU CAP	114	TEMOVATE OINT	146	testosterone gel 1.62% 2.5gm	20
TAMIFLU CAP 30MG	114	temozolomide cap	80	TESTOSTERONE GEL PUMP 1%	20
tamoxifen tab	85	tenofovir disoproxil fumarate tab	110	testosterone gel pump	20
tamsulosin cap	171	TENORETIC TAB	72	1.62%	
TAPAZOLE TAB	229	TENORMIN TAB	116	testosterone soln	20
TASIGNA CAP	94	TEPMETKO TAB	95	TETANUS/DIPHThERIA	230
TASMAR TAB	98	TERAZOL CREAM	240	TOXOID INJ	
tavaborole soln	140	terazosin cap	69	tetrabenazine tab	223
TAVNEOS CAP	173	terbinafine tab	60	tetracycline cap	228
tazarotene cream 0.05%	142	terbutaline sulfate tab	32	TEZSPIRE INJ	26
tazarotene cream 0.1%	142	terconazole cream	240	THALOMID CAP	114
TAZORAC CREAM	142	TERCONAZOLE CREAM 0.8%	240	THEO-24 CAP	32
TAZVERIK TAB	95	terconazole supp	240	theophylline ER tab	32
TECHLITE INSULIN SYRINGE	188	teriflunomide tab	224	theophylline soln	32
TECHLITE PEN NEEDLE	188	TERIPARATIDE INJ 620MCG/2.48ML	157	theophylline tab er	32
TEGRETOL SUSP	38	TESSALON CAP	133	thioridazine tab	105
TEGRETOL TAB	39	testosterone cypionate inj	20	thiothixene cap	105
TEGRETOL XR TAB	39	TESTOSTERONE ENANTHATE INJ	20	THYROLAR TAB	230
TEKTRUNA HCT TAB	72	200MG/ML		tiagabine tab	41
TEKTRUNA TAB	72	TESTOSTERONE GEL 1% 25MG	20	TIAZAC CAP	118
telmisartan tab	68	testosterone gel 1% 50mg	20	TIBSOVO TAB	95
temazepam cap 15mg	180			TIGAN CAP	58
temazepam cap 22.5mg	180			TIKOSYN CAP	26
temazepam cap 30mg	180				

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## ALPHABETICAL LISTING OF DRUGS

timolol maleate ophth gel	204	TOLAZAMIDE TAB	55	trazodone tab	46
timolol maleate ophth soln	204	TOLBUTAMIDE TAB	55	TRECTOR TAB	79
timolol maleate tab	117	tolcapone tab	98	TRELEGY ELLIPTA	32
TIMOPTIC OPHTH SOLN	204	tolterodine SR cap	234	INHALER	
TIMOPTIC-XE OPHTH GEL	204	tolterodine tab	234	TREMFYA INJ	142
TINDAMAX TAB	73	TOPAMAX SPRINKLE CAP	39	tretinoin cap	79
tinidazole tab	73	TOPAMAX TAB	39	tretinoin cream	138
tiopronin tab	172	TOPICORT CREAM	146	tretinoin gel	138
TIROSINT-SOL	230	TOPICORT OINT	146	tretinoin gel 0.08%	138
TIVICAY PD TAB	110	topiramate sprinkle cap	39	triamcinolone acetate inj	133
TIVICAY TAB	110	topiramate tab	39	triamcinolone cream	146
tizanidine tab	200	TOPROL XL TAB	116	triamcinolone in orabase	196
TOBI PODHALER	5	toremifene tab	85	paste	
TOBRADEX OPHTH OINT	212	torsemide tab	155	triamcinolone lotion	146
TOBRADEX OPHTH SOLN	212	TOVIAZ TAB	234	triamcinolone oint	146
TOBRADEX ST OPHTH SUSP	212	TRACLEER TAB 32MG	123	triamcinolone OTC nasal	202
tobramycin neb soln	6	tramadol ER tab	16	spray	
tobramycin ophth soln	208	TRAMADOL HCL ER TAI	16	triamterene/hydrochloroth	154
tobramycin/dexamethason e ophth soln	212	tramadol tab	16	iazide cap	
TOBEX OPHTH OINT	208	tramadol/acetaminophen	18	triamterene/hydrochloroth	154
TOBEX OPHTH SOLN	208	tab		iazide tab	
TODAY SPONGE	240	tranexamic acid tab	179	triazolam tab	180
TOFRANIL TAB	48	TRANSDERM-SCOP PATCH	58	tricitrates soln	170
		tranylcypromine tab	44	tricon cap	178
		TRAVATAN Z DROPS	215	TRICOR TAB	64
		travoprost ophth soln	215	trientine cap	192
				trifluoperazine tab	105

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ALPHABETICAL LISTING OF DRUGS

TRIFLURIDINE OPHTH SOLN	208	TRUEPLUS PEN NEEDLE	188	UCERIS TAB	133
trihexyphenidyl elixir	100	TRULANCE TAB	165	ULORIC TAB	172
TRIHXYPHENIDYL SOLN	100	TRUMENBA INJ	235	ULTRAM TAB	16
trihexyphenidyl tab	98	TRUQAP TAB	95	ULTRAVATE CREAM	146
TRIKAFTA TAB	227	TRUSOPT OPHTH SOLN	214	ULTRAVATE OINT	147
TRIKAFTA THERAPY PACK	227	TUKYSA TAB	81	UPNEEQ SOLN	214
tri-legest tab	128	TURALIO CAP	95	UPTRAVI TAB	123
TRILEPTAL SUSP	39	tussigon tab	133	URECHOLINE TAB	234
TRILEPTAL TAB	39	TWIRLA PATCH	128	UROCIT-K TAB	170
TRI-LUMA CREAM	149	TYBLUME TAB	128	UROXATRAL TAB	171
trimethobenzamide cap	58	TYLENOL/CODEINE TAF	18	URSO FORTE TAB	165
trimethoprim tab	73	TYMLOS INJ	157	ursodiol cap	165
trimipramine cap	48	TYVASO DPI POWDER	121	ursodiol tab	165
TRINTELLIX TAB	46	TYVASO DPI POWDER MAINTENANCE KIT	121	<b>V</b>	
tri-sprintec tab	128	32-48MCG		VAGIFEM TAB	241
TRIUMEQ PD TAB	110	TYVASO DPI POWDER	122	valacyclovir tab	113
TRIUMEQ TAB	110	TITRATION KIT		VALCHLOR GEL	141
TRI-VITAMIN FLUORIDE DROPS	197	16-32-48MCG		VALCYTE TAB	111
TRIZIVIR TAB	110	TYVASO DPI POWDER	122	valganciclovir soln	111
tropicamide ophth soln	205	TITRATION KIT		valganciclovir tab	111
tropium chloride SR cap	234	16-32MCG		VALIUM TAB 2MG, 10MG	24
tropium tab	234	TYVASO INH SOLN 0.6 MG/ML	122	VALIUM TAB 5MG	24
TRUEPLUS INSULIN SYRINGE	188	<b>U</b>		valproic acid cap	42
		UBRELVY TAB	188	valproic acid syrup	43
		UCERIS RECTAL FOAM	21	valsartan tab	68
				valsartan/hydrochlorothiazide tab	72

