



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 All previous versions of the formulary are no longer in effect.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
<i>enoxaparin inj</i> 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 (<i>dalteparin sodium</i>)	3	

From the above example:

Generic Drug:

- ***enoxaparin inj***

Brand Drug:

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

Non-Formulary Medications

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

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

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

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

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

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

Benefit Coverage and Limitations

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

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

How to Find a Pharmacy

To find a pharmacy near you, visit the L.A. Care website at lacare.org to find a L.A. Care network pharmacy in your neighborhood. Click on each of the following:

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

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

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

Description of Coverage

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

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

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

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

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

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

How Much I Will Pay for My Drugs

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

Below is a description for each tier:

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

Cost-sharing of each tier is individualized by the type of plan. Please see the following link for the cost-sharing specific to your plan: <http://www.lacare.org/members/welcome-la-care/member-documents/la-care-covered>

Note: Member cost-share for oral anti-cancer drugs shall not exceed \$250 for a script of up to 30 days per state law

Restrictions on Medication Coverage

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

Symbol	Restriction	Description
INF	Infertility	Infertility drugs
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
VAC	Vaccine Program	Coverage is available through a vaccine program
LD	Limited Distribution	Coverage is available through a limited distributor or limited number of distributors
OTC	Over the Counter	Coverage of OTC medication
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
MSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
KMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
LMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
PA	Prior Authorization	Requires specific physician request process
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug
CO	Carve-Out	Drugs carved out by the Department of Health Care Services
EXC	Exclusion	Plan exclusion
SF	Split Fill	Limited to two 15 day fills per month for first 3 months

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

Medication Request Process

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

Formulary Agents

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

Non-Formulary Agents

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

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

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

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

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

Pharmacist and Physician Feedback

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Last Updated 12/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss		
AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss		
<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

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		

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

Last Updated 12/1/2024

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	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
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
ANTI-OBESITY AGENTS - Drugs to help weight loss		
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

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WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML <i>(semaglutide (weight management))</i>	2	PA-QL QL= 4 pens/28 days
ZEPBOUND INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML <i>(tirzepatide (weight management))</i>	2	PA-QL QL= 4 inj/28 days
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
<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	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG <i>(solriamfetol hcl)</i>	2	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders		
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
STIMULANTS - MISC. - Miscellaneous stimulant drugs		

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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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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 12/1/2024

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>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	-
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
<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
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
OLUMIANT TAB 1MG, 2MG, 4MG (<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
ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system		
RHEUMATREX TAB (<i>methotrexate sodium</i>) (<i>antirheumatic</i>)	3	-
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
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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ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO Equiv) (<i>adalimumab-fkjp</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML (HULIO Equiv) (<i>adalimumab-fkjp</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ (adalimumab-bwwd) 40MG/0.4ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) 40MG/0.8ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ (adalimumab-bwwd) 40MG/0.4ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) 40MG/0.8ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
SIMLANDI INJ (adalimumab-ryvk) 40MG/0.4ML (<i>adalimumab-ryvk</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML (<i>golimumab</i>)	4	LMSP-PA-QL QL=1 inj/28 days
SIMPONI INJ 100MG 100MG/ML (<i>golimumab</i>)	4	LMSP-PA-QL QL=1 inj/28 days
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML (<i>anakinra</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		

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KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (<i>sarilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
TYENNE INJ 162MG/0.9ML (<i>tocilizumab-aazg</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG (<i>diclofenac w/ misoprostol</i>)	3	-
CELEBREX CAP 100MG, 200MG, 400MG, 50MG (<i>celecoxib</i>)	3	-
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	1	-
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	1	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	1	-
<i>diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG</i> (ARTHROTEC Equiv)	1	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	1	-
<i>etodolac ER tab 400MG, 500MG, 600MG</i> (LODINE XL Equiv)	1	-
<i>etodolac tab 400MG, 500MG</i>	1	-
FELDENE CAP 10MG, 20MG (<i>piroxicam</i>)	3	-

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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 400MG, 600MG</i>	1	-
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	1	-
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	1	-
<i>ketorolac inj 15mg/ml 15MG/ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac inj 30mg/ml 30MG/ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
<i>mefenamic acid cap 250MG</i> (PONSTEL Equiv)	1	-
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	1	-
MOBIC TAB 15MG, 7.5MG (<i>meloxicam</i>)	3	-
MOTRIN SUSP 100MG/5ML, 50MG/1.25ML (<i>ibuprofen</i>)	3	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	1	-
NAPROSYN EC TAB 375MG (<i>naproxen</i>)	3	-
NAPROSYN TAB 500MG (<i>naproxen</i>)	3	-

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<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	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
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
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	1	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
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
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		

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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
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
<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	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
ABSTRAL SL TAB (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 units/30 days

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CODEINE SULFATE TAB 15MG 15MG (<i>codeine sulfate</i>)	1	QL QL= 240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG (<i>codeine sulfate</i>)	1	QL QL=180 tabs/30 days
<i>codeine sulfate tab 60mg</i>	1	QL QL=180 tabs/30 days
<i>codeine sulfate tablet 15mg, 30mg 30MG</i>	1	QL QL= 240 tabs/30 days
DILAUDID TAB 2MG 2MG (<i>hydromorphone hcl</i>)	3	QL QL= 240 tabs/30 days
DILAUDID TAB 4MG 4MG (<i>hydromorphone hcl</i>)	3	QL QL=180 tabs/30 days
DILAUDID TAB 8MG 8MG (<i>hydromorphone hcl</i>)	3	QL QL=120 tabs/30 days
FENTANYL BUCCAL TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 tabs/30 days
FENTANYL CITRATE LOLLIPOP 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	1	PA-QL QL= 120 lozenges/30 days
<i>fentanyl citrate lollipop 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG</i>	1	PA-QL QL= 120 lozenges/30 days

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<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	1	QL-ST QL=10 patches/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
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-ST QL=600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
METHADONE SOLN 10MG/5ML 10MG/5ML (<i>methadone hcl</i>)	1	QL-ST QL= 600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

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<i>methadone soln 10mg/5ml 10MG/5ML</i>	1	QL-ST QL= 600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
METHADONE SOLN 5MG/5ML 5MG/5ML (<i>methadone hcl</i>)	1	QL-ST QL=1200ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone soln 5mg/5ml 5MG/5ML</i>	1	QL-ST QL=1200ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	1	QL-ST QL=120 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<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-ST QL=600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

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<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	QL-ST QL= 90 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
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, 20MG/5ML, 20MG/ML</i>	1	QL QL=120ml/30 days
MORPHINE SULFATE TAB 15MG, 30MG (<i>morphine sulfate</i>)	1	QL QL=180 tabs/30 days
<i>morphine sulfate tab 15MG, 30MG</i>	1	QL QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG (<i>tapentadol hcl</i>)	3	QL QL= 180 tabs/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days

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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-ST QL= 30 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG (<i>tramadol hcl</i>)	1	QL-ST QL= 30 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<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
OPIOID COMBINATIONS - Drugs to treat pain		
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	1	QL QL=180 tabs/30 days
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML, 30MG/12.5ML-300MG/12.5ML (<i>acetaminophen w/ codeine</i>)	1	QL QL= 240ml/30 days

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

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<i>tramadol/acetaminophen tab 37.5MG-325MG</i> (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB (<i>acetaminophen w/ codeine</i>)	3	QL QL=180 tabs/30 days
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	1	QL-ST QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	1	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE Equiv)	1	-
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv)	1	-
<i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv)	1	QL QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR (<i>buprenorphine</i>)	3	QL-ST QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	3	-

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

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<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (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
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
CORTENEMA 100MG/60ML (<i>hydrocortisone (intrarectal)</i>)	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-

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RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	1	-
<i>pramoxine/hydrocortisone cream 1%-2.5%</i> (ANALPRAM-HC Equiv)	1	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
ANUSOL-HC CREAM 2.5% (<i>hydrocortisone (rectal)</i>)	3	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<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
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
<i>albendazole tab 200MG</i> (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG (<i>albendazole</i>)	3	-
BENZNIDAZOLE TAB 100MG, 12.5MG (<i>benznidazole</i>)	2	RS Restricted to Infectious Disease Specialist
BILTRICIDE TAB 600MG (<i>praziquantel</i>)	3	-
EMVERM TAB 100MG (<i>mebendazole</i>)	2	PA
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	1	-

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<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
STROMECTOL TAB 3MG (<i>ivermectin</i>)	3	-
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
RANEXA TAB 1000MG, 500MG (<i>ranolazine</i>)	3	-
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	1	-
NITRATES - Drugs to treat chest pain		
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	-
NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (<i>nitroglycerin</i>)	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR (<i>nitroglycerin</i>)	3	-
<i>nitroglycerin lingual spray .4MG/SPRAY</i> (NITROLINGUAL Equiv)	1	-

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

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<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	1	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	1	QL QL= 180ml/30 days
<i>diazepam oral soln 5mg/5ml 5MG/5ML</i> (DIAZEPAM Equiv)	1	QL QL= 180ml/30 days
<i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv)	1	QL QL= 4 tabs/day
<i>diazepam tab 5mg 5MG</i> (VALILUM Equiv)	1	QL QL= 3 tabs/day
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	1	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	1	-
VALIUM TAB 2MG, 10MG 10MG, 2MG (<i>diazepam</i>)	3	QL QL= 4 tabs/day
VALIUM TAB 5MG 5MG (<i>diazepam</i>)	3	QL QL= 3 tabs/day
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG (<i>disopyramide phosphate</i>)	3	-
<i>quinidine gluconate CR tab</i>	1	-
<i>quinidine sulfate tab 200MG, 300MG</i>	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	1	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
<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	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
<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	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG (<i>dofetilide</i>)	3	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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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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FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>)	4	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML (<i>tezepelumab-ekko</i>)	4	LMSP-PA-QL QL= 1 pen/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	1	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
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)
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
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	-
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
DALIRESP TAB 250MCG, 500MCG (<i>roflumilast</i>)	3	-
<i>roflumilast tab 250MCG, 500MCG</i> (DALIRESP Equiv)	1	-

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

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PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML (<i>budesonide (inhalation)</i>)	3	-
QVAR REDIHALER 40MCG/ACT, 80MCG/ACT (<i>beclomethasone dipropionate hfa</i>)	2	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
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	-
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR (<i>theophylline</i>)	2	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG (<i>theophylline</i>)	3	-
<i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv)	1	-
<i>theophylline soln 80MG/15ML</i>	1	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG (<i>theophylline</i>)	2	-

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<i>theophylline tab er 300MG, 450MG</i> (THEOPHYLLINE ER Equiv)	1	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
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	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
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	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
ARIXTRA INJ 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (<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	-
THROMBIN INHIBITORS - Drugs to thin the blood		

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<i>dabigatran etexilate mesylate cap 110MG, 150MG, 75MG</i> (PRADAXA Equiv)	1	-
PRADAXA CAP 110MG, 150MG, 75MG (<i>dabigatran etexilate mesylate</i>)	3	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
<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	-

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NAYZILAM SPRAY 5MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	QL QL= 4 doses/fill
ONFI SUSP 2.5MG/ML (<i>clobazam</i>)	3	PA Members age 9 or older require Prior Authorization
ONFI TAB 10MG, 20MG (<i>clobazam</i>)	3	PA
VALTOCO NASAL SPRAY 10MG/0.1ML, 7.5MG/0.1ML (<i>diazepam (anticonvulsant)</i>)	3	QL QL= 4 doses/fill
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
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

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DIACOMIT POWDER PACK 250MG, 500MG (<i>stiripentol</i>)	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML (<i>cannabidiol</i>)	4	LD-PA Only available through Lumicera 855-847-3553
EPRONTIA SOLN 25MG/ML (<i>topiramate</i>)	3	PA Members age 9 or older require Prior Authorization
FINTEPLA SOLN 2.2MG/ML (<i>fenfluramine hcl</i>) (<i>anticonvulsant</i>)	4	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	1	QL QL= 9 caps/day
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	1	QL QL= 72 mls/day
<i>gabapentin tab 600mg 600MG</i> (NEURONTIN Equiv)	1	QL QL= 6 tabs/day
<i>gabapentin tab 800mg 800MG</i> (NEURONTIN Equiv)	1	QL QL= 4.5 tabs/day
KEPPRA SOLN 100MG/ML (<i>levetiracetam</i>)	3	-
KEPPRA TAB 1000MG, 250MG, 500MG, 750MG (<i>levetiracetam</i>)	3	-

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

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<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-
MYSOLINE TAB 250MG, 50MG (<i>primidone</i>)	3	-
NEURONTIN CAP 100MG, 300MG, 400MG (<i>gabapentin</i>)	3	QL QL= 9 caps/day
NEURONTIN SOLN 250MG/5ML (<i>gabapentin</i>)	3	QL QL= 72 mls/day
NEURONTIN TAB 600MG 600MG (<i>gabapentin</i>)	3	QL QL= 6 tabs/day
NEURONTIN TAB 800MG 800MG (<i>gabapentin</i>)	3	QL QL= 4.5 tabs/day
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	1	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG</i> (LYRICA Equiv)	1	QL QL= 3 caps/day
<i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	1	QL QL= 30ml/day
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-

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

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ZTALMY SUSP 50MG/ML (<i>ganaxolone</i>)	4	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
CARBAMATES - Drugs to treat seizures		
<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

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XCOPRI TITRATION PAK 50-100MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
GABA MODULATORS - Drugs to treat seizures		
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
HYDANTOINS - Drugs to treat seizures		
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	-