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VALTOCO NASAL SPRAY	35	VENTAVIS INH SOLN	122	vigabatrin powder pack	41
VALTREX TAB	113	VENTOLIN HFA	32	vigabatrin tab	41
VANCOCIN CAP	75	INHALER		vigadrone powder pack	41
vancomycin cap	75	VERAPAMIL ER CAP,	119	VIGAMOX OPHTH SOLN	208
VANFLYTA TAB	95	VERELAN CAP		VIJOICE GRANULES	194
VANFLYTA TAB 26.5MG	95	verapamil SR cap	119	PACKET	
VANIQA CREAM	148	VERAPAMIL SR CAP	119	VIJOICE TAB	194
vardenafil ODT	121	360mg		VIJOICE TAB 250MG	194
vardenafil tab	121	verapamil SR tab	119	viorele tab, kariva tab	128
VARENICLINE TAB	225	verapamil tab	119	VIRACEPT TAB	110
varenicline tartrate tab	226	VERELAN CAP	119	VIREAD TAB 150MG,	110
varenicline tartrate tab	226	VERELAN PM CAP	119	200MG, 250MG	
starter pack		VERELAN PM ER CAP	119	VISTARIL CAP	24
VARIVAX INJ	239	200MG, 300MG		VITAFOL STRIPS	198
VARUBI TAB	59	VERELAN SR CAP	119	vitamin D cap	242
VASERETIC TAB	72	360mg		vitamin D cap 1000unit	242
VASOTEC TAB	68	VERZENIO TAB	96	vitamin D cap 400unit	242
VAXNEUVANCE INJ	235	VESICARE TAB	234	VITAMIN D TAB	242
v-c forte cap	196	VFEND SUSP	61	400UNIT	
VELIVET PAK	128	VFEND TAB	61	VITRAKVI CAP 100MG	96
VELPHORO CHEW TAB	169	V-GO INJ KIT	187	VITRAKVI CAP 25MG	96
VEMLIDY TAB	112	VIBRAMYCIN CAP	228	VITRAKVI SOLN	96
VENCLEXTA STARTER	82	VIBRAMYCIN SUSP	228	VIVELLE-DOT PATCH	164
PACK		VIBRAMYCIN SYRUP	229	VIZIMPRO TAB	82
VENCLEXTA TAB	82	VICTOZA INJ,	52	VOGELXO GEL PUMP	20
VENELEX OINT	151	LIRAGLUTIDE SOLN		1%	
venlafaxine ER cap	46	PEN-INJECTOR		VOLTAREN GEL	140
venlafaxine tab	47	VIDEX SOLN	110	VONJO CAP	96

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voriconazole susp	61	XALKORI CAP	96	XEMBIFY INJ	217
voriconazole tab	61	XALKORI SPRINKLE	96	XENLETA TAB	76
VOSEVI TAB	112	CAP		XIFAXAN TAB 200MG	73
VOWST CAP	168	XAQUIL XR TAB	153	XIFAXAN TAB 550MG	73
VOXZOGO INJ	161	XARELTO STARTER	33	XIGDUO XR TAB	49
VP-PNV-DHA CAP	198	PACK		XIGDUO XR TAB	49
VYNDAMAX CAP	124	XARELTO SUSP	33	10-1000MG	
VYNDAQEL CAP	124	XARELTO TAB	33	XIGDUO XR TAB	50
VYVANSE CAP	1	XCOPRI PAK	40	2.5-1000MG, 5-1000MG	
VYVANSE CHEW TAB	2	100-150MG		XIGDUO XR TAB	50
<b>W</b>		XCOPRI PAK	40	5-500MG, 10-500MG,	
WAINUA INJ	226	150-200MG		10-1000MG	
WAKIX TAB	3	XCOPRI PAK 50-200MG	40	XOPENEX NEB SOLN	32
warfarin tab	33	XCOPRI TAB 150MG,	40	XOSPATA TAB	96
WEGOVY INJ	2	200MG		XPHOZAH TAB	161
WEGOVY INJ	2	XCOPRI TAB 25MG	40	XPOVIO PAK	86
1.7MG/0.75ML		XCOPRI TAB 50MG,	40	XTAMPZA ER CAP	16
WEGOVY INJ	3	100MG		XYZBAC TAB	153
2.4MG/0.75ML		XCOPRI TITRATION PAK	40	<b>Z</b>	
WELIREG TAB	85	12.5-25MG		zafemy patch	129
WELLBUTRIN SR TAB	43	XCOPRI TITRATION PAK	40	zafirlukast tab	27
WELLBUTRIN XL TAB	43	150-200MG		zaleplon cap	180
wymzya FE tab	128	XCOPRI TITRATION PAK	40	ZANAFLEX TAB	200
<b>X</b>		50-100MG		ZANOSAR INJ	80
XACIATO GEL	239	XDEMVY OPHTH SOLN	208	ZARONTIN CAP	42
XADAGO TAB	100	XELJANZ SOLN	6	ZARONTIN SOLN	42
XALATAN OPHTH SOLN	215	XELJANZ TAB	6	ZARXIO INJ	177
		XELJANZ XR TAB	6		