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

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<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	1	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	1	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	1	-
<i>valproic acid syrup 250MG/5ML, 500MG/10ML</i> (DEPAKENE Equiv)	1	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG (<i>mirtazapine</i>)	3	-
REMERON TAB (<i>mirtazapine tab</i>)	3	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		
<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	-

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WELLBUTRIN SR TAB 100MG, 150MG, 200MG (<i>bupropion hcl</i>)	3	-
WELLBUTRIN XL TAB 150MG, 300MG (<i>bupropion hcl</i>)	3	-
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID- Drugs to treat depression		
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
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
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>tranylcypromine sulfate</i>)	3	-
PHENELZINE SULFATE TAB 15MG (<i>phenelzine sulfate</i>)	1	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	1	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		

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

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PAXIL CR TAB 12.5MG, 25MG, 37.5MG (<i>paroxetine hcl</i>)	3	-
PAXIL ORAL SUSP 10MG/5ML (<i>paroxetine hcl</i>)	3	-
PAXIL TAB 10MG, 20MG, 30MG, 40MG (<i>paroxetine hcl</i>)	3	-
PROZAC CAP 10MG, 20MG, 40MG (<i>fluoxetine hcl</i>)	3	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	1	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	1	-
ZOLOFT CONC 20MG/ML (<i>sertraline hcl</i>)	3	-
ZOLOFT TAB 100MG, 25MG, 50MG (<i>sertraline hcl</i>)	3	-
SEROTONIN MODULATORS - Drugs to treat depression		
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
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	1	-
<i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	1	-

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EFFEXOR XR CAP 150MG, 37.5MG, 75MG (<i>venlafaxine hcl</i>)	3	-
PRISTIQ TAB 100MG, 25MG, 50MG (<i>desvenlafaxine succinate</i>)	3	-
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	1	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	1	-
TRICYCLIC AGENTS - Drugs to treat depression		
<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	-

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

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

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XIGDUO XR TAB 5MG-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG 10MG-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-500MG, 5MG-500MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
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	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE (<i>glucagon</i>)	2	QL QL= 2 inhalations/fill
<i>diazoxide susp 50MG/ML</i> (PROGLYCEM Equiv)	1	-

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GLUCAGEN HYPOKIT INJ 1MG (<i>glucagon hcl (rdna)</i>)	2	QL QL= 2 inj/fill
GLUCAGON (RDNA) FOR INJ KIT 1MG (<i>glucagon (rdna)</i>)	1	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>)	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG (<i>glucagon (rdna)</i>)	2	QL QL= 2 inj/fill
GVOKE INJ 1MG/0.2ML (<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 1MG/0.2ML (<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
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
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

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DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - Drugs to regulate blood sugar		
CYCLOSET TAB .8MG (<i>bromocriptine mesylate (diabetes)</i>)	3	-
INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar		
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>)	2	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR 18MG/3ML (<i>liraglutide</i>)	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML (<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)

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BYDUREON PEN INJ 2MG (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 5MCG/0.02ML (<i>exenatide</i>)	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>)	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
INSULIN - Drugs to regulate blood sugar		
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 & lispro</i>)	2	-
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 25UNIT/ML-75UNIT/ML (<i>insulin lispro protamine & lispro</i>)	2	-
HUMALOG PEN INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-

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

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

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

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

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

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ZOFRAN SOLN (<i>ondansetron hcl</i>)	3	-
ZOFRAN TAB 4MG (<i>ondansetron hcl</i>)	3	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<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	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
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
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>aprepitant pak</i> (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist

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<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
ANTIFUNGALS - Drugs to treat fungal infection		
ANTIFUNGALS - Drugs to treat fungal infection		
ANCOBON CAP 250MG, 500MG (<i>flucytosine</i>)	3	-
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	1	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	1	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	1	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	1	-
GRIS-PEG TAB (<i>griseofulvin ultramicrosize</i>)	3	-
LAMISIL TAB (<i>terbinafine hcl</i>)	3	-
<i>nystatin powder</i>	1	-
<i>nystatin tab 500000UNIT</i>	1	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	1	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
DIFLUCAN SUSP 10MG/ML, 40MG/ML (<i>fluconazole</i>)	3	-
DIFLUCAN TAB 100MG, 150MG, 200MG, 50MG (<i>fluconazole</i>)	3	-

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

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<i>carbinoxamine tab 4MG</i> (PALGIC Equiv)	1	-
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv)	M	-
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
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
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
<i>promethazine supp 12.5MG, 25MG</i> (PHENERGAN Equiv)	1	-
<i>promethazine syrup 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	1	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-
<i>cyproheptadine tab 4MG</i>	1	-
ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol		

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ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol		
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
ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol		
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
ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol		
LOVAZA CAP 1GM-375MG-465MG (<i>omega-3-acid ethyl esters</i>)	3	-
<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	1	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	1	-

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

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

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

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

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

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

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<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	1	-
MINIPRESS CAP 1MG, 2MG, 5MG (<i>prazosin hcl</i>)	3	-
<i>prazosin cap</i> (MINIPRESS Equiv)	1	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	1	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	1	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	1	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	1	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG (<i>irbesartan-hydrochlorothiazide</i>)	3	-
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (<i>amlodipine besylate-olmesartan medoxomil</i>)	3	-

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<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 & hydrochlorothiazide</i>)	1	-
DIOVAN HCT TAB 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (<i>valsartan-hydrochlorothiazide</i>)	3	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	1	-
EXFORGE TAB 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (<i>amlodipine besylate-valsartan</i>)	3	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv)	1	-
HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (<i>losartan potassium & hydrochlorothiazide</i>)	3	-

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

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

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LIKMEZ SUSP 500MG/5ML (<i>metronidazole</i>)	3	PA Prior Authorization required for members age 9 or older
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	1	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	1	LMSP
PRIMSOL SOLN (<i>trimethoprim hcl</i>)	3	-
PRIMSOL SOLN 50MG/5ML (<i>trimethoprim hcl</i>)	3	-
TINDAMAX TAB (<i>tinidazole</i>)	3	-
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	1	-
TRIMETHOPRIM TAB 100MG (<i>trimethoprim</i>)	1	-
<i>trimethoprim tab</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
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
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	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		

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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 (ALINIA Equiv) (<i>nitazoxanide</i>)	1	PA-QL QL= 6 tabs/3 days
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
CARBAPENEMS - Drugs to treat bacterial infections		
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	M
INVANZ INJ (<i>ertapenem sodium</i>)	M	M
INVANZ INJ 1GM (<i>ertapenem sodium</i>)	M	M
<i>meropenem inj 1GM, 500MG</i> (MERREM Equiv)	M	M
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRVANQ SOLN 25MG/ML 25MG/ML (<i>vancomycin hcl</i>)	1	-
FIRVANQ SOLN 50MG/ML 50MG/ML (<i>vancomycin hcl</i>)	1	-
VANCOCIN CAP 125MG, 250MG (<i>vancomycin hcl</i>)	3	QL QL= 56 caps/fill

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

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

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

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

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

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<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	1	LMSP-ONC
ZANOSAR INJ 1GM (<i>streptozocin</i>)	M	M
ANTIMETABOLITES - Drugs to treat cancer		
<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
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
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
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

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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
ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer		
TUKYSA TAB 150MG, 50MG (<i>tucatinib</i>)	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		
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
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
<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

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<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
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	4	LMSP-ONC-PA-SF
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	4	LMSP-ONC-PA-SF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
<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

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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
FLUTAMIDE CAP 125MG (<i>flutamide</i>)	2	ONC
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	1	ONC
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	1	ONC
LUPRON DEPOT INJ 11.25MG, 22.5MG (<i>leuprolide acetate (3 month)</i>)	M	M
LYSODREN TAB 500MG (<i>mitotane</i>)	4	LD-ONC Only available through Walgreens 888-347-3416
<i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv)	1	ONC

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<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
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
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		

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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
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>)	4	KMSP-PA-QL QL= 21 caps/28 days
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		
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
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
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
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
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
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		

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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
AUGTYRO CAP 160MG 160MG (<i>repotrectinib</i>)	4	LMSP-PA-QL-SF QL= 2 caps/day
BALVERSA TAB 3MG 3MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF CAP 100MG, 50MG (<i>bosutinib</i>)	4	MSP-PA
BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>)	4	KMSP-ONC-PA-SF

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BRAFTOVI CAP 75MG 75MG (<i>encorafenib</i>)	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
CABOMETYX TAB 20MG, 40MG, 60MG (<i>cabozantinib s-malate</i>)	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG (<i>acalabrutinib</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
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

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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
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

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IDHIFA TAB 100MG, 50MG (<i>enasidenib mesylate</i>)	4	MSP-ONC-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	1	LMSP-ONC-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP 70MG/ML (<i>ibrutinib</i>)	4	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>)	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day
JAYPIRCA TAB 100MG, 50MG (<i>pirtobrutinib</i>)	4	LMSP-PA-QL QL= 2 tabs/day
KISQALI TAB 200MG (<i>ribociclib succinate</i>)	4	LMSP-PA-QL QL= 63 caps/28 days
KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633

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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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KOSELUGO CAP 10MG 10MG (<i>selumetinib sulfate</i>)	4	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB 200MG (<i>adagrasib</i>)	4	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	1	LMSP-ONC-PA
LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 240MG 240MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG 320MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
LYNPARZA TAB 100MG, 150MG (<i>olaparib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306

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LYTGOBI THERAPY PACK 4MG (<i>futibatinib</i>)	4	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633
MEKINIST SOLN .05MG/ML (<i>trametinib dimethyl sulfoxide</i>)	4	LMSP-PA
MEKINIST TAB 0.5MG .5MG (<i>trametinib dimethyl sulfoxide</i>)	4	LMSP-ONC-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG (<i>trametinib dimethyl sulfoxide</i>)	4	LMSP-ONC-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG (<i>binimetinib</i>)	4	MSP-ONC-PA-QL QL= 6 tabs/day
NERLYNX TAB 40MG (<i>neratinib maleate</i>)	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NINLARO CAP 2.3MG, 3MG, 4MG (<i>ixazomib citrate</i>)	4	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
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

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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
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 80MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 2 caps/day
RETEVMO CAP 40MG 40MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 3 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

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REZLIDHIA CAP 150MG (<i>olutasidenib</i>)	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306
ROZLYTREK CAP 100MG, 200MG (<i>entrectinib</i>)	4	LMSP-PA-QL QL= 3 caps/day
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	4	LMSP-PA-QL QL= 6 packs/day
RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG (<i>midostaurin</i>)	4	LMSP-ONC-PA-QL QL= 56 caps/28 days
SCEMBLIX TAB 20MG, 40MG (<i>asciminib hcl</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCEMBLIX TAB 100 MG 100MG (<i>asciminib hcl</i>)	4	LD-PA-QL QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	1	LMSP-ONC-PA
STIVARGA TAB 40MG (<i>regorafenib</i>)	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	1	LMSP-ONC-PA

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

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

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VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP 100MG (<i>pacritinib citrate</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day
XALKORI SPRINKLE CAP 150MG, 20MG, 50MG (<i>crizotinib</i>)	4	MSP-PA-QL-SF QL= 4 caps/day
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG (<i>niraparib tosylate</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	4	LMSP-ONC-PA-QL
ZOLINZA CAP 100MG (<i>vorinostat</i>)	4	LMSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118

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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
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
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
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	1	ONC
MESNEX TAB 400MG (<i>mesna</i>)	4	LMSP-ONC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS - Drugs to protect against chemotherapy drugs		
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
MITOTIC INHIBITORS - Drugs to treat cancer		

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ETOPOSIDE CAP 50MG (<i>etoposide</i>)	4	LMSP-ONC
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG (<i>carbidopa</i>)	3	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
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	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	1	-
<i>amantadine syrup</i> (SYMMETREL Equiv)	1	-
<i>amantadine tab 100MG</i>	1	-
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	1	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	1	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	1	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	1	-

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<i>carbidopa/levodopa tab</i> (SINEMET Equiv)	1	-
MIRAPEX TAB .125MG, .5MG, .75MG, 1MG (<i>pramipexole dihydrochloride</i>)	3	-
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR (<i>rotigotine</i>)	3	-
PARLODEL CAP 5MG (<i>bromocriptine mesylate</i>)	3	-
PARLODEL TAB 2.5MG (<i>bromocriptine mesylate</i>)	3	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	1	-
REQUIP TAB (<i>ropinirole hydrochloride</i>)	3	-
<i>ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG</i> (REQUIP XL Equiv)	1	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	1	-
SINEMET CR TAB (<i>carbidopa-levodopa</i>)	3	-
SINEMET TAB 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>)	3	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
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	-

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XADAGO TAB 100MG, 50MG (<i>safinamide mesylate</i>)	3	PA-QL QL= 1 tab/day
ZELAPAR ODT 1.25MG (<i>selegiline hcl</i>)	3	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	1	-
TRIHEXYPHENIDYL SOLN .4MG/ML (<i>trihexyphenidyl hcl</i>)	1	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
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	-
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	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		

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LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (ESKALITH ER Equiv) (<i>lithium carbonate</i>)	1	-
<i>lithium carbonate cap 150MG, 300MG, 600MG</i> (ESKALITH ER Equiv)	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
<i>lithium oral solution 8MEQ/5ML</i> (LITHIUM Equiv)	1	PA Prior Authorization Required for members age 9 and older
LITHOBID TAB 300MG (<i>lithium carbonate</i>)	3	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP 100MG, 200MG, 300MG (<i>carbamazepine (mood)</i>)	2	-
GEODON CAP 20MG, 40MG, 60MG, 80MG (<i>ziprasidone hcl</i>)	3	-
LATUDA TAB 120MG, 20MG, 40MG, 60MG, 80MG (<i>lurasidone hcl</i>)	3	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG</i> (LATUDA TAB Equiv)	1	QL
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	1	-
BENZISOXAZOLES - Drugs to treat mood disorders		

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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	-
<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	-
BUTYROPHENONES - Drugs to treat mood disorders		

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<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	-
DIBENZAPINES - Drugs to treat mood disorders		
<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	-
<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

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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	-
PHENOTHIAZINES - Drugs to treat mood disorders		
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	1	-
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv)	1	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	1	-
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	1	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	1	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	1	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	1	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		

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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	-
THIOXANTHENES - Drugs to treat mood disorders		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	1	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	1	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	1	-
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	1	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	1	-
APTIVUS CAP 250MG (<i>tipranavir</i>)	4	-
APTIVUS SOLN 100MG/ML (<i>tipranavir</i>)	4	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	1	-
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	4	QL QL= 1 tab/ day

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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	-
<i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG</i> (ATRIPLA Equiv)	1	QL QL= 1 tab/day
<i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv)	1	QL QL= 1 tab/day
<i>emtricitabine cap 200MG</i> (EMTRIVA Equiv)	1	-

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<i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv)	\$0	-
EMTRIVA SOLN 10MG/ML (<i>emtricitabine</i>)	4	-
<i>etravirine tab 100MG, 200MG</i>	1	-
EVOTAZ TAB 150MG-300MG (<i>atazanavir sulfate-cobicistat</i>)	4	-
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	1	-
GENVOYA TAB 10MG-150MG-200MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	4	-
INTELENCE TAB 25MG 25MG (<i>etravirine</i>)	4	-
INVIRASE CAP (<i>saquinavir mesylate</i>)	4	-
INVIRASE TAB 500MG (<i>saquinavir mesylate</i>)	4	-
ISENTRESS (HD) TAB 400MG, 600MG (<i>raltegravir potassium</i>)	3	-
ISENTRESS CHEW TAB 100MG, 25MG (<i>raltegravir potassium</i>)	3	-
ISENTRESS POWDER PACK 100MG (<i>raltegravir potassium</i>)	3	-
JULUCA TAB 25MG-50MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	4	QL QL= 1 tab/ day
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	1	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	1	-

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<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	-
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	-

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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	-
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	-

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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	-
ANTIVIRAL COMBINATIONS- Drugs to treat viral infections		
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
CMV AGENTS - Drugs to treat viral infections		
<i>foscarnet sodium inj 6000MG/250ML</i> (FOSCAVIR Equiv)	M	M
FOSCAVIR INJ 6000MG/250ML (<i>foscarnet sodium</i>)	M	M

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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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>letebmovir</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	-
HEPATITIS AGENTS - Drugs to treat viral infections		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	4	LMSP
BARACLUDE SOLN .05MG/ML (<i>entecavir</i>)	3	PA Members age 9 or older require Prior Authorization
BARACLUDE TAB .5MG, 1MG (<i>entecavir</i>)	3	LMSP-QL QL= 1 tab/day
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	1	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML (<i>lamivudine (hbv)</i>)	4	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	1	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG (<i>ledipasvir-sofosbuvir</i>)	4	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG (<i>glecaprevir-pibrentasvir</i>)	4	LMSP-PA-QL QL= 5 packs/day

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MAVYRET TAB 40MG-100MG (glecaprevir-pibrentasvir)	4	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ (peginterferon alfa-2a)	4	LMSP
PEG-INTRON INJ 50MCG/0.5ML (peginterferon alfa-2b)	4	LMSP
REBETOL SOLN (ribavirin (hepatitis c))	4	LMSP
RIBAVIRIN CAP 200MG (ribavirin (hepatitis c))	1	LMSP
ribavirin cap 200MG	1	LMSP
RIBAVIRIN TAB 200MG (ribavirin (hepatitis c))	1	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (sofosbuvir-velpatasvir)	4	LMSP-PA-QL QL= 1 tab/day
VEMLIDY TAB 25MG (tenofovir alafenamide fumarate)	4	LMSP
VOSEVI TAB 100MG-400MG (sofosbuvir-velpatasvir-voxilaprevir)	4	LMSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		
acyclovir cap 200MG (ZOVIRAX Equiv)	1	-
acyclovir susp 200MG/5ML (ZOVIRAX Equiv)	1	-
acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)	1	-
famciclovir tab 125MG, 250MG, 500MG (FAMVIR Equiv)	1	-
valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)	1	-
VALTREX TAB 1GM, 500MG (valacyclovir hcl)	3	-

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ZOVIRAX CAP (<i>acyclovir</i>)	3	-
ZOVIRAX SUSP 200MG/5ML (<i>acyclovir</i>)	3	-
ZOVIRAX TAB (<i>acyclovir</i>)	3	-
INFLUENZA AGENTS - Drugs to treat viral infections		
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	-
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
MISC. ANTIVIRALS- Drugs to treat viral infections		
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

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ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB (<i>penicillamine</i>)	2	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>)	4	KMSP
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	1	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	1	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	1	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	1	-
IMURAN TAB 50MG (<i>azathioprine</i>)	3	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	1	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	1	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	1	-
<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML (<i>cyclosporine</i>)	4	-

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<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	1	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	1	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
<i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv)	1	-
<i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv)	1	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		
<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	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
<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	-

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<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	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
BETAPACE AF TAB 120MG, 160MG, 80MG (<i>sotalol hcl (afib/afll)</i>)	3	-
BETAPACE TAB 120MG, 160MG, 80MG (<i>sotalol hcl</i>)	3	-
CORGARD TAB 20MG, 40MG, 80MG (<i>nadolol</i>)	3	-
INDERAL LA CAP 120MG, 160MG, 60MG, 80MG (<i>propranolol hcl</i>)	3	-
<i>nadolol tab</i> (CORGARD Equiv)	1	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	1	-
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	1	-
<i>propranolol oral soln 20mg/5ml 20MG/5ML</i> (PROPRANOLOL Equiv)	1	-
PROPRANOLOL SOLN 40MG/5ML (<i>propranolol hcl</i>)	1	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	1	-

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<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	-
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
ADALAT CC TAB 30MG, 60MG, 90MG (<i>nifedipine</i>)	3	-
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-
CALAN SR TAB 120MG, 180MG, 240MG (<i>verapamil hcl</i>)	3	-
CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG (<i>diltiazem hcl coated beads</i>)	3	-
CARDIZEM TAB (<i>diltiazem hcl tab</i>)	3	-
<i>diltiazem ER cap 120MG, 180MG, 240MG</i> (DILACOR XR Equiv)	1	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	1	-

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<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	-
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	-

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<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	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
<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	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy		
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
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		

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<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	-
IMPOTENCE AGENTS - Drugs to treat erectile dysfunction		
<i>avanafil tab 100MG, 200MG, 50MG</i> (STENDRA Equiv)	1	QL QL= 6 tabs/30 days
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
STENDRA TAB 100MG, 200MG, 50MG (<i>avanafil</i>)	3	QL QL= 6 tabs/30 days
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days

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<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
PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions		
ISOXSUPRINE TAB 10MG, 20MG (<i>isoxsuprine hcl</i>)	2	-
<i>isoxsuprine tab 10MG, 20MG</i>	1	-
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
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
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

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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
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
<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
TRACLEER TAB 32MG 32MG (<i>bosentan</i>)	4	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		

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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
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
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
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
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
SINUS NODE INHIBITORS - Drugs to control heart rhythm		

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CORLANOR TAB 5MG, 7.5MG (<i>ivabradine hcl</i>)	3	PA
<i>ivabradine hcl tab 5MG, 7.5MG</i> (CORLANOR Equiv)	1	PA
TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis		
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
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	M
CEFAZOLIN INJ 100GM, 1GM, 2GM, 300GM, 3GM (<i>cefazolin sodium</i>)	M	M
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	1	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	1	-
KEFLEX CAP 250MG, 500MG (<i>cephalexin</i>)	3	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
CEFACTOR CAP 250MG, 500MG (CECLOR Equiv) (<i>cefactor</i>)	1	-
<i>cefactor cap</i> (CECLOR Equiv)	1	-

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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	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	1	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	1	-
CEFDITOREN TAB (<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
<i>cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv)	1	-
<i>cefpodoxime proxetil tab 100MG, 200MG</i> (VANTIN Equiv)	1	-
<i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i>	M	M
OMNICEF SUSP (<i>cefdinir</i>)	3	-
SPECTRACEF TAB (<i>cefditoren pivoxil</i>)	3	-
SUPRAX CAP (<i>cefixime</i>)	3	-
SUPRAX CAP 400MG (<i>cefixime</i>)	3	-

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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	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
<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	-
<i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
FEMLYV TAB .02MG-1MG (<i>norethindrone acet & eth estra</i>)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	\$0	-

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<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	-
<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	-

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<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 & 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	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>)	\$0	-
<i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
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	-
COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy		

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PARAGARD IUD (<i>copper (iud)</i>)	EXC	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
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
PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy		
NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>)	EXC	-
NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>)	EXC	-
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
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	-
PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy		
MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY (<i>levonorgestrel (iud)</i>)	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
<i>norethindrone tab .35MG</i> (NORA-QD Equiv)	\$0	-
OPILL TAB .075MG (<i>norgestrel</i>)	\$0	OTC
SLYND TAB 4MG (<i>drospirenone</i>)	\$0	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		

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GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
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	-
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	-

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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 succinate inj 1000mg 100MG</i> (SOLU-CORTEF Equiv)	1	QL QL= 2 vials/fill
<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	-
<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	-

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<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 15MG/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>)	3	QL QL= 2 vials/fill
SOLU-MEDROL INJ 1000MG, 500MG (<i>methylprednisolone sod succ</i>)	3	-
SOLU-MEDROL INJ 2GM 2GM (<i>methylprednisolone sod succ</i>)	2	-
SOLU-MEDROL PF INJ 1000MG, 125MG, 40MG, 500MG (<i>methylprednisolone sod succ</i>)	3	-
<i>triamcinolone acetate inj 200MG/5ML, 400MG/10ML, 40MG/ML</i> (KENALOG Equiv)	1	-
UCERIS TAB 9MG (<i>budesonide</i>)	3	PA-QL QL= 1 tab/day

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MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	1	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
<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>tussigon tab 1.5MG-5MG</i> (HYCODAN Equiv)	1	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
BROVEX PEB LIQUID 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML <i>(brompheniramine & phenyleph)</i>	EXC	OTC
CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-
CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-
<i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML</i> (BRONTEX Equiv)	1	OTC

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GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv) (<i>guaifenesin-codeine</i>)	1	OTC-QL QL= 240ml/fill
<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML</i> (TUSSI-ORGANIDIN-S Equiv)	1	OTC-QL QL= 240ml/fill
HYD POL/CPM SUSP 8MG/5ML-10MG/5ML (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>)	1	QL QL= 120ml/fill; 2 fills/30 days
<i>hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML</i> (TUSSIONEX Equiv)	1	QL QL= 120ml/fill; 2 fills/30 days
<i>hydrocodone/chlorpheniramine/pseudoephedrine liquid</i> (ZUTRIPRO Equiv)	1	QL QL= 120ml/fill, 2 fills/30 days
<i>lohist liquid 2MG/10ML-5MG/10ML</i> (DECON-A Equiv)	EXC	OTC
<i>promethazine DM syrup 6.25MG/5ML-15MG/5ML</i>	1	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv) (<i>promethazine & phenylephrine</i>)	1	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> (PHENERGAN VC Equiv)	1	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv) (<i>promethazine-phenylephrine-codeine</i>)	1	-

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<i>promethazine VC/codeine syrup</i> 5MG/5ML-6.25MG/5ML-10MG/5ML (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 & pseudoephedrine</i>)	EXC	-
ZUTRIPRO LIQUID (<i>pseudoephed-cpm w/ hydrocod</i>)	3	QL QL= 120ml/fill, 2 fills/30 days
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
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	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	1	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization

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<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	-
<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	-

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<i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-2.5%</i> (BENZA CLIN 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	-
<i>sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9%</i> (SUMADAN WASH Equiv)	1	-
<i>sodium sulfacetamide/sulfur emulsion 10-5%</i>	1	-

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SUMADAN WASH 9-4.5% 4.5%-9% (<i>sulfacetamide sodium w/ sulfur</i>)	3	-
<i>tretinoin cream .025%, .05%, .1%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .04%, .1%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel 0.08% .08%</i> (RETIN-A MICRO Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses		
RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>)	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
CENTANY OINT 2% (<i>mupirocin</i>)	3	-
CORTISPORIN CREAM (<i>neomycin-polymyxin-hc</i>)	3	-
CORTISPORIN OINT (<i>bacitracin-polymyxin-neomycin hc</i>)	3	-
<i>gentamicin sulfate cream .1%</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	1	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	1	-

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<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	-
LOTRISONE 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	-
NIZORAL A-D SHAMPOO 1% (<i>ketconazole topical</i>)	EXC	OTC
<i>nizoral a-d shampoo 1%</i>	EXC	OTC

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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
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<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
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
<i>bexarotene gel 1%</i> (TARGRETIN Equiv)	1	LMSP-PA
<i>diclofenac gel 3%</i> (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days
EFUDEX CREAM 5% (<i>fluorouracil (topical)</i>)	3	-
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	1	-

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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
ANTIPSORIATICS - Drugs to treat psoriasis		
<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	-
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