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

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

ALPHABETICAL LISTING OF DRUGS

ZAVZPRET NASAL SPRAY	188	ZOCOR TAB	65	ZYLOPRIM TAB	172
ZEGALOGUE INJ	51	ZOFRAN ODT	58	ZYMAXID OPHTH SOLN	208
ZEGERID CAP OTC	233	ZOFRAN SOLN	58	ZYPREXA TAB	104
ZEJULA CAP	96	ZOFRAN TAB	58	ZYPREXA ZYDIS TAB	104
ZEJULA TAB	97	ZOKINVY CAP	194	ZYRTEC CHILD CHEW TAB	61
ZELAPAR ODT	100	ZOLINZA CAP	97	ZYVOX SUSP	76
ZELBORAF TAB	97	zolmitriptan tab	190	ZYVOX TAB	76
ZEMPLAR CAP	161	ZOLOFT CONC	46		
ZEPBOUND INJ	3	ZOLOFT TAB	46		
ZEPOSIA CAP	225	zolpidem ER tab	180		
ZEPOSIA STARTER PACK	225	zolpidem tab	179		
ZESTORETIC TAB	72	ZONEGRAN CAP	39		
ZETONNA NASAL SPRAY	202	ZONISADE SUSP	39		
ZIAC TAB	72	zonisamide cap	39		
zidovudine cap	110	ZONTIVITY TAB	175		
zidovudine syrup	110	ZORYVE CREAM	142		
zidovudine tab	110	ZOVIRAX CAP	113		
ZILBRYSQ INJ	173	ZOVIRAX SUSP	113		
ZILBRYSQ INJ 23MG	173	ZOVIRAX TAB	113		
ZILBRYSQ INJ 32.4MG	174	ZTALMY SUSP	39		
ZIMHI SOLN	57	ZURZUVAE CAP 20MG, 25MG	44		
ziprasidone cap	102	ZURZUVAE CAP 30MG	44		
ZIRGAN OPHTH GEL	208	ZUTRIPRO LIQUID	135		
ZITHROMAX POWDER PACK	183	ZYDELIG TAB	97		
ZITHROMAX SUSP	183	ZYKADIA CAP	97		
ZITHROMAX TAB	183	ZYKADIA TAB	97		
		ZYLET OPHTH SUSP	212		

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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PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
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ST	Step Therapy	VAC	Vaccine Program		

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

**10/1/2024**

**Search Tip:**

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

**NC** =Not Covered

**generic** =small letters

**BRANDS** =CAPITAL LETTERS

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

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

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

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

Symbols and abbreviations are defined on page 1.

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

Symbols and abbreviations are defined on page 1.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
BALEODAQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAVENCIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
bendamustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDAMUSTINE SOL	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F	OPHTHALMIC AGENTS
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BICILLIN C-R INJ	-	F	PENICILLINS
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLINCYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bortezomib inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX COSMETIC INJ	-	EXC	DERMATOLOGICALS
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS

Symbols and abbreviations are defined on page 1.



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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
butorphanol inj	-	F	ANALGESICS - OPIOID
BYOOVIZ INJ (QL= 1 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CABENUVA SUSP (QL=1 kit/month)	QL	F	ANTIVIRALS
calcium gluconate inj	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
CEFAZOLIN INJ	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
CEFEPIME INJ	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS
cefotetan inj	-	F	CEPHALOSPORINS
cefoxitin inj	-	F	CEPHALOSPORINS
ceftazidime inj	-	F	CEPHALOSPORINS
CEFTRIAZONE INJ	-	F	CEPHALOSPORINS
CEFTRIAZONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS

Symbols and abbreviations are defined on page 1.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ (QL= 6 vials/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
cisplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CISPLATIN INJ 50MG/50ML	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COAGADEX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COPPER INJ	-	F	MINERALS & ELECTROLYTES
CORIFACT KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CRYSVITA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
cupric chloride inj (COPPER equiv)	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cytarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
DANYELZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARZALEX SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN FASPRO	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAUNORUBICIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES
desmopressin (DDAVP) inj	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	F	CORTICOSTEROIDS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
dextrose inj	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NAACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
diazepam inj	-	F	ANTI-ANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
diltiazem inj	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
DOBUTAMINE/D5W INJ	-	F	CARDIOTONICS
docetaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	CARDIOTONICS
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin hcl inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOXORUBICIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline hyclate inj	-	F	TETRACYCLINES
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
edaravone inj (RADICAVA equiv)	-	NC	NEUROMUSCULAR AGENTS
ELAHERE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
electrolyte-a solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
ELELYSO INJ	PA	F	HEMATOPOIETIC AGENTS
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ELFABRIO SOL	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELZONRIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENJAYMO SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
EPINEPHRINE INJ	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 4MG/0.8ML (QL= 2 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eribulin mesylate inj (HALAVEN INJ equiv)	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	NC	MACROLIDES
erythromycin inj	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ESPEROCT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
EUFLEXXA	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ	PA	F	ANTIHYPERTENSIVES
EXONDYS 51 SOLN	-	EXC	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ (QL= 1 inj/56 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA INJ 10MG/0.5ML (QL= 1 inj/56 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FEIBA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
FERAHEME INJ	-	NC	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
ferumoxytol inj	-	F	HEMATOPOIETIC AGENTS
FIBRYGA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRMAGON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLEBOGAMMA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
FLOLAN INJ, VELETRI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
fluconazole/nacl inj	-	F	ANTIFUNGALS
fludarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
folic acid inj	-	F	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS

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foscarnet sodium inj	-	F	ANTIVIRALS
FOSCAVIR INJ	-	NC	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
furosemide inj	-	F	DIURETICS
FYARRO SUSP	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAMASTAN INJ	-	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMIFANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAGARD SD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ganciclovir inj	-	F	ANTIVIRALS
GAZYVA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEL-ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GEMCITABINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NAACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ, KOATE-DVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HEPAGAM B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
heparin sodium inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
heparin sodium/nacl inj	-	F	ANTICOAGULANTS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HUMATE-P INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ibandronate sodium inj (BONIVA equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION SOLN	-	NC	HEMATOLOGICAL AGENTS - MISC.
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFOSFAMIDE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA SOLN	-	NC	DERMATOLOGICALS
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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IMJUDO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMLYGIC INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC
INFLIXIMAB INJ	PA	F	GASTROINTESTINAL AGENTS - MISC
INFUGEM SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS
INVEGA HAFYERA INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
irinotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F	OPHTHALMIC AGENTS
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
JEVTANA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JIVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANUMA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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KCENTRA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/DEXTROSE/NACL INJ	-	F	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	NC	MINERALS & ELECTROLYTES
KEPIVANCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KIMMTRAK SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KORSUVA INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F	GOUT AGENTS
KYMRIAH SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
lacosamide iv inj	-	F	ANTICONVULSANTS
lactated ringers inj	-	F	MINERALS & ELECTROLYTES
LAMZEDE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANTIDRA INJ	-	EXC	ANTIDIABETICS
LARTRUVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LENMELDY INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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LEQEMBI SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEUCOVORIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONVULSANTS
levofloxacin inj	-	F	FLUOROQUINOLONES
levofloxacin/d5w inj	-	F	FLUOROQUINOLONES
levoleucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levoleucovorin inj (FUSILEV equiv)	--PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOLEUCOVORIN SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOTHYROXINE INJ	-	EXC	THYROID AGENTS
levothyroxine inj	-	F	THYROID AGENTS
LIBTAYO INJ (QL= 1 vial/3 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL
lincomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
LINEZOLID IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
LIOTHYRONINE INJ	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
LOQTORZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lorazepam inj	-	F	ANTI-ANXIETY AGENTS
LUNSUMIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ (QL= 1 kit/28 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 22.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LUPRON DEPOT INJ 30MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 45MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 7.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUTATHERA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F	OPHTHALMIC AGENTS
LYFGENIA SUSP	-	EXC	HEMATOPOIETIC AGENTS
MAGNESIUM SU INJ	-	EXC	MINERALS & ELECTROLYTES
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARGENZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARQIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj (MESNEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC.
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
micafungin inj	-	F	ANTIFUNGALS
milrinone inj	-	F	CARDIOTONICS
MINOCIN INJ	-	F	TETRACYCLINES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mitomycin inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOFERRIC INJ	-	F	HEMATOPOIETIC AGENTS
MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
MORPHINE SULFATE 10MG/ML PF INJ	-	F	ANALGESICS - OPIOID
morphine sulfate inj	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	NC	HEMATOPOIETIC AGENTS
MULT ELECTRO INJ PH	-	F	MINERALS & ELECTROLYTES
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYLOTARG INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYOZYME/LUMIZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nafcillin inj	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nelarabine iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
NEXVIAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NIPENT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
NOVOEIGHT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NOVOSEVEN RT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	PA	F	HEMATOPOIETIC AGENTS