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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
TALTZ INJ 20MG/0.25ML 20MG/0.25ML (<i>ixekizumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML 40MG/0.5ML (<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
TREMFYA INJ 200MG/2ML 200MG/2ML (<i>guselkumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
ZORYVE CREAM .3% (<i>roflumilast (topical)</i>)	2	PA-QL QL= 60 grams/30 days

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ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
OVACE PLUS CREAM 10% (<i>sulfacetamide sodium</i>)	3	-
<i>selenium sulfide lotion 1%</i>	EXC	OTC
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	1	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
<i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% (<i>peniclovir</i>)	3	-
<i>peniclovir cream 1%</i> (DENAVIR Equiv)	1	-
BURN PRODUCTS - Drugs to treat burns		
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	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
<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	-

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

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

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<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	1	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	1	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	1	-
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	1	PA
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	1	-
<i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv)	1	-
HYDROCORTISONE LOTION 2.5% 2.5% <i>(hydrocortisone (topical))</i>	1	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	1	-
<i>mometasone cream .1%</i> (ELOCON Equiv)	1	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	1	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	1	-
NUCORT LOTION 2% <i>(hydrocortisone acetate (topical))</i>	3	-
OLUX FOAM .05% <i>(clobetasol propionate)</i>	3	PA
PROCTOCORT CREAM <i>(hydrocortisone (topical))</i>	3	-
TEMOVATE CREAM .05% <i>(clobetasol propionate)</i>	3	-
TEMOVATE OINT .05% <i>(clobetasol propionate)</i>	3	-
TOPICORT CREAM .25% <i>(desoximetasone)</i>	3	-
TOPICORT OINT .25% <i>(desoximetasone)</i>	3	-
<i>triamcinolone cream .025%, .1%, .5%</i>	1	-
<i>triamcinolone lotion .025%, .1%</i>	1	-

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<i>triamcinolone oint .025%, .1%, .5%</i>	1	-
ULTRAVATE CREAM (<i>halobetasol propionate</i>)	3	-
ULTRAVATE OINT (<i>halobetasol propionate</i>)	3	-
ECZEMA AGENTS - Drugs to treat eczema		
ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG (<i>abrocitinib</i>)	4	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 200MG/1.14ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 200MG/1.14ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
<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 (<i>lactic acid (ammonium lactate)</i>)	3	-
LACTIC ACID LOTION 10%, 5% (<i>lactic acid (ammonium lactate)</i>)	1	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM (<i>collagenase</i>)	2	QL QL= 90gm/30 days

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HAIR GROWTH AGENTS - Drugs to grow hair		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
LITFULO CAP 50MG (<i>ritlecitinib tosylate</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
HAIR REDUCTION AGENTS - Drugs to remove hair		
VANIQA CREAM 13.9% (<i>eflornithine hcl</i>)	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ALDARA CREAM 5% (<i>imiquimod</i>)	3	-
<i>imiquimod cream 5%</i> (ALDARA Equiv)	1	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
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	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOCON SOLN 25% (<i>podophyllum resin</i>)	2	-
PODOFILOX SOLN .5% (<i>podofilox</i>)	1	-
<i>podofilox soln .5%</i>	1	-

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SALEX SHAMPOO 2%, 3% (<i>salicylic acid</i>)	3	-
SALEX SHAMPOO 6% (<i>salicylic acid</i>)	3	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel 2%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint</i>	1	QL QL= 107gm/30 days
<i>lidocaine patch 4%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine patch 5% 5%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% (<i>lidocaine</i>)	3	QL QL= 3 patches/day
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	1	-
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% (<i>fluocinolone-hydroquinone-tretinoin</i>)	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	1	-
<i>brimonidine tartrate gel .33%</i> (MIRVASO Equiv)	EXC	-

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FINACEA GEL 15% (<i>azelaic acid</i>)	3	-
METROCREAM .75% (<i>metronidazole (topical)</i>)	3	-
METROGEL 1% 1% (<i>metronidazole (topical)</i>)	3	-
METROLOTION .75% (<i>metronidazole (topical)</i>)	3	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	1	-
<i>metronidazole gel 1%</i> (METROGEL Equiv)	1	-
<i>metronidazole gel 0.75% .75%</i> (METROGEL Equiv)	1	-
<i>metronidazole lotion .75%</i> (METROLOTION Equiv)	1	-
MIRVASO GEL .33% (<i>brimonidine tartrate (topical)</i>)	EXC	-
RHOFADE CREAM 1% (<i>oxymetazoline hcl (topical)</i>)	EXC	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
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
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		

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REGRANEX GEL .01% (<i>becaplermin</i>)	2	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM (<i>balsam peru-castor oil</i>)	2	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
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

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KETO-DIASTIX TEST STRIP (<i>urine glucose-ketones test</i>)	1	OTC
KETOSTIX (<i>acetone (urine) test</i>)	1	OTC
ONETOUCH TEST STRIP (<i>glucose blood</i>)	2	OTC
ONETOUCH VERIO TEST STRIP (<i>glucose blood</i>)	2	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
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 & 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	-

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

Last Updated 12/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OLLIZAC POWDER (<i>2-fucosyllactose & lacto-n-neotetraose</i>)	EXC	-
PODIAPN CAP (<i>l-methylfolate w/ vitamin b6-vitamin b12</i>)	EXC	-
XAQUIL XR TAB (<i>levomefolate glucosamine</i>)	EXC	-
XYZBAC TAB (<i>dietary management product</i>)	EXC	-
INFANT FOODS		
INFANT FORMULA LIQUID (<i>infant foods</i>)	2	OTC-PA
INFANT FORMULA POWDER (<i>infant foods</i>)	2	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID (<i>nutritional supplements</i>)	2	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER (<i>nutritional supplements</i>)	2	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		

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

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<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	1	-
EDECIN TAB 25MG (<i>ethacrynic acid</i>)	3	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	1	-
FUROSCIX KIT 80MG/10ML (<i>furosemide</i>)	4	LD-QL QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633
FUROSEMIDE SOLN 40MG/5ML, 8MG/ML (<i>furosemide</i>)	1	-
<i>furosemide soln 10MG/ML</i>	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG (<i>furosemide</i>)	3	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTONE TAB 100MG, 25MG, 50MG (<i>spironolactone</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	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB (<i>chlorothiazide</i>)	1	-

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<i>chlorothiazide tab</i>	1	-
<i>chlorthalidone tab 25MG, 50MG</i>	1	-
DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>)	2	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	1	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	1	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	1	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	1	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
ACTONEL TAB 150MG, 35MG (<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

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

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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
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
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
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
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
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 2MG (<i>tesamorelin acetate</i>)	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG (<i>somatropin</i>)	4	LMSP-PA
OMNITROPE INJ 5.8MG (<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

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

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CARNITOR SOLN 1GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	3	-
CARNITOR TAB 330MG (<i>levocarnitine (metabolic modifiers)</i>)	3	-
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	4	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	1	-
HECTOROL CAP (<i>doxercalciferol</i>)	3	-
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	1	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	1	-
PALYNZIQ INJ 20MG/ML (<i>pegvaliase-pqpz</i>)	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	1	-
PHEBURANE ORAL PELLETS 483MG/GM (<i>sodium phenylbutyrate</i>)	4	LD Only available through Accredo 800-803-2523
ROCALTROL CAP .25MCG, .5MCG (<i>calcitriol</i>)	3	-
ROCALTROL SOLN 1MCG/ML (<i>calcitriol</i>)	3	-
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	1	LMSP-PA

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

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<i>mifepristone tab 200mg 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG (<i>mifepristone</i>)	EXC	-
PROLACTIN INHIBITORS - Drugs to regulate hormones		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	1	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	1	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML (<i>octreotide acetate</i>)	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML (<i>pasireotide diaspertate</i>)	4	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
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
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		

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ACTIVELLA TAB .5MG-1MG (<i>estradiol & norethindrone acetate</i>)	3	-
COMBIPATCH .05MG/DAY-.14MG/DAY, .05MG/DAY-.25MG/DAY (<i>estradiol & norethindrone acetate</i>)	2	-
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	1	-
FEMHRT TAB .5MG-2.5MCG (<i>norethindrone acetate-ethinyl estradiol</i>)	3	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	1	-
MYFEMBREE TAB .5MG-1MG-40MG (<i>relugolix-estradiol-norethindrone acetate</i>)	2	PA-QL QL= 1 tab/day
ORIAHNN CAP .5MG-1MG-300MG (<i>elagolix sodium-estradiol-norethindrone acetate</i>)	2	PA-QL QL= 2 caps/day
PREFEST TAB (<i>estradiol-norgestimate</i>)	3	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	-
ESTROGENS - Drugs used for contraception		
ALORA PATCH .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR (<i>estradiol</i>)	3	-

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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	-
<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	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		
FLUOROQUINOLONES - Drugs to treat bacterial infections		
AVELOX TAB (<i>moxifloxacin hcl</i>)	3	-
CIPRO SUSP 500MG/5ML, 5GM/100ML (<i>ciprofloxacin</i>)	3	-

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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	-
<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	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
5-HT4 RECEPTOR AGONISTS - Drugs to treat constipation		
MOTTEGRITY TAB 1MG, 2MG (<i>prucalopride succinate</i>)	3	PA-QL QL= 1 tab/day
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation		
TRULANCE TAB 3MG (<i>plecanatide</i>)	2	PA-QL QL= 1 tab/day
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>)	4	LD-PA Only available through Dohmen LSS 844-246-5226

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FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
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	-
GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	1	-
GASTROCROM CONC 100MG/5ML (<i>cromolyn sodium (mastocytosis)</i>)	3	-
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation		
<i>lubiprostone cap 24MCG, 8MCG</i> (AMITIZA Equiv)	1	PA-QL QL= 2 caps/day
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
<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	-
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		

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BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML (<i>maralixibat chloride</i>)	4	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481
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
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
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

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COLAZAL CAP 750MG (<i>balsalazide disodium</i>)	3	-
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	3	-
ENTYVIO SC INJ 108MG/0.68ML (<i>vedolizumab</i>)	4	MSP-PA-QL QL= 2 inj/28 days
<i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv)	1	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	1	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	1	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	1	-
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	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lactulose soln 10GM/15ML</i>	1	-
IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system		
<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	-
LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections		

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

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

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UROCIT-K TAB 1080MG, 15MEQ, 540MG (<i>potassium citrate (alkalinizer)</i>)	3	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>)	4	LD-PA Only available through CVS Specialty 800-238-7828
HYPEROXALURIA AGENTS ***		
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
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
IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease		
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
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		

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ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	3	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
<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	-
URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	1	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
LITHOSTAT TAB 250MG (<i>acetohydroxamic acid</i>)	3	-
<i>tiopronin tab 100MG</i> (THIOLA Equiv)	1	LMSP-PA
<i>tiopronin tab delayed release 100MG, 300MG</i> (THIOLA EC Equiv)	1	LMSP-PA
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	1	-
GOUT AGENTS - Drugs to treat gout		

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<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	-
URICOSURICS - Drugs to treat gout		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	1	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML (<i>emicizumab-kxwh</i>)	4	LMSP-PA
BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions		
<i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv)	M	M
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
CINRYZE INJ 500UNIT (<i>c1 esterase inhibitor (human)</i>)	M	M

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Last Updated 12/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
ZILBRYSQ INJ 32.4MG 32.4MG/0.81ML (<i>zilucoplan sodium</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	1	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		
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
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

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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	-
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
HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency		
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
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		

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AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
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
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea</i> (<i>sickle cell disease</i>))	2	-
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
<i>l-glutamine powder packet 5GM</i> (ENDARI Equiv)	1	LMSP-PA-QL QL= 6 packets/day
COBALAMINS - Drugs to treat vitamin deficiency		
<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	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
<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

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<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	4	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	4	LMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-aafi</i>)	4	LMSP
NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>)	4	LMSP
PROMACTA POWDER 12.5MG, 25MG (<i>eltrombopag olamine</i>)	4	LMSP-PA-QL QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG (<i>eltrombopag olamine</i>)	4	LMSP-PA-QL QL= 1 tab/day
PROMACTA TAB 50MG 50MG (<i>eltrombopag olamine</i>)	4	LMSP-PA-QL QL= 2 tabs/day
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
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		

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<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG (<i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i>)	3	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG (<i>fe asp gly-fe polysaccharide-succ acid-c-threonic acid-b12-fa</i>)	1	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i>)	1	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i>)	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>)	1	-
MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG (<i>iron-vitamin c-vitamin b12-folic acid</i>)	3	-

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<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	-
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
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	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered

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BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>phenobarbital elixir 20MG/5ML</i>	1	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	1	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
AMBIEN CR TAB 12.5MG, 6.25MG (<i>zolpidem tartrate</i>)	3	QL QL= 1 tab/day
AMBIEN TAB (<i>zolpidem tartrate tab</i>)	3	QL QL= 1 tab/day
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	1	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	1	QL QL= 1 tab/day
HALCION TAB .25MG (<i>triazolam</i>)	3	-
LUNESTA TAB 1MG, 2MG, 3MG (<i>eszopiclone</i>)	3	QL QL= 1 tab/day
<i>midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML</i> (MIDAZOLAM Equiv)	1	RS Restricted to Neurology Specialist
RESTORIL CAP 15MG 15MG (<i>temazepam</i>)	3	-
RESTORIL CAP 22.5MG 22.5MG (<i>temazepam</i>)	3	-
RESTORIL CAP 30MG 30MG (<i>temazepam</i>)	3	-
RESTORIL CAP 7.5MG 7.5MG (<i>temazepam</i>)	3	-
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 22.5mg 22.5MG</i> (RESTORIL Equiv)	1	-

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<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
SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia		
<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
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfite</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 sulfite</i>)	\$0	QL Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay

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NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM <i>(peg 3350-potassium chloride-sod bicarbonate-sod chloride)</i>	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
<i>peg 3350 soln (100 gram Moviprep equiv)</i> 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM (MOVIPREP Equiv)	\$0	QL QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
<i>peg 3350/electrolytes soln</i> 1.48GM-5.72GM-11.2GM-420GM (COLYTE Equiv)	\$0	QL Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
<i>sodium/magnesium/potassium soln</i> 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP Equiv)	\$0	QL QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM (<i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i>)	2	QL QL= 2 fills/calendar year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
<i>lactulose soln</i>	1	-

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MIRALAX 17GM/SCOOP (<i>polyethylene glycol 3350</i>)	EXC	OTC
<i>polyethylene glycol 3350 powder 17GM/SCOOP</i> (MIRALAX Equiv)	EXC	OTC
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
<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 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	-
CLARITHROMYCIN - Drugs to treat bacterial infections		
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	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN CAP DR 250MG (<i>erythromycin base</i>)	2	-

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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	-
FIDAXOMICIN - Drugs to treat infections		
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
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
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 latex lubricated - male</i>)	\$0	OTC-QL QL= 12 condoms/fill

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

Last Updated 12/1/2024

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DIABETIC SUPPLIES - Devices to assist with diabetes		
ACCU-CHEK AVIVA PLUS METER <i>(blood glucose monitoring supplies)</i>	\$0	OTC
ACCU-CHEK GUIDE CARE METER <i>(blood glucose monitoring supplies)</i>	\$0	OTC
ACCU-CHEK GUIDE ME KIT <i>(blood glucose monitoring supplies)</i>	\$0	OTC
ACCU-CHEK NANO METER <i>(blood glucose monitoring supplies)</i>	\$0	OTC
CALIBRATION LIQUID <i>(blood glucose calibration)</i>	1	OTC
DEXCOM G6 RECEIVER <i>(continuous glucose system receiver)</i>	2	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR <i>(continuous glucose system sensor)</i>	2	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER <i>(continuous glucose system transmitter)</i>	2	PA-QL QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER <i>(continuous glucose system receiver)</i>	2	PA-QL QL= 1 receiver/year
DEXCOM G7 SENSOR <i>(continuous glucose system sensor)</i>	2	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER <i>(continuous glucose system receiver)</i>	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR <i>(continuous glucose system sensor)</i>	2	PA-QL QL= 2 sensors/28 days

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

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

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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
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% (<i>alcohol swabs</i>)	1	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
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
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
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
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		

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CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		
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
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
<i>ergotamine tartrate/caffeine tab</i> (CAFERGOT Equiv)	1	-
ERGOTAMINE W/ CAFFEINE 1MG-100MG (<i>ergotamine w/ caffeine</i>)	1	-
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
<i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv)	1	QL QL= 10 inj/14 days
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
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
SEROTONIN AGONISTS - Drugs to treat migraine headaches		

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

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<i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG (LURIDE Equiv) (<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, 1MG, 2.2MG</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
PHOSPHATE - Drugs to treat electrolyte deficiency		
K-PHOS NEUTRAL TAB 130MG-155MG-852MG (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	3	-
K-PHOS TAB 500MG (<i>potassium phosphate monobasic</i>)	2	-
<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	1	-
<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	1	-
POTASSIUM - Drugs to treat electrolyte disorders		

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K-TAB 8MEQ (<i>potassium chloride</i>)	3	-
K-TAB 10MEQ, 20MEQ (<i>potassium chloride</i>)	3	-
<i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv)	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-
<i>potassium chloride micro tab 10MEQ, 15MEQ, 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	-
SODIUM - Drugs to treat electrolyte disorders		
SOD CHLORIDE INJ .9%, 4MEQ/ML (<i>sodium chloride</i>)	M	M
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	2	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
DEPEN TITRATAB 250MG (<i>penicillamine</i>)	3	-
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-

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<i>trientine cap 250MG</i> (SYPRINE Equiv)	1	LMSP-PA
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
JOENJA TAB 70MG (<i>leniolisib phosphate</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
<i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG</i> (REVLIMID Equiv)	1	LD-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG (<i>lenalidomide</i>)	3	LD-PA-QL QL= 1 cap/day; Only available through Walgreens 888-347-3416
REZUROCK TAB 200MG (<i>belumosudil mesylate</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
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

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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	-
MISCELLANEOUS THERAPEUTIC CLASSES - PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS- Drugs to treat PIK3CA-Related OverGrowth Spectrum (PROS)		
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
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>)	2	PA-QL QL= 1 packet/day
SPS 15GM/60ML (<i>sodium polystyrene sulfonate</i>)	1	-
PROGERIA TREATMENT AGENTS ***		
ZOKINVY CAP 50MG, 75MG (<i>lonafarnib</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML (<i>belimumab</i>)	4	LMSP-PA-QL QL= 4 inj/28 day

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BENLYSTA INJ 200MG/ML (<i>belimumab</i>)	4	LMSP-PA-QL QL= 4 inj/28 day
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM/119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/237ML (<i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i>)	3	-
<i>lidocaine viscous soln 2%</i> (LIDOCAINE HCL (MOUTH-THROAT) Equiv)	1	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	1	-
<i>nystatin susp 100000UNIT/ML</i>	1	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
<i>chlorhexidine gluconate soln</i> (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% (<i>chlorhexidine gluconate (mouth-throat)</i>)	3	-
DENTAL PRODUCTS - Drugs to prevent cavities		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% (<i>sodium fluoride-potassium nitrate</i>)	1	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 12/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PREVIDENT SOLN .02%, .022%, .2% (<i>sodium fluoride (dental)</i>)	2	-
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	1	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	1	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
<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	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
DIALYVITE TAB (<i>b-complex w/ c-biotin-e-minerals & folic acid</i>)	1	-
DIALYVITE/ZINC TAB (<i>b-complex w/ c-zn & folic acid</i>)	1	-

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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FOLBEE PLUS CZ TAB (<i>b-complex w/ c-biotin-minerals & folic acid</i>)	1	-
NEPHROCAP (<i>b-complex w/ c & folic acid</i>)	3	-
<i>renaphro cap</i> (NEPHROCAP Equiv)	1	-
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
<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	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
ESCAVITE CHEW TAB (<i>ped multivitamins w/fl & iron</i>)	3	-
<i>pediatric multiple vitamins/fluoride/iron soln</i>	1	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
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	-

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

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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	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
CONCEPT DHA CAP (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>)	3	-
MYNATAL-Z TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	-
NEONATAL 19 TAB (<i>prenatal vitamin-folic acid</i>)	3	-
NEONATAL FE TAB (<i>prenatal multivitamins w/ iron-folic acid</i>)	3	-
PRENATABS RX TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	3	-
PRENATAL 19 CHEW TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	-
PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	3	-
PRENATAL VITAMINS (NON-PREFERRED) (<i>prenatal without a w/ fe amino acid chelate-fa-dha</i>)	3	-
VITAFOL STRIPS (<i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i>)	3	-

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

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VP-PNV-DHA CAP (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
BACLOFEN ORAL SOLN 10 MG/5ML 10MG/5ML (<i>baclofen</i>)	3	PA Prior Authorization Required for members age 9 and older
BACLOFEN ORAL SOLN 5 MG/5ML 5MG/5ML (<i>baclofen</i>)	3	PA Prior Authorization Required for members age 9 and older
BACLOFEN SUSP 25MG/5ML (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	-

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

Last Updated 12/1/2024

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FLEQSUVY SUSP 1MG/ML, 5MG/ML (<i>baclofen</i>)	3	PA Prior Authorization required for members age 9 or older
LYVISPAH GRANULE PACKET 10MG, 20MG, 5MG (<i>baclofen</i>)	3	PA Members age 9 or older require Prior Authorization
<i>metaxalone tab 400MG, 800MG</i> (SKELAXIN Equiv)	1	-
METAXALONE TAB 400MG (<i>metaxalone</i>)	3	-
<i>methocarbamol tab</i> (ROBAXIN Equiv)	1	-
ROBAXIN TAB 750MG (<i>methocarbamol</i>)	3	-
SKELAXIN TAB 800MG (<i>metaxalone</i>)	3	-
SOMA TAB 350MG (<i>carisoprodol</i>)	3	QL QL=120 tabs/30 days
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG (<i>tizanidine hcl</i>)	3	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
DANTRIUM CAP 25MG, 50MG (<i>dantrolene sodium</i>)	3	-
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	1	-
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS ***		
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

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

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

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

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BECONASE AQ NASAL SPRAY 42MCG/SPRAY <i>(beclomethasone diprop monohyd)</i>	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT <i>(triamcinolone acetonide (nasal))</i>	3	OTC-QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	1	OTC-QL QL= 2 bottles/fill
ZETONNA NASAL SPRAY 37MCG/ACT <i>(ciclesonide (nasal))</i>	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
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	-
FRIEDRICH'S ATAXIA AGENTS ***		

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

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

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

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

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

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

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

Last Updated 12/1/2024

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

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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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		

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

Last Updated 12/1/2024

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>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	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	1	-
<i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv)	1	-
POLYTRIM OPHTH SOLN .1%-10000UNIT/ML (<i>polymyxin b-trimethoprim</i>)	3	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	1	-
<i>tobramycin ophth soln</i> (TOBEX Equiv)	1	-
TOBEX OPHTH OINT .3% (<i>tobramycin (ophth)</i>)	3	-
TOBEX OPHTH SOLN .3% (<i>tobramycin (ophth)</i>)	3	-
TRIFLURIDINE OPHTH SOLN 1% (<i>trifluridine</i>)	1	-
VIGAMOX OPHTH SOLN .5% (<i>moxifloxacin hcl (ophth)</i>)	3	-

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ST	Step Therapy	VAC	Vaccine Program		

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

Last Updated 12/1/2024

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

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

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

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

Last Updated 12/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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</i> .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln</i> .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-hc (ophth)</i>)	1	-
PRED FORTE OPHTH SUSP (<i>prednisolone acetate (ophth)</i>)	3	-
PRED FORTE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	3	-
PRED MILD OPHTH SOLN .12% (<i>prednisolone acetate (ophth)</i>)	2	-
PRED-G OPHTH SOLN .3%-1% (<i>gentamicin-prednisolone acetate</i>)	2	-

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

Last Updated 12/1/2024

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>prednisolone acetate ophth susp 1%</i> (PRED FORTE Equiv)	1	-
PREDNISOLONE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	1	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% (<i>prednisolone sodium phosphate (ophth)</i>)	2	-
<i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% (<i>sulfacetamide sod-prednisolone</i>)	1	-
TOBRADEX OPHTH OINT .1%-.3% (<i>tobramycin-dexamethasone</i>)	2	-
TOBRADEX OPHTH SOLN .1%-.3% (<i>tobramycin-dexamethasone</i>)	3	-
TOBRADEX ST OPHTH SUSP .05%-.3% (<i>tobramycin-dexamethasone</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)
OPHTHALMICS - MISC. - Miscellaneous eye agents		
ACULAR (LS) OPHTH SOLN .4%, .5% (<i>ketorolac tromethamine (ophth)</i>)	3	-

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

Last Updated 12/1/2024

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYSTARAN OPHTH SOLN .44% (<i>cysteamine hcl</i>)	4	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	1	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	1	-
ELESTAT OPHTH SOLN (<i>epinastine hcl (ophth)</i>)	3	-
EMADINE OPHTH SOLN (<i>emedastine difumarate</i>)	3	-
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-
FLURBIPROFEN OPHTH SOLN .03% (<i>flurbiprofen sodium</i>)	2	-
ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>)	2	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	1	OTC OTC covered only
LASTACAFT OPHTH SOLN .25% (<i>alcaftadine</i>)	3	QL QL= 3ml/30 days
NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>)	2	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	1	OTC
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	1	OTC-QL QL= 2.5ml/30 days
PATANOL OPHTH SOLN .1% (<i>olopatadine hcl</i>)	3	-

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

Last Updated 12/1/2024

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

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OTIC COMBINATIONS - Drugs to treat ear conditions		
CIPRO HC OTIC SUSP .2%-1% <i>(ciprofloxacin-hydrocortisone)</i>	3	-
CIPRODEX OTIC SUSP .1%-.3% <i>(ciprofloxacin-dexamethasone)</i>	3	-
<i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv)	1	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML <i>(neomycin-colistin-hc-thonzonium)</i>	2	-
<i>neomycin/polymixin/hydrocortisone otic soln</i> <i>1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
<i>neomycin/polymixin/hydrocortisone otic susp</i> <i>1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
OTIC STEROIDS - Drugs to treat ear swelling		
<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	-
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		

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Last Updated 12/1/2024

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<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	1	QL QL= 28 tabs/fill, 1 fill/365 days
PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
GAMASTAN INJ (<i>immune globulin (human) im</i>)	M	M
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM (<i>immune globulin (human) iv</i>)	M	M
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	2	KMSP-PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	4	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	2	KMSP-PA

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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		

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG (<i>amoxicillin</i>)	1	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	1	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG (<i>amoxicillin & pot clavulanate</i>)	3	-
<i>amoxicillin/clavulanate susp</i> 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML (AUGMENTIN ES Equiv)	1	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg</i> 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)	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 & pot clavulanate</i>)	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML (<i>amoxicillin & pot clavulanate</i>)	3	-
AUGMENTIN TAB 125MG-500MG (<i>amoxicillin & pot clavulanate</i>)	3	-
<i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i>	M	M