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NUCALA INJ (QL= 1 vial/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULIBRY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULOJIX INJ	-	F	ASSORTED CLASSES
NUWIQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
OGIVRI INJ (Restricted to Oncology or Hematolog Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OMISIRGE SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONCASPAR INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFTRAN) inj	-	NC	ANTIEMETICS
ONDANSETRON INJ	-	F	ANTIEMETICS
ONIVYDE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN (QL= 2 vials/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPFOLDA CAP	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORENCIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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OXLUMO INJ	PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PADCEV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PALONOSETRON INJ	-	F	ANTIEMETICS
palonosetron inj (Restricted to Oncology or Hematology specialist)	--RS	F	ANTIEMETICS
pamidronate inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
pemetrexed disodium for iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
PEPAXTO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PFIZERPEN-G INJ	-	F	PENICILLINS
PHENYTOIN INJ	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	RS	F	HEMATOPOIETIC AGENTS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
POMBILITI SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
POTASSIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AGENTS
PROCAINAMIDE INJ	-	F	ANTIARRHYTHMICS
prochlorperazine inj	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F	NEUROMUSCULAR AGENTS
QUADRAMET INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.



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RADICAVA INJ	-	NC	NEUROMUSCULAR AGENTS
REBINYN SOL	-	NC	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	PA	F	HEMATOPOIETIC AGENTS
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC
REMODULIN INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	-	NC	GASTROINTESTINAL AGENTS - MISC
RETISERT IMPLANT	-	NC	OPHTHALMIC AGENTS
REVCOVI INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROCTAVIAN INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
romidepsin for iv inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMIDEPSIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES

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SARCLISA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCENESSE IMP (QL=1 implant/56 days)	-	EXC	DERMATOLOGICALS
selenious acid inj (SELENIUM equiv)	-	F	MINERALS & ELECTROLYTES
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SEVENFACT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
SKYRIZI SOLN (QL=1 vial per 28 days with up to 4 fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SMOFLIPID EMULSION	-	F	NUTRIENTS
SODIUM BICARBONATE INJ	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTIDOTES
SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE INJ (QL= 1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMATULINE INJ	PA-QL	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F	DERMATOLOGICALS
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
STELARA IV INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
STERILE DILUENT SOLN	-	F	PHARMACEUTICAL ADJUVANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
STRONTIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTIVIRALS
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F	OPHTHALMIC AGENTS
SYFOVRE INJ (QL= 2 vials/25 days )	PA-QL	F	OPHTHALMIC AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
TEMODAR IV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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TEPEZZA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TOBRAMYCIN INJ	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETTEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRIESENCE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ (QL= 1 vial/4 weeks)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TZIELD INJ (QL= 14 vials/month)	PA-QL	F	ANTIDIABETICS
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPLIZNA SOLN (QL= 3 vials/6 months)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
valrubicin inj (QL= 24 vials/3 months)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANCOMYCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VECTIBIX IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ, BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
VEOPOZ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VIDAZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VILTEPSO SOLN	-	EXC	NEUROMUSCULAR AGENTS
VIMIZIM INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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VISCO-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISUDYNE INJ	PA	F	OPHTHALMIC AGENTS
vitamin K1 inj	-	F	VITAMINS
VONVENDI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
voriconazole inj	-	F	ANTIFUNGALS
VPRIV INJ	PA	F	HEMATOPOIETIC AGENTS
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F	DERMATOLOGICALS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS
VYVGART HYTRULO INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYXEOS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
XENPOZYME SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAHA INJ	-	F	TETRACYCLINES
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XIAFLEX INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
XIPERE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
XOFIGO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XOLAIR INJ (QL= 2 vials/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES

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ZEPZELCA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERBAXA INJ	-	F	CEPHALOSPORINS
zinc chloride inj	-	F	MINERALS & ELECTROLYTES
ZINC CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
ZINPLAVA SOLN	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zoledronic acid inj (ZOMETA INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid IV soln (RECLAST INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYNLONTA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.

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

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

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DrugName	Special Code	Tier
<b>ANTIARRHYTHMICS Cont.</b>		
NEXTERONE INJ/AMIODARONE INJ	-	F
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
CINQAIR INJ (QL= 6 vials/28 days)	PA-QL	F
FASENRA INJ (QL= 1 inj/56 days)	PA-QL	F
FASENRA INJ 10MG/0.5ML (QL= 1 inj/56 days)	PA-QL	F
NUCALA INJ (QL= 1 vial/28 days)	PA-QL	F
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F
XOLAIR INJ (QL= 2 vials/28 days)	PA-QL	F
<b>SYMPATHOMIMETICS</b>		
terbutaline inj (BRETHINE INJ equiv)	-	F
<b>XANTHINES</b>		
aminophylline inj	-	F
<b>ANTICOAGULANTS</b>		
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin lock flush soln	-	F
heparin sodium inj	-	F
HEPARIN SODIUM/D5W INJ	-	F
heparin sodium/nacl inj	-	F
<b>THROMBIN INHIBITORS</b>		
ARGATROBAN INJ	-	F
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS - MISC.</b>		
lacosamide iv inj	-	F
levetiracetam inj	-	F
<b>HYDANTOINS</b>		
fosphenytoin inj	-	F
phenytoin inj	-	F
<b>VALPROIC ACID</b>		
valproate inj	-	F
<b>ANTIDEPRESSANTS</b>		
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO SOLN	PA	F
<b>ANTIDIABETICS</b>		
<b>ANTIDIABETIC - CELLULAR THERAPY</b>		
LANTIDRA INJ	-	EXC
<b>ANTIDIABETIC-ANTIBODIES</b>		
TZIELD INJ (QL= 14 vials/month)	PA-QL	F
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		

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

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

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Symbols and abbreviations are defined on page 1.