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	1	-
<i>nafcillin inj 10GM, 1GM, 2GM</i>	M	M
<i>oxacillin inj 10GM, 1GM, 2GM</i>	M	M
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES (<i>polyethylene glycol 8000</i>)	2	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
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	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		

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

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<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
ANTABUSE TAB (<i>disulfiram</i>)	3	-
<i>disulfiram tab 250MG</i> (ANTABUSE Equiv)	1	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
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
LUMRYZ STARTER PACK (<i>sodium oxybate</i>)	4	LD-PA-QL QL= 1 packet/day; Only available through Accredo 800-803-2523
SODIUM OXYBATE SOLN 500MG/ML (<i>sodium oxybate</i>)	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
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

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

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<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (<i>rivastigmine</i>)	3	ST Step Therapy requires trial of rivastigmine cap
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	1	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	1	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
NAMENDA TAB 10MG, 5MG (<i>memantine hcl</i>)	3	-
RAZADYNE ER CAP 16MG, 24MG, 8MG (<i>galantamine hydrobromide</i>)	3	-
RAZADYNE TAB (<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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG (<i>chlordiazepoxide-amitriptyline</i>)	1	-
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	1	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG (<i>perphenazine-amitriptyline</i>)	1	-
SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (<i>olanzapine-fluoxetine hcl</i>)	3	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK (<i>milnacipran hcl</i>)	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>)	2	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
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

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
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

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MAVENCLAD PAK 10MG (<i>cladribine (multiple sclerosis)</i>)	4	LD Only available through Walgreens 888-347-3416
MAYZENT TAB .25MG, 1MG, 2MG (<i>siponimod fumarate</i>)	4	LMSP
MAYZENT TAB STARTER PACK .25MG (<i>siponimod fumarate</i>)	4	LMSP
PLEGRIDY INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	LMSP
<i>teriflunomide tab 14MG, 7MG</i> (AUBAGIO TAB Equiv)	1	LMSP
ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>)	4	LMSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK (<i>ozanimod hcl</i>)	4	LMSP-PA-QL QL= 1 cap/day
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>)	2	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		
ERGOLOID MESYLATES TAB 1MG (<i>ergoloid mesylates</i>)	3	-
ORAP TAB (<i>pimozide</i>)	3	-

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PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	2	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
<i>bupropion SR tab 150MG</i> (ZYBAN Equiv)	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
NICOTINE KIT (<i>nicotine</i>)	\$0	OTC-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
NICOTROL INHALER 10MG (<i>nicotine</i>)	\$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>)	\$0	SMKG
VARENICLINE TAB .5MG, 1MG (<i>varenicline tartrate</i>)	\$0	SMKG
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	SMKG
<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	SMKG
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
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
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		

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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
TRIKAFTA TAB 25MG-50MG, 50MG-100MG (<i>elxacaftor-tezacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 84 tabs/28 days
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG (<i>elxacaftor-tezacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
ESBRIET CAP 267MG (<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

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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
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
<i>sulfadiazine tab 500MG</i>	1	-
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
<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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<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	-
VIBRAMYCIN SYRUP 50MG/5ML (<i>doxycycline calcium</i>)	3	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
<i>methimazole tab 10MG, 5MG</i> (TAPAZOLE Equiv)	1	-
<i>propylthiouracil tab 50MG</i>	1	-
TAPAZOLE TAB 10MG (<i>methimazole</i>)	3	-
THYROID HORMONES - Drugs to regulate thyroid hormones		

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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	-
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

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TOXOIDS - Drugs to prevent infection		
TOXOID COMBINATIONS - Drugs to prevent infection		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML (<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
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
ANASPAZ ODT .125MG (<i>hyoscyamine sulfate</i>)	3	-
BENTYL CAP (<i>dicyclomine hcl</i>)	3	-
BENTYL SYRUP (<i>dicyclomine hcl</i>)	3	-
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	1	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	1	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	1	-
<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	-

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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	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
<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	-
PEPCID TAB 10MG, 20MG, 40MG (<i>famotidine</i>)	3	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE TAB 1GM (<i>sucralfate</i>)	3	-
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
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	-

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<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	-
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
CYTOTEC TAB 100MCG, 200MCG (<i>misoprostol</i>)	3	-
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
ANTISPASMODICS - Drugs to treat diarrhea		
CUVPOSA SOLN 1MG/5ML (<i>glycopyrrolate</i>)	4	MSP
<i>glycopyrrolate oral soln 1MG/5ML</i> (CUVPOSA Equiv)	4	MSP
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
NIZATIDINE CAP 150MG, 300MG (<i>nizatidine</i>)	1	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE SUSP 1GM/10ML (<i>sucralfate</i>)	3	-
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
<i>omeprazole tab 20MG</i>	1	OTC
ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions		
ZEGERID CAP OTC 20MG-1100MG (<i>omeprazole-sodium bicarbonate</i>)	1	OTC
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		

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URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
<i>darifenacin SR tab 15MG, 7.5MG</i> (ENABLEX Equiv)	1	PA
DETROL LA CAP 2MG, 4MG (<i>tolterodine tartrate</i>)	3	-
DETROL TAB 1MG, 2MG (<i>tolterodine tartrate</i>)	3	-
DITROPAN XL TAB 10MG, 5MG (<i>oxybutynin chloride</i>)	3	-
ENABLEX TAB 7.5MG (<i>darifenacin hydrobromide</i>)	3	PA
<i>fesoterodine fumarate ER tab 4MG, 8MG</i> (TOVIAZ Equiv)	1	-
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	1	-
<i>oxybutynin syrup 5MG/5ML</i>	1	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	1	-
OXYTROL PATCH (OTC) 3.9MG/24HR (<i>oxybutynin</i>)	1	OTC
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	1	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	1	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	1	-
TOVIAZ TAB 4MG, 8MG (<i>fesoterodine fumarate</i>)	3	-
<i>tropium chloride SR cap 60MG</i> (SANCTURA XR Equiv)	1	PA
<i>tropium tab 20MG</i> (SANCTURA Equiv)	1	-
VESICARE TAB 10MG, 5MG (<i>solifenacin succinate</i>)	3	-

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URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG (<i>mirabegron</i>)	1	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	1	-
URECHOLINE TAB (<i>bethanechol chloride</i>)	3	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
BEXSERO INJ (<i>meningococcal vac group b (recombant omv adjuvanted)</i>)	\$0	VAC Covered for members age 19 years or older
CAPVAXIVE INJ .5ML (<i>pneumococcal 21-valent conjugate vaccine</i>)	\$0	VAC
PNEUMOVAX INJ 25MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	\$0	VAC
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

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TRUMENBA INJ (<i>meningococcal group b vaccine (recombinant)</i>)	\$0	VAC Covered for members age 19 years or older
TYPHIM VI INJ 25MCG/0.5ML (<i>typhoid vi polysaccharide vaccine</i>)	EXC	VAC
VAXCHORA SUSP (<i>cholera vaccine live attenuated</i>)	EXC	VAC
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	\$0	QL-VAC QL= 1 vaccine/lifetime
VIVOTIF CAP (<i>typhoid vaccine</i>)	EXC	VAC
VIRAL VACCINES - Drugs to prevent infection		
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 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/ML, 20MCG/ML, 40MCG/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 & b surface antigen adjuvant</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
FLUCELVAX INJ (<i>influenza virus vaccine tissue-cultured subunit</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
FLUMIST NASAL (<i>influenza virus vaccine live</i>)	\$0	QL-VAC QL= 1 dose/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
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

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IXCHIQ INJ (<i>chikungunya virus vaccine live</i>)	EXC	VAC
IXIARO INJ (<i>japanese encephalitis vaccine inactivated adsorbed</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
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
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML (<i>tick-borne encephalitis virus vaccine, inactivated</i>)	EXC	VAC
VARIVAX INJ 1350PFU/0.5ML (<i>varicella virus vaccine live</i>)	\$0	VAC Covered for members age 19 years or older
YF-VAX INJ (<i>yellow fever vaccine</i>)	EXC	VAC
VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections		
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		

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

Last Updated 12/1/2024

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

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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<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	-
VAGINAL ESTROGENS - Drugs to treat low hormones		
ESTRACE VAGINAL CREAM .1MG/GM (<i>estradiol vaginal</i>)	3	-
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	1	-
<i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv)	1	QL QL= 8 tabs/28 days (18 tabs on first fill)
ESTRING 2MG, 7.5MCG/24HR (<i>estradiol vaginal</i>)	2	-
FEMRING .05MG/24HR, .1MG/24HR (<i>estradiol acetate vaginal</i>)	3	3 copays per Rx
PREMARIN VAGINAL CREAM .625MG/GM (<i>estrogens, conjugated vaginal</i>)	2	-

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VAGIFEM TAB 10MCG (<i>estradiol vaginal</i>)	3	QL QL= 8 tabs/28 days (18 tabs on first fill)
VAGINAL PROGESTINS - Drugs to treat low hormones		
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
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	1	QL QL= 2 inj/fill
VIRAL VACCINES - Drugs to prevent infection		
<i>midodrine tab</i> (PROAMATINE Equiv)	1	-
VITAMINS - Drugs to treat vitamin deficiency		
MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency		
PRENATAL VITAMINS (NON-PREFERRED) (<i>prenatal w/ calcium carbonate-vit b6-vit b12-folic acid</i>)	3	-
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	1	-
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		

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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
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>niacin cap</i>	1	OTC
<i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv)	1	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	1	OTC
NIACIN TR CAP 500MG (<i>niacin</i>)	1	OTC
NIACIN TR TAB 1000MG (<i>niacin</i>)	1	OTC
<i>niacinamide tab 100MG, 500MG</i>	1	OTC
POTABA CAP 500MG (<i>potassium aminobenzoate</i>)	3	-
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

A					
abacavir soln	107	ACCU-CHEK TEST STRIP	153	ADALIMUMAB FKJP KIT	6
abacavir tab	107	ACCUPRIL TAB	68	INJ 20MG/0.4ML	
abacavir/lamivudine tab	107	acebutolol cap	117	ADALIMUMAB-AATY 20	7
abacavir/lamivudine/zidovudine tab	107	acetaminophen/codeine tab	17	MG/0.2 ML PFS (2	
ABILIFY TAB	107	acetazolamide ER cap	156	SYRINGE) KIT	
abiraterone tab 250mg	84	acetazolamide tab	156	ADALIMUMAB-AATY 40	7
ABSTRAL SL TAB	12	acetic acid otic soln	217	MG/0.4 ML PEN (1 PEN)	
acamprosate calcium DR	223	acetic acid/hydrocortisone	218	KIT	
tab		otic soln		ADALIMUMAB-AATY 40	7
acarbose tab	49	acetylcysteine soln	137	MG/0.4 ML PEN (2 PEN)	
ACCOLATE TAB	28	ACIPHEX TAB	234	KIT	
ACCU-CHEK AVIVA	187	acitretin cap	143	ADALIMUMAB-AATY 40	7
PLUS METER		ACTHAR GEL INJ	160	MG/0.4 ML PFS (2	
ACCU-CHEK AVIVA	153	ACTIGALL CAP	168	SYRINGE) KIT	
PLUS TEST STRIP		ACTIMMUNE INJ	99	ADALIMUMAB-AATY 80	7
ACCU-CHEK GUIDE	187	ACTIQ LOZENGE	12	MG/0.8 ML PEN (1 PEN)	
CARE METER		ACTIVELLA TAB	165	KIT	
ACCU-CHEK GUIDE ME	187	ACTONEL TAB	158	ADALIMUMAB-ADAZ	7
KIT		ACTOS TAB	56	INJ	
ACCU-CHEK GUIDE	153	ACULAR (LS) OPHTH	214	ADALIMUMAB-ADAZ	7
TEST STRIP		SOLN		PFS INJ	
ACCU-CHEK NANO	187	ACUVAIL OPHTH SOLN	215	ADALIMUMAB-FKJP	7
METER		acyclovir cap	114	AUTO-INJECTOR KIT	
ACCU-CHEK	153	acyclovir oint	145	ADALIMUMAB-FKJP	7
SMARTVIEW TEST STRIP		acyclovir susp	114	AUTO-INJECTOR KIT	
		acyclovir tab	114	40MG/0.8ML	
		ADACEL/BOOSTRIX INJ	233	ADALIMUMAB-FKJP	8
		ADALAT CC TAB	119	PFS KIT 20 MG/0.4ML	

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ALPHABETICAL LISTING OF DRUGS

ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	8	ALBUTEROL NEBULIZER SOLN	30	ALKINDI SPRINKLE CAI	132
adapalene cream	137	albuterol sulfate syrup	30	ALLEGRA ODT	63
adapalene gel	138	albuterol sulfate tab	30	allopurinol tab	175
adapalene/benzoyl peroxide gel 0.1-2.5%	138	albuterol/ipratropium neb soln	30	ALOCRILOPHTH SOLN	215
adapalene/benzoyl peroxide gel 0.3-2.5%	138	ALCAINE OPHTH SOLN	211	ALOGLIPTIN TAB	52
ADBRY INJ	149	alclometasone cream	145	ALOGLIPTIN-METFORM IN TAB	49
adefovir dipivoxil tab	113	alclometasone oint	145	ALOGLIPTIN-PIOGLITAZ ONE TAB	50
ADEMPAS TAB	125	ALCOHOL SWABS	190	ALOMIDE OPHTH SOLN	215
ADIPEX-P CAP	2	ALDACTAZIDE TAB	156	ALORA PATCH	165
ADIPEX-P TAB	2	ALDACTAZIDE TAB 50-50MG	156	alosetron tab	170
ADVAIR HFA INHALER	30	ALDACTONE TAB	157	ALPHAGAN P OPHTH SOLN 0.15%	208
AEROCHAMBER	190	ALDARA CREAM	150	alprazolam tab	24
AEROCHAMBER SUPPLIES	190	ALECENSA CAP	88	ALREX OPHTH SUSP	211
AFLURIA INJ, FLUZONE INJ	238	alendronate sodium oral soln	158	ALREX OPHTH SUSP 0.2%	211
AGRYLIN CAP	177	alendronate tab	158	ALTACE CAP	68
AIMOVIG INJ	191	ALENDRONATE TAB 40MG	158	ALUNBRIG TAB 30MG	88
AJOVY INJ	191	alfuzosin SR tab	174	ALUNBRIG TAB 90MG, 180MG	88
AKYNZEO CAP	60	ALINIA TAB	76	ALVESCO INHALER	29
albendazole tab	22	aliskiren tab	74	amantadine cap	100
ALBENZA TAB	22	ALKERAN TAB	81	amantadine syrup	100
albuterol HFA inhaler	30	ALKINDI SPRINKLE CAI	132	amantadine tab	100
albuterol neb soln	30	0.5MG		AMARYL TAB	56
				AMBIEN CR TAB	182

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ALPHABETICAL LISTING OF DRUGS

AMBIEN TAB	182	amoxicillin susp	220	ANDROGEL PUMP	20
ambrisentan tab	124	amoxicillin tab	220	1.62%	
amethyst tab	128	AMOXICILLIN/CLAVUL	221	ANNOVERA RING	130
AMICAR SOLN	181	ANATE ER TAB		ANORO ELLIPTA	30
AMICAR TAB	181	amoxicillin/clavulanate	221	INHALER	
amikacin inj	5	susp		ANTABUSE TAB	223
amiloride tab	157	amoxicillin/clavulanate tab	221	ANUSOL-HC CREAM	22
AMILORIDE/HCTZ TAB	156	500-125mg, 875-125mg		ANZEMET TAB	59
amiloride/hydrochlorothiazide tab	156	amphetamine/dextroamphetamine ER cap	1	APAP/CODEINE SOLN	17
aminocaproic acid soln	181	amphetamine/dextroamphetamine tab	1	APRACLONIDINE	208
aminocaproic acid tab	181	ampicillin cap	220	OPHTH SOLN	
amiodarone tab	26	ampicillin/sulbactam inj	221	aprepitant pak	60
amitriptyline tab	48	ANAFRANIL CAP	48	APTIVUS CAP	107
amlodipine tab	119	anagrelide cap	177	APTIVUS SOLN	107
amlodipine/atorvastatin tab	122	ANASPAZ ODT	233	aranelle tab	128
amlodipine/benazepril cap	71	anastrozole tab	84	arformoterol tartrate neb	30
amlodipine/olmesartan tab	71	ANCOBON CAP	61	soln	
amlodipine/valsartan tab	71	ANDRODERM PATCH	20	ARICEPT TAB	223
ammonium lactate cream	149	ANDROGEL 1% 25MG	20	ARICEPT TAB 23MG	223
ammonium lactate lotion	149	ANDROGEL 1% 50MG,	20	ARIMIDEX TAB	84
amnesteem cap, claravis cap, isotretinoin cap,	138	TESTIM GEL 1%		aripiprazole soln	107
myorisan cap, zenatane cap		ANDROGEL 1.62%	20	aripiprazole tab	107
amoxapine tab	48	1.25GM		ARIXTRA INJ	34
amoxicillin cap	220	ANDROGEL 1.62%	20	armodafinil tab	4
AMOXICILLIN CHEW TAB	220	2.5GM		ARMOUR THYROID TAB, NATURE THYROID TAB	232

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ALPHABETICAL LISTING OF DRUGS

ARNUITY ELLIPTA INHALER	29	ATROVENT HFA INHALER	27	AZOR TAB	71
AROMASIN TAB	84	AUGMENTIN ES-600 SUSP	221	AZULFIDINE EN TAB	169
ARTHROTEC TAB	9	AUGMENTIN SUSP	221	AZULFIDINE TAB	169
asenapine maleate SL tab	105	AUGTYRO CAP	88	B	
ASMANEX HFA INHALER	29	AUGTYRO CAP 160MG	88	BACITRACIN OPHTH OINT	208
aspirin chew tab 81mg	12	AURYXIA TAB	171	bacitracin/neomycin/poly myxin b ophth oint	209
aspirin ec tab 81mg	12	AUSTEDO XR TAB	225	bacitracin/polymyxin b ophth oint	209
ASTAMED MYO CAP	154	AVALIDE TAB	71	bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	211
atazanavir cap	107	avanafil tab	122	BACLOFEN ORAL SOLN 201	
ATELVIA TAB	158	AVAPRO TAB	69	10 MG/5ML	
atenolol tab	117	AVELOX TAB	166	BACLOFEN ORAL SOLN 201	
atenolol/chlorthalidone tab	71	aviane tab	128	5 MG/5ML	
atomoxetine cap	3	AVODART CAP	174	BACLOFEN SUSP	201
ATORVALIQ SUSP	66	AVONEX INJ	226	baclofen tab	201
atorvastatin tab	66	AYGESTIN TAB	222	BACTRIM DS TAB	75
atovaquone susp	76	AYVAKIT TAB	87	BALCOLTRA TAB	128
atovaquone/proguanil tab	79	AZASITE SOLN	208	balsalazide cap	169
ATRALIN GEL, RETIN-A GEL	138	azathioprine tab	116	BALVERSA TAB 3MG	88
atropine ophth oint	206	azelaic acid gel	151	BALVERSA TAB 4MG	88
atropine ophth soln	206	azelastine nasal spray 0.1%	203	BALVERSA TAB 5MG	88
ATROPINE SUL SOLN 1% OPHTH	207	azelastine ophth soln	215	BANZEL SUSP	36
ATROPINE SULFATE OPHTH OINT	207	AZILECT TAB	101	BAQSIMI NASAL POWDER	51
		azithromycin susp	185		
		azithromycin tab	185		
		AZOPT OPHTH SUSP	215		

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BARACLUDE SOLN	113	BETAMETHASONE	145	BILTRICIDE TAB	22
BARACLUDE TAB	113	AUGMENTED GEL		bimatoprost ophth soln	150
B-D AUTOSHIELD DUO	190	betamethasone augmented	145	bisoprolol tab	117
PEN NEEDLE		lotion		bisoprolol/hydrochlorothia	72
B-D INSULIN SYRINGE	190	betamethasone augmented	146	zide tab	
U-500		ointment		BLEPH-10 OPHTH SOLN	209
BECONASE AQ NASAL	204	betamethasone	146	BLEPHAMIDE S.O.P.	212
SPRAY		dipropionate cream		OPHTH OINT	
benazepril tab	68	betamethasone	146	BONIVA TAB 150MG	159
benazepril/hydrochlorothia	72	dipropionate lotion		bosentan tab	124
zide tab		betamethasone	146	BOSULIF CAP	88
BENICAR HCT TAB	72	dipropionate oint		BOSULIF TAB	88
BENLYSTA	196	betamethasone valerate	146	BRAFTOVI CAP 75MG	89
AUTO-INJECTOR		cream		BREO ELLIPTA	31
BENLYSTA INJ	197	betamethasone valerate	146	INHALER	
BENTYL CAP	233	lotion		BREO ELLIPTA	31
BENTYL SYRUP	233	betamethasone valerate	146	INHALER 50-25	
BENZAACLIN GEL	138	ointment		MCG/ACT	
BENZAMYCIN GEL	138	BETAPACE AF TAB	118	BREZTRI AEROSPHERE	31
BENZNIDAZOLE TAB	22	BETAPACE TAB	118	INHALER	
benzonatate cap 100mg,	135	BETASERON INJ	226	BRILINTA TAB	177
200mg		bethanechol tab	237	brimonidine ophth soln	208
benztropine tab	100	bexarotene cap	99	0.15%	
bepotastine ophth soln	215	bexarotene gel	142	brimonidine ophth soln	208
BEPREVE OPHTH SOLN	215	BEXSERO INJ	237	0.2%	
BETAGAN OPHTH SOLN	206	BIAXIN TAB	185	brimonidine tartrate gel	151
betamethasone augmented	145	bicalutamide tab	84	brimonidine tartrate ophth	208
cream		BIKTARVY TAB	107	soln 0.1%	

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ALPHABETICAL LISTING OF DRUGS

brimonidine/timolol ophth soln	206	bupropion SR tab	228	calcitonin nasal spray	159
brinzolamide ophth susp	215	bupropion tab	44	calcitriol cap	161
bromfenac ophth soln	215	bupropion XL tab	44	CALCITRIOL OINT	143
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	215	bupirone tab	24	calcitriol soln	161
bromfenac sodium ophth soln 0.07%	215	busulfan inj	81	calcium acetate cap	171
bromocriptine cap	100	BUSULFEX INJ	81	CALIBRATION LIQUID	187
bromocriptine tab	100	butorphanol nasal spray	19	CALQUENCE CAP	89
BROVANA NEB SOLN	31	BUTRANS PATCH	19	CALQUENCE TAB	89
BROVEX PEB LIQUID	135	BYDUREON BCISE	53	CAMZYOS CAP	121
BRUKINSA CAP	89	AUTO INJ		capecitabine tab	82
budesonide ER tab	132	BYDUREON INJ	53	CAPRELSA TAB	89
budesonide inh susp	29	BYDUREON PEN INJ	54	CAPRELSA TAB 300MG	89
budesonide rectal foam	22	BYETTA INJ	54	captopril tab	68
budesonide SR cap	132	BYLVAY CAP 1200MCG	169	CAPTOPRIL/HYDROCHL OROTHIAZIDE TAB	
budesonide/formoterol inhaler	31	BYLVAY CAP 400MCG	169	CAPVAXIVE INJ	237
bumetanide tab	157	BYLVAY SPRINKLE CAP 200MCG	169	CARAFATE SUSP	235
buprenorphine patch	19	BYLVAY SPRINKLE CAP 600MCG	169	CARAFATE TAB	234
buprenorphine SL tab	19	C			
buprenorphine/naloxone sl film	19	cabergoline tab	164	carbamazepine chew tab	36
buprenorphine/naloxone SL tab	19	CABLIVI INJ KIT	177	carbamazepine ER cap	36
bupropion ER tab	44	CABOMETYX TAB	89	carbamazepine ER tab	36
		CADUET TAB	122	carbamazepine susp	36
		CALAN SR TAB	119	carbamazepine tab	36
		calcipotriene cream	143	CARBATROL CAP	36
		calcipotriene oint	143	carbidopa tab	100
		CALCIPOTRIENE SOLN	143	carbidopa/levodopa ER tab	100
				CARBIDOPA/LEVODOPA ODT	100

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ALPHABETICAL LISTING OF DRUGS

carbidopa/levodopa tab	101	cefixime susp	127	chlorpromazine tab	106
carbidopa-levodopa-entacapon tab	102	CEFOTAXIME INJ	127	chlorthalidone tab	158
CARBINOXAMINE SOLN	62	cefoxitin inj	127	chlorzoxazone tab 500mg	201
carbinoxamine tab	63	cefpodoxime proxetil susp	127	CHOLBAM CAP	167
CARDIZEM CD CAP	119	cefpodoxime proxetil tab	127	cholestyramine lite	64
CARDIZEM TAB	119	ceftriaxone inj	127	powder	
CARDURA TAB	70	cefuroxime tab	127	cholestyramine lite	64
CARETOUCH MIS	190	CELEBREX CAP	9	powder pack	
carglumic acid tab	161	celecoxib cap	9	cholestyramine powder	64
carisoprodol tab	201	CELEXA TAB	46	cholestyramine powder	65
CARISPIR SUSP	157	CELONTIN CAP	43	pack	
CARNITOR SOLN	162	CENTANY OINT	140	CIBINQO TAB	149
CARNITOR TAB	162	cephalexin cap	126	ciclopirox cream	140
carvedilol tab	117	cephalexin susp	126	ciclopirox gel	141
CASODEX TAB	85	CERDELGA CAP	178	ciclopirox nail soln	141
CATAPRES-TTS PATCH	70	CEREZYME INJ	178	ciclopirox shampoo	141
CAVERJECT INJ	122	CERVICAL CAP	186	ciclopirox topical susp	141
CAYSTON INH SOLN	77	CESAMET CAP	60	cilostazol tab	177
cefaclor cap	126	cesia tab	128	CILOXAN OPHTH OINT	209
CEFACTOR ER TAB	127	cevimeline cap	198	CILOXAN OPHTH SOLN	209
CEFACTOR SUSP	127	CHEMET CAP	58	CIMDUO TAB	108
cefazolin inj	126	chlordiazepoxide cap	25	cimetidine tab	234
CEFAZOLIN INJ	126	CHLORDIAZEPOXIDE/A MITRIPTYLINE TAB	225	CIMZIA INJ	169
cefdinir cap	127	chlorhexidine gluconate soln	197	cinacalcet tab	162
cefdinir susp	127	chloroquine tab	79	CINRYZE INJ	175
CEFDITOREN TAB	127	CHLOROTHIAZIDE TAB	157	CIPRO HC OTIC SUSP	218
cefixime cap	127			CIPRO SUSP	166
				CIPRO TAB	167