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

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
BENDAMUSTINE SOL	PA	F
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	PA	F
cisplatin inj	-	F
CISPLATIN INJ 50MG/50ML	-	F
cyclophosphamide inj	-	F
IFEX INJ	-	F
IFOSFAMIDE INJ	-	F
melphalan inj	-	F
oxaliplatin inj	-	F
TEMODAR IV INJ	PA	F
thiotepa inj	-	F
YONDELIS INJ	PA	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN	PA	F
CARMUSTINE INJ	-	NC
PEPAXTO INJ	-	NC
<b>ANTIMETABOLITES</b>		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
CYTARABINE INJ	-	F
decitabine inj	PA	F
fludarabine inj	-	F
fluorouracil inj	-	F
FOLOTYN INJ	-	F
GEMCITABINE INJ	-	F
nelarabine iv soln	PA	F
pemetrexed disodium for iv soln	PA	F
ALIMTA INJ	-	NC
ARRANON INJ	-	NC
INFUGEM SOLN	-	NC
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC
VIDAZA INJ	-	NC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
BESPONSА INJ	PA	F
BLINCYTO INJ	PA	F
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F
DARZALEX SOLN	PA	F
ELAHERE INJ	PA	F
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F
ENHERTU INJ	PA	F
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F
EPKINLY INJ 4MG/0.8ML (QL= 2 vials/365 days)	PA-QL	F
GAZYVA INJ	PA	F
IMFINZI INJ	PA	F
IMJUDO INJ	PA	F
JEMPERLI SOLN	PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
KIMMTRAK SOLN	PA	F
LIBTAYO INJ (QL= 1 vial/3 weeks)	PA-QL	F
LOQTORZI INJ	PA	F
LUNSUMIO INJ	PA	F
MONJUVI INJ	PA	F
MYLOTARG INJ	PA	F
OPDIVO INJ	PA	F
PADCEV INJ	PA	F
POLIVY INJ	PA	F
POTELIGEO INJ	PA	F
RUXIENCE INJ	PA	F
RYBREVANT SOLN	PA	F
SARCLISA SOLN	PA	F
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	PA-QL	F
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	PA-QL	F

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	F
TRUXIMA INJ	PA	F
YERVOY INJ	PA	F
ZYNLONTA SOLN	PA	F
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F
CAMPATH INJ	-	NC
DANYELZA INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
UNITUXIN INJ	-	NC
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
MARGENZA INJ	PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC
ONTRUZANT INJ	-	NC
<b>ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY</b>		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
OMISIRGE SUS	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC
BREYANZI INJ	-	NC
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
ERBITUX INJ	PA	F
VECTIBIX IV SOLN	PA	F
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F
FIRMAGON INJ	-	NC
LUPRON DEPOT INJ 22.5MG	-	NC
LUPRON DEPOT INJ 30MG	-	NC
LUPRON DEPOT INJ 45MG	-	NC
LUPRON DEPOT INJ 7.5MG	-	NC
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
LARTRUVO INJ	PA	F
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
DOXORUBICIN INJ	-	EXC
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
DAUNORUBICIN INJ	-	F
doxorubicin hcl inj	-	F
epirubicin inj	-	F
idarubicin inj	-	F
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	F
lipodox inj	-	F
mitomycin inj	PA	F
mitoxantron inj	-	F
valrubicin inj (QL= 24 vials/3 months)	PA-QL	F
<b>ANTINEOPLASTIC COMBINATIONS</b>		
DARZALEX SOLN FASPRO	PA	F
OPDUALAG SOLN (QL= 2 vials/4 weeks)	PA-QL	F
VYXEOS INJ	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
BALEODAQ INJ	PA	F
bortezomib inj	PA	F
FYARRO SUSP	PA	F
KYPROLIS SOLN	PA	F
romidepsin for iv inj	PA	F
ROMIDEPSIN INJ	PA	F
temsirolimus soln	-	F

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

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ABRAXANE INJ	PA	F
docetaxel inj	-	F
docetaxel IV soln	-	F
eribulin mesylate inj (HALAVEN INJ equiv)	PA	F
ETOPOPHOS INJ	-	F
etoposide inj	-	F
IXEMPRA KIT INJ	PA	F
JEVTANA INJ	PA	F
paclitaxel inj	-	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
vincristine inj	-	F
vinorelbine inj	-	F
MARQIBO INJ	-	NC
<b>ONCOLYTIC VIRAL AGENTS</b>		
IMLYGIC INJ	-	EXC
<b>TOPOISOMERASE I INHIBITORS</b>		
IRINOTECAN INJ	-	F
ONIVYDE INJ	PA	F
topotecan inj	-	F
TRODELVY SOLN	PA	F
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine inj	-	F
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>BENZISOXAZOLES</b>		
INVEGA HAFYERA INJ	-	F
<b>PHENOTHIAZINES</b>		
PROCHLORPERAZINE INJ	-	F
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
APRETUDE SUSP (QL=7 inj/year)	QL	F
CABENUVA SUSP (QL=1 kit/month)	QL	F
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10QL-RS vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F
<b>CMV AGENTS</b>		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F

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

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<b>CEPHALOSPORINS Cont.</b>		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
CEFAZOLIN INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFOTETAN INJ	-	F
cefoxitin inj	-	F
cefuroxime inj	-	F
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefotaxime inj	-	F
ceftazidime inj	-	F
CEFTRIAXONE INJ	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
cefepime inj	-	F
CEFEPIME IV SOLN	-	F
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO INJ	-	F
<b>CONTRACEPTIVES</b>		
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
dexamethasone sodium phosphate inj	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
<b>DERMATOLOGICALS</b>		
<b>ANTIPSORIATICS</b>		
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F
ILUMYA SOLN	-	NC
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		

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<b>DERMATOLOGICALS Cont.</b>		
BOTOX COSMETIC INJ	-	EXC
JEUVEAU INJ	-	EXC
<b>PROTECTIVES AGAINST UV RADIATION</b>		
SCENESSE IMP (QL=1 implant/56 days)	-	EXC
<b>WOUND CARE PRODUCTS</b>		
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F
<b>DIURETICS</b>		
<b>LOOP DIURETICS</b>		
furosemide inj	-	F
<b>OSMOTIC DIURETICS</b>		
mannitol inj	-	F
OSMITROL INJ	-	F
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
EVENITY INJ	PA	F
ibandronate sodium inj (BONIVA equiv)	-	F
PAMIDRONATE INJ	-	F
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F
XGEVA INJ	PA	F
zoledronic acid inj (ZOMETETA INJ equiv)	-	F
zoledronic acid IV soln (RECLAST INJ equiv)	-	F
BONIVA INJ	-	NC
PAMIDRONATE INJ	-	NC
RECLAST INJ	-	NC
ZOMETETA INJ	-	NC
<b>CORTICOTROPIN</b>		
ACTHAR HP GEL INJ	-	NC
CORTROPHIN INJ GEL	-	NC
<b>INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS</b>		
TEPEZZA INJ	PA	F
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPO-PED INJ (QL= 1 kit/28 days)	F-PA-QL	F
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F
SUPPRELIN LA KIT	-	NC
<b>METABOLIC MODIFIERS</b>		

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
ALDURAZYME INJ	PA	F
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F
CRYSVITA INJ	PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	PA	F
ELFABRIO SOL	PA	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
KANUMA INJ	PA	F
LAMZEDE INJ	PA	F
MYOZYME/LUMIZYME INJ	PA	F
NAGLAZYME INJ	PA	F
NEXVIAZYME INJ	PA	F
NULIBRY INJ	PA	F
OPFOLDA CAP	PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
POMBILITI SOLN	PA	F
REVCOVI INJ	PA	F
VIMIZIM INJ	PA	F
XENPOZYME SOLN	PA	F
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin (DDAVP) inj	PA	F
<b>SOMATOSTATIC AGENTS</b>		
lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 day)	PA-QL	F
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F
SOMATULINE INJ (QL= 1 syringe/28 days)	PA-QL	F
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F
SOMATULINE INJ	-	NC
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide inj	-	F
<b>INFLAMMATORY BOWEL AGENTS</b>		

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DrugName	Special Code	Tier
<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
AVSOLA INJ	PA	F
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F
INFLIXIMAB INJ	PA	F
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F
STELARA IV INJ	PA	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
RENFLEXIS INJ	-	NC
<b>LIVE FECAL MICROBIOTA</b>		
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>HYPEROXALURIA AGENTS</b>		
OXLUMO INJ	PA	F
<b>GOUT AGENTS</b>		
<b>GOUT AGENTS</b>		
allopurinol inj	-	F
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>		
GIVLAARI INJ	PA	F
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADYNOVATE INJ	PA	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
ALTUVIIIIO INJ	PA	F
ESPEROCT INJ	PA	F
FEIBA INJ	PA	F
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F
HUMATE-P INJ	PA	F
NOVOSEVEN RT INJ	PA	F
ROCTAVIAN INJ (QL= 1 kit/lifetime)	PA-QL	F
SEVENFACT INJ	PA	F
VONVENDI INJ	PA	F
WILATE INJ	PA	F
ADVATE INJ, KOVALTRY INJ	-	NC
AFSTYLA KIT	-	NC
ALPHANATE INJ, HUMATE-P INJ	-	NC
ALPHANINE SD INJ, MONONINE INJ	-	NC
ALPROLIX INJ	-	NC
BENEFIX INJ	-	NC
COAGADEX INJ	-	NC
CORIFACT KIT	-	NC

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
ELOCTATE INJ	-	NC
FIBRYGA INJ	-	NC
HEMOFIL M INJ, KOATE-DVI INJ	-	NC
IDELVION SOLN	-	NC
IXINITY INJ, RIXUBIS INJ	-	NC
JIVI INJ	-	NC
KCENTRA KIT	-	NC
KOGENATE FS INJ	-	NC
NOVOEIGHT INJ	-	NC
NUWIQ INJ	-	NC
OBIZUR INJ	-	NC
PROFILNINE INJ	-	NC
REBINYN SOL	-	NC
RECOMBINATE INJ	-	NC
TRETTEN INJ	-	NC
XYNTHA INJ	-	NC
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
ENJAYMO SOLN	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
VEOPOZ INJ	-	NC
<b>HEMATOLOGICAL ENZYMES - MISC</b>		
ADZYNMA KIT	PA	F
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR INJ	PA	F
<b>PLASMA PROTEINS</b>		
ALBUMINAR INJ	-	F
RYPLAZIM SOLN	PA	F
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE INJ	-	F
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CEREZYME INJ	PA	F
ELELYSO INJ	PA	F
VPRIV INJ	PA	F
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
CASGEVY INJ	-	EXC

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

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DrugName	Special Code	Tier
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
<b>ELECTROLYTE MIXTURES</b>		
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
electrolyte-a solution (PLASMA-LYTE equiv)	-	F
IONOSOL-MB INJ D5W	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W/LR INJ	-	F
KCL/DEXTROSE/NACL INJ	-	F
LACTATED RINGERS INJ	-	F
MULT ELECTRO INJ PH	-	F
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
KCL/NACL INJ	-	NC
<b>MAGNESIUM</b>		
MAGNESIUM SU INJ	-	EXC
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
<b>MANGANESE</b>		
MANGANESE SULFATE INJ	-	F
<b>PHOSPHATE</b>		
POTASSIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
<b>POTASSIUM</b>		
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE INJ	-	NC
<b>SODIUM</b>		
sodium chloride inj	-	F

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DrugName	Special Code	Tier
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
<b>TRACE MINERALS</b>		
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
selenious acid inj (SELENIUM equiv)	-	F
SELENIUM INJ	-	F
<b>ZINC</b>		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>ENZYMES</b>		
XIAFLEX INJ	PA	F
<b>IMMUNOMODULATORS</b>		
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F
VYVGART HYTRULO INJ	PA	F
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
AZATHIOPRINE INJ	-	F
GAMIFANT INJ	PA	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN (QL= 3 vials/6 months)	PA-QL	F
<b>LYMPHATIC AGENTS</b>		
SYLVANT INJ	PA	F
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
<b>UREMIC PRURITUS AGENTS</b>		
KORSUVA INJ	PA	F
<b>MULTIVITAMINS</b>		
<b>MULTIVITAMINS</b>		
INFUVITE INJ	-	F
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
INFUVITE INJ	-	F
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>VISCOSUPPLEMENTS</b>		
DUROLANE	PA	F
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL STEROIDS</b>		
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F
edaravone inj (RADICAVA equiv)	-	NC
RADICAVA INJ	-	NC
<b>MUSCULAR DYSTROPHY AGENTS</b>		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX INJ	PA	F
DYSPORT	PA	F
XEOMIN INJ	PA	F
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
DEXTROSE INJ	-	F
<b>LIPIDS</b>		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
<b>PROTEINS</b>		
AMINOSYN II INJ	-	F