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ALPHABETICAL LISTING OF DRUGS

CIPRODEX OTIC SUSP	218	CLEOCIN-T SOLN	138	CLOBEX SPRAY	146
CIPROFLOXACIN	167	CLIMARA PATCH	166	clomipramine cap	48
100MG TAB		clindamycin cap	77	clonazepam ODT	35
ciprofloxacin hcl otic soln	217	clindamycin gel	138	clonazepam tab	35
ciprofloxacin ophth soln	209	clindamycin lotion	138	clonidine ER tab	3
ciprofloxacin susp	167	clindamycin pad	138	clonidine patch	70
ciprofloxacin tab	167	clindamycin soln	77	clonidine tab	70
ciprofloxacin/dexamethasone otic susp	218	clindamycin topical soln	138	clopidogrel tab 75mg	177
citalopram soln	46	clindamycin vaginal cream	242	clotrimazole troches	197
citalopram tab	46	clindamycin/benzoyl peroxide gel	139	clotrimazole/betamethasone cream	141
CITRULLINE PACKET	205	CLINDESSE VAGINAL CREAM	241	clozapine tab	105
CLARINEX SYRUP	63	CLINDAMYCIN SOLN	35	CLOZARIL TAB	105
CLARINEX TAB	63	clobazam susp	35	CODEINE SULFATE TAB 15MG	13
CLARINEX-D TAB	135	clobazam tab	35	codeine sulfate tab 60mg	13
clarithromycin ER tab	185	clobetasol foam	146	codeine sulfate tablet 15mg, 30mg	13
CLARITHROMYCIN SUSP	185	clobetasol lotion	146	COLAZAL CAP	170
clarithromycin tab	185	clobetasol propionate cream	146	colchicine tab	175
CLARITIN CHEW TAB	63	clobetasol propionate emollient cream	146	colchicine/probenecid tab	174
CLEOCIN CAP	77	clobetasol propionate gel	146	colesevelam pack	65
CLEOCIN SOLN	77	clobetasol propionate oint	146	colesevelam tab	65
CLEOCIN VAGINAL CREAM	241	clobetasol propionate soln	146	COLESTID GRANULE	65
CLEOCIN VAGINAL SUPP	241	clobetasol shampoo	146	COLESTID POWDER	65
CLEOCIN-T LOTION	138	clobetasol spray	146	PACK	
CLEOCIN-T PAD	138	CLOBEX LOTION	146	COLESTID TAB	65
		CLOBEX SHAMPOO	146	colestipol granule	65

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ALPHABETICAL LISTING OF DRUGS

colestipol powder packet	65	CORTENEMA	21	CUE COVID-19 TEST	153
colestipol tab	65	CORTISPORIN CREAM	140	CARTRIDGE	
COLY-MYCIN S OTIC	218	CORTISPORIN OINT	140	CUE HEALTH MONITOR	153
SUSP		COSOPT OPHTH SOLN	206	CUVPOSA SOLN	235
COMBIGAN OPHTH	206	COTELIC TAB	90	cyanocobalamin inj	178
SOLN		COUMADIN TAB	34	cyanocobalamin nasal	178
COMBIPATCH	165	COVID-19 TEST	153	spray 500 mcg/0.1ml	
COMBIVENT RESPIMAT	31	COVID-19 VACCINE INJ	238	cyclobenzaprine tab 10mg	201
INHALER		5-11Y (PFIZER)		cyclobenzaprine tab 5mg	201
COMETRIQ KIT	89	COVID-19 VACCINE INJ	238	CYCLOGYL OPHTH	207
COMIRNATY INJ	238	6M-11Y (MODERNA)		SOLN	
COMIRNATY INJ	238	COVID-19 VACCINE INJ	239	CYCLOMYDRIL OPHTH	207
30MCG/0.3ML		6M-4Y (PFIZER)		SOLN	
COMPLERA TAB	108	COZAAR TAB	69	cyclopentolate ophth soln	207
COMTAN TAB	100	CREATINE PACKET	205	CYCLOPHOSPHAMIDE	81
CONCEPT DHA CAP	200	5000MG		CAP	
CONCEPTROL GEL	241	CREON CAP	155	CYCLOPHOSPHAMIDE	81
CONTRACEPTIVE FILM	241	CRESTOR TAB	66	TAB	
CONTRACEPTIVE FOAM	241	CRINONE GEL	243	CYCLOSET TAB	53
CONTRACEPTIVE GEL	241	CRIXIVAN CAP	108	cyclosporine cap	116
CONTRACEPTIVE SUPP	241	cromolyn conc	168	cyclosporine modified cap	116
CONTRAVE TAB	2	cromolyn neb soln	27	cyclosporine modified	116
COPIKTRA CAP	90	cromolyn ophth soln	215	soln	
CORDARONE TAB	26	CROMOLYN SODIUM	215	cyclosporine ophth	211
COREG TAB	117	OPHTH SOLN		emulsion	
CORGARD TAB	118	CROTAN LOTION	152	cyproheptadine syrup	63
CORLANOR TAB	126	cryselle tab	128	cyproheptadine tab	63
CORTEF TAB	132			CYSTADROPS SOLN	215

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ALPHABETICAL LISTING OF DRUGS

CYSTAGON CAP	173	deferiprone tab	58	desmopressin acetate nasal	163
CYSTARAN OPHTH SOLN	216	DELESTROGEN INJ	166	spray	
CYTOMEL TAB	232	DELSTRIGO TAB	108	desmopressin acetate tab	163
CYTOTEC TAB	235	demeclocycline tab	230	desoximetasone cream	147
CYTRA K CRYSTALS	172	DENAVIR CREAM	145	desoximetasone oint	147
CYTRA-3 SYRUP	172	DEPAKENE CAP	43	desvenlafaxine ER tab	47
<hr/>					
D		DEPAKENE SYRUP	43	DETROL LA CAP	236
dabigatran etexilate mesylate cap	35	DEPAKOTE ER TAB	43	DETROL TAB	236
dalfampridine ER tab	226	DEPAKOTE SPRINKLE CAP	43	DEXAMETHASONE CONC	
DALIRESP TAB	28	DEPAKOTE TAB	43	dexamethasone elixir	132
danazol cap	20	DEPEN TITRATAB	194	DEXAMETHASONE OPTH SOLN	212
DANTRIUM CAP	202	DEPLIN CAP	154	dexamethasone sodium phosphate inj	132
dantrolene cap	202	DEPO-MEDROL INJ	132	DEXAMETHASONE SOLN	133
dapsone tab	77	DEPO-MEDROL INJ, METHYLPREDNISOLON E ACE INJ	132	dexamethasone tab	133
darifenacin SR tab	236	DEPO-PROVERA INJ	131	DEXCOM G6 RECEIVER	187
darunavir tab	108	DEPO-PROVERA SC INJ 104MG	131	DEXCOM G6 SENSOR	187
dasatinib tab	90	DERMA-SMOOTH/FS OIL	147	DEXCOM G6 TRANSMITTER	187
DAYBUE SOLN	205	DERMOTIC OIL	218	DEXCOM G7 RECEIVER	187
DDAVP NASAL SOLN	163	DESCOVY TAB	108	DEXCOM G7 SENSOR	187
DDAVP NASAL SPRAY	163	desipramine tab	48	DEXEDRINE CAP	1
DDAVP TAB	163	DESLORATADINE ODT	63	dexmethylphenidate ER cap	4
deferasirox granules packet	58	desloratadine tab	63	dexmethylphenidate tab	4
deferasirox tab	58				
deferasirox tab for oral susp	58				

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ALPHABETICAL LISTING OF DRUGS

dextroamphetamine ER cap	1	diclofenac sodium XR tab	9	DILAUDID TAB 8MG	13
dextroamphetamine soln	1	diclofenac/misoprostol DR tab	9	diltiazem ER cap	119
dextroamphetamine tab	1	dicloxacillin cap	222	diltiazem tab	119
DIACOMIT CAP	36	dicyclomine cap	233	dimethyl fumarate DR cap	226
DIACOMIT POWDER PACK	37	dicyclomine soln	233	dimethyl fumarate DR starter pack	226
DIALYVITE TAB	198	dicyclomine tab	233	DIOVAN HCT TAB	72
DIALYVITE/ZINC TAB	198	didanosine DR cap	108	DIOVAN TAB	70
DIAPHRAGM	186	DIFFERIN CREAM	139	DIPENTUM CAP	170
DIASTAT ACDL GEL	35	DIFFERIN GEL	139	diphenhydramine cap	63
DIASTAT RECTAL GEL,	35	DIFICID SUSP	186	50mg	
DIAZEPAM RECTAL GEL		DIFICID TAB	186	diphenhydramine inj	63
diazepam conc	25	DIFLUCAN SUSP	61	DIPHENOXYLATE/ATRO PINE LIQUID	57
DIAZEPAM GEL	35	DIFLUCAN TAB	61	diphenoxylate/atropine tab	57
diazepam oral soln	25	difluprednate ophth emulsion	212	DIPROLENE AF CREAM	147
5mg/5ml		digoxin soln	121	DIPROLENE OINT	147
diazepam rectal gel	35	DIGOXIN SOLN	121	dipyridamole tab	177
diazepam tab 2mg, 10mg	25	0.05MG/ML		disopyramide cap	25
diazepam tab 5mg	25	digoxin tab	121	disulfiram tab	223
diazoxide susp	51	dihydroergotamine mesylate inj	191	DITROPAN XL TAB	236
DIBENZYLINE CAP	69	DILANTIN CAP 100MG	42	DIURIL SUSP	158
diclofenac gel	142	DILANTIN CAP 30MG	42	divalproex ER tab	43
diclofenac gel 1%	142	DILANTIN INFATABS	42	divalproex sodium DR tab	44
diclofenac potassium tab	9	DILANTIN SUSP	42	divalproex sprinkle cap	44
diclofenac sodium EC tab	9	DILAUDID TAB 2MG	13	dofetilide cap	26
diclofenac sodium ophth soln	216	DILAUDID TAB 4MG	13	donepezil ODT	223
				donepezil tab	223

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ALPHABETICAL LISTING OF DRUGS

donepezil tab 23mg	224	DUAC GEL	139	ELIQUIS TAB, ELIQUIS	34
DOPTelet TAB	179	DULERA INHALER	31	STARTER PACK	
dorzolamide ophth soln	216	duloxetine EC cap	47	ELIXOPHYLLIN ELIXIR	33
dorzolamide/timolol ophth	206	DUPIXENT INJ	149	ELLA TAB	131
soln		DUPIXENT PEN INJ	149	ELMIRON CAP	174
DOVATO TAB	108	DUREZOL OPHTH	212	ELOCON CREAM	147
DOVONEX CREAM	143	EMULSION		ELOCON OINT	147
doxazosin tab	70	dutasteride cap	174	EMADINE OPHTH SOLN	216
doxepin cap	48	<hr/>			
doxepin conc	48	E		EMCYT CAP	85
doxercalciferol cap	162	econazole cream	141	EMEND CAP	61
doxycycline hyclate cap	230	EDECIN TAB	157	EMGALITY INJ	191
doxycycline hyclate tab	230	EDEX INJ	122	EMGALITY INJ	191
doxycycline monohydrate	231	EDURANT TAB	108	100MG/ML	
cap 100mg		EFAVIRENZ CAP	108	EMPAVELI INJ	176
doxycycline monohydrate	231	efavirenz tab	108	EMSAM PATCH	45
cap 50mg		efavirenz/emtricitabine/ten	108	emtricitabine cap	108
doxycycline monohydrate	231	ofovir df tab		emtricitabine/tenofovir	109
tab		efavirenz/lamivudine/tenof	108	disoproxil fumarate tab	
doxycycline susp	231	ovir df (lo) tab		EMTRIVA SOLN	109
D-PENAMINE TAB	116	EFFEXOR XR CAP	48	EMVERM TAB	22
DRISDOL CAP	244	EFFIENT TAB	177	ENABLEX TAB	236
DRITHO-SCALP CREAM	143	EFUDEX CREAM	142	enalapril maleate oral soln	68
dronabinol cap	60	EGRIFTA INJ	160	enalapril tab	68
drospirenone/ethinyl	128	ELDEPYRL CAP	101	enalapril/hydrochlorothiazi	72
estradiol/levomefolate tab		ELESTAT OPHTH SOLN	216	de tab	
DROXIA CAP	178	ELIDEL CREAM	150	ENBREL INJ 25MG	12
DRYSOL SOLN	151	ELIGEN B12 TAB	154	ENBREL INJ 50MG	12
		ELIMITE CREAM	152	ENBREL MINI INJ	12

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ALPHABETICAL LISTING OF DRUGS

ENBREL SURECLICK INJ 50MG	12	ERLEADA TAB	85	ESTRACE VAGINAL CREAM	242
ENDOMETRIN INSERT	243	ERLEADA TAB 240MG	85	estradiol cream	242
ENGERIX-B INJ, RECOMBIVAX-HB INJ	239	erlotinib tab	83	estradiol patch	166
enoxaparin inj	34	erlotinib tab 25mg	83	estradiol tab	166
enpresse tab	128	ertapenem inj	76	estradiol vaginal tab, yuvafem vaginal tab	242
ENSPRYNG INJ	195	ERY PAD	139	estradiol valerate inj	166
entacapone tab	100	ERYTHROMYCIN CAP	185	estradiol/norethindrone tab	165
entecavir tab	113	DR		ESTRING	242
ENTYVIO SC