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<b>NUTRIENTS Cont.</b>		
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BYOOVIZ INJ (QL= 1 inj/eye/28 days)	PA-QL	F
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F
<b>OPHTHALMIC COMPLEMENT INHIBITORS</b>		
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F
SYFOVRE INJ (QL= 2 vials/25 days )	PA-QL	F
<b>OPHTHALMIC GENE THERAPY</b>		
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F
<b>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</b>		
VISUDYNE INJ	PA	F
<b>OPHTHALMIC STEROIDS</b>		
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F
TRIESENCE INJ (QL=2 inj/fill)	QL	F
XIPERE INJ (QL=2 inj/fill)	QL	F
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F
RETISERT IMPLANT	-	NC
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
PRIVIGEN INJ	PA	F
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CARIMUNE NANOFILTERED INJ	PA	F

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<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.</b>		
FLEBOGAMMA INJ	PA	F
GAMASTAN INJ	-	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F
HYPERHEP B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ	PA	F
ZINPLAVA SOLN	PA	F
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
ampicillin inj	-	F
<b>NATURAL PENICILLINS</b>		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
<b>PENICILLIN COMBINATIONS</b>		
ampicillin/sulbactam inj	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
BACTOCILL/DEXTROSE INJ	-	F
NAFCILLIN INJ	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>LIQUID VEHICLES</b>		
STERILE DILUENT SOLN	-	F
sterile water for inj	-	F
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
progesterone IM inj	-	F
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>ANTIDEMENTIA AGENTS</b>		
ADUHELM INJ	-	EXC

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DrugName	Special Code	Tier
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
LEQEMBI SOLN	PA	F
<b>CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS</b>		
SKYSONA INJ	-	EXC
<b>METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS</b>		
LENMELDY INJ	-	EXC
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F
OCREVUS INJ	PA	F
TYSABRI INJ (QL= 1 vial/4 weeks)	PA-QL	F
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F
ONPATTRO SOLN	PA	F
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
<b>TETRACYCLINES</b>		
<b>FLUOROCYCLINES</b>		
XERAVA INJ	-	F
<b>GLYCYLCYCLINES</b>		
tigecycline inj	-	F
<b>TETRACYCLINES</b>		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
<b>THYROID AGENTS</b>		
<b>THYROID HORMONES</b>		
LEVOTHYROXINE INJ	-	EXC
levothyroxine inj	-	F
LIOthyRONINE INJ	-	F
<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		
atropine sulfate iv soln	-	F
<b>H-2 ANTAGONISTS</b>		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
ATROPINE SULFATE INJ	-	F

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

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**L.A. Care Home Infusion List  
Prior Authorization Drug List  
Last Updated\* 10/1/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABRAXANE INJ	F
ACTEMRA INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADYNOVATE INJ	F
ADZYNMA KIT	F
ALDURAZYME INJ	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	F
ALTUVIIIO INJ	F
AMVUTTRA SOLN	F
ARALAST NP INJ	F
arsenic trioxide inj	F
ARZERRA INJ	F
ASPARLAS INJ	F
AVSOLA INJ	F
azacitidine inj	F
BALEODAQ INJ	F
BAVENCIO INJ	F
BENDAMUSTINE SOL	F
BENDEKA INJ	F
BENLYSTA IV SOLN	F
BEOVU INJ	F
BERINERT INJ	F
BESPONSA INJ	F
BLINCYTO INJ	F
bortezomib inj	F
BOTOX INJ	F
BRINEURA KIT	F
BYOOVIZ INJ	F
CARIMUNE NANOFILTERED INJ	F
carmustine inj	F
CEREZYME INJ	F
CIMERLI INJ	F
CINQAIR INJ	F
CINRYZE INJ	F
COLUMVI 10/10ML INJ	F
COLUMVI 2.5MG INJ	F

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

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

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
FYARRO SUSP	F
GAMIFANT INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GAZYVA INJ	F
GIVLAARI INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F
HEMGENIX INJ	F
HEPAGAM B INJ	F
HUMATE-P INJ	F
HYPERHEP B INJ	F
ILARIS INJ	F
IMFINZI INJ	F
IMJUDO INJ	F
INFLIXIMAB INJ	F
IXEMPRA KIT INJ	F
IZERVAY SOLN	F
JELMYTO INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KANUMA INJ	F
KEPIVANCE INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KHAPZORY SOLN	F
KIMMTRAK SOLN	F
KORSUVA INJ	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
LAMZEDE INJ	F
Ianreotide acetate extended release inj	F
LARTRUVO INJ	F
LEMTRADA INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 10/1/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
LEQEMBI SOLN	F
levoleucovorin inj	F
LEVOLEUCOVORIN SOLN	F
LIBTAYO INJ	F
LOQTORZI INJ	F
LUNSUMIO INJ	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ 11.25 MG	F
LUPRON DEPOT INJ 3.75 MG	F
LUXTURNA SUSP	F
MARGENZA INJ	F
mitomycin inj	F
MONJUVI INJ	F
MYLOTARG INJ	F
MYOZYME/LUMIZYME INJ	F
NAGLAZYME INJ	F
nelarabine iv soln	F
NEXVIAZYME INJ	F
NIPENT INJ	F
NOVOSEVEN RT INJ	F
NPLATE INJ	F
NUCALA INJ	F
NULIBRY INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
ONCASPAR INJ	F
ONIVYDE INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
OPDUALAG SOLN	F
OPFOLDA CAP	F
ORENCIA INJ	F
OXLUMO INJ	F
PADCEV INJ	F
PANZYGA INJ	F
pemetrexed disodium for iv soln	F
PERJETA INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 10/1/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
POLIVY INJ	F
POMBILITI SOLN	F
POTELIGEO INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
QALSODY SOL	F
REBLOZYL INJ	F
REBYOTA SUSP FECAL	F
REVCOVI INJ	F
ROCTAVIAN INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
RYPLAZIM SOLN	F
RYSTIGGO INJ	F
SANDOSTATIN LAR DEPOT KIT	F
SAPHNELO SOLN	F
SARCLISA SOLN	F
SEVENFACT INJ	F
SIGNIFOR LAR INJ	F
SIMPONI ARIA INJ	F
SINUVA 1350 MCG IMP	F
SKYRIZI SOLN	F
SOLIRIS IV SOLN	F
SOMATULINE INJ	F
SPEVIGO INJ	F
SPINRAZA INJ	F
SPRAVATO SOLN	F
STELARA IV INJ	F
SUSVIMO INJ	F
SYFOVRE INJ	F
SYLVANT INJ	F
SYNAGIS INJ	F
TECENTRIQ INJ 1200MG/20ML	F
TECENTRIQ INJ 840MG/14ML	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 10/1/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
TEMODAR IV INJ	F
TEPEZZA INJ	F
TEZSPIRE SOLN	F
THYROGEN INJ	F
TIVDAK INJ	F
TRELSTAR INJ 11.25MG	F
TRELSTAR INJ 22.5MG	F
TRELSTAR INJ 3.75MG	F
treprostinil inj	F
TRIPTODUR SUSP	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
TZIELD INJ	F
ULTOMIRIS INJ	F
UPLIZNA SOLN	F
valrubicin inj	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
VONVENDI INJ	F
VPRIV INJ	F
VYJUVEK GEL	F
VYVGART HYTRULO INJ	F
VYVGART INJ	F
VYXEOS INJ	F
WILATE INJ	F
XENPOZYME SOLN	F
XEOMIN INJ	F
XGEVA INJ	F
XIAFLEX INJ	F
XOLAIR INJ	F
YERVOY INJ	F
YONDELIS INJ	F
ZALTRAP INJ	F
ZEPZELCA SOLN	F
ZINPLAVA SOLN	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 10/1/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ZOLADEX INJ 10.8 MG	F
ZOLADEX INJ 3.6 MG	F
ZOLGENSMA INJ	F
ZYNLONTA SOLN	F
ZYNYZ INJ	F

Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

Last Updated\* 10/1/2024

### Quantity Limit (QL)

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

#### Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
AMVUTTRA SOLN	QL=1 syringe/90 days
APRETUDE SUSP	QL=7 inj/year
BEOVU INJ	QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days
BRINEURA KIT	QL=4 kits/28 days
BRIUMVI INJ	QL= 7 vials/48 weeks
BYOOVIZ INJ	QL= 1 inj/eye/28 days
CABENUVA SUSP	QL=1 kit/month
CIMERLI INJ	QL= 1 inj/eye/28 days
CINQAIR INJ	QL= 6 vials/28 days
COLUMVI 10/10ML INJ	QL= 3 vials/21 days
COLUMVI 2.5MG INJ	QL= 1 vial/21 days
ELEVIDYS KIT	QL= 1 kit/lifetime
ELIGARD INJ 22.5 MG	QL= 1 kit/84 days
ELIGARD INJ 30 MG	QL= 1 kit/112 days
ELIGARD INJ 45 MG	QL= 1 kit/168 days
ELIGARD INJ 7.5 MG	QL= 1 kit/28 days
ELREXFIO INJ 44MG/1.1ML	QL= 2 vials/365 days
ELREXFIO INJ 76MG/1.9ML	QL= 4 vials/28 days
ENTYVIO INJ	QL= 1 vial/56 days
EPKINLY INJ 48 MG/0.8ML	QL= 4 vials/28 days
EPKINLY INJ 4MG/0.8ML	QL= 2 vials/365 days
FASENRA INJ	QL= 1 inj/56 days
FASENRA INJ 10MG/0.5ML	QL= 1 inj/56 days
FIRMAGON INJ 120MG	QL=2 vials/fill
FIRMAGON INJ 80MG	QL=1 vial/28 days
HEMGENIX INJ	QL= 1 kit/lifetime
ILUVIEN IMPLANT	QL=2 inj/36 months
IZERVAY SOLN	QL= 2 vials/28 days
JELMYTO INJ	QL= 17 kits/425 days
KRYSTEXXA INJ	QL= 2 mL/28 days
Ianreotide acetate extended release inj	QL= 1 syringe/28 days
LEMTRADA INJ	QL= 3.6 mL/year
LIBTAYO INJ	QL= 1 vial/3 weeks
LUPRON DEPO-PED INJ	QL= 1 kit/28 days
LUPRON DEPOT INJ 11.25 MG	QL= 1 kit/84 days
LUPRON DEPOT INJ 3.75 MG	QL= 1 kit/28 days
LUXTURNA SUSP	QL=1 kit per eye, per lifetime

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.****Last Updated\* 10/1/2024****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
NUCALA INJ	QL= 1 vial/28 days
OPDUALAG SOLN	QL= 2 vials/4 weeks
OZURDEX IMPLANT	QL=2 inj/180 days
PERJETA INJ	QL= 42 mL/63 days
PROLIA SOLN	QL= 1 inj/6 months
QALSODY SOL	QL= 1 vial/28 days
REBYOTA SUSP FECAL	QL= 150 mL/lifetime
ROCTAVIAN INJ	QL= 1 kit/lifetime
RYSTIGGO INJ	QL= 36 ml/63 days
SANDOSTATIN LAR DEPOT KIT	QL=1 kit every 4 weeks
SAPHNELO SOLN	QL=2ml/28 days
SIGNIFOR LAR INJ	QL=1 kit/28 days
SINUVA 1350 MCG IMP	QL= 2 kits/90 days
SKYRIZI SOLN	QL=1 vial per 28 days with up to 3 fills per 6 months
SOMATULINE INJ	QL= 1 syringe/28 days
SPEVIGO INJ	QL=2 vials/fill, 4 vials/month
SPINRAZA INJ	QL= 1 vial/4 months
SUNLENCA INJ	QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist
SUSVIMO INJ	QL= 1 inj/eye/168 days
SYFOVRE INJ	QL= 2 vials/25 days
TECENTRIQ INJ 1200MG/20ML	QL= 1 vial/3 weeks
TECENTRIQ INJ 840MG/14ML	QL= 2 vials/4 weeks
TEZSPIRE SOLN	QL=1 inj/28 days
THYROGEN INJ	QL= 2 vials/lifetime
TIVDAK INJ	QL= 5 vials/21 days
TRELSTAR INJ 11.25MG	QL=1 kit/84 days
TRELSTAR INJ 22.5MG	QL=1 kit/168 days
TRELSTAR INJ 3.75MG	QL=1 kit/28 days
TRIESENCE INJ	QL=2 inj/fill
TRIPTODUR SUSP	QL=1 inj every 24 weeks
TROGARZO INJ	Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days
TYSABRI INJ	QL= 1 vial/4 weeks
TZIELD INJ	QL= 14 vials/month
UPLIZNA SOLN	QL= 3 vials/6 months
valrubicin inj	QL= 24 vials/3 months
VYJUVEK GEL	QL= 4 vials/28 days
VYVGART INJ	QL= 12 vials/28 days; 8 fills/year
XIPERE INJ	QL=2 inj/fill

Symbols and abbreviations are defined on page 1.



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

**Last Updated\* 10/1/2024**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
XOLAIR INJ	QL= 2 vials/28 days
YUTIQ IMPLANT	QL=2 inj/36 months
ZOLADEX INJ 10.8 MG	QL= 1 implant/84 days
ZOLADEX INJ 3.6 MG	QL= 1 implant/28 days
ZOLGENSMA INJ	QL= 1 kit/lifetime
ZYNYZ INJ	QL= 1 vial/28 days

Symbols and abbreviations are defined on page 1.



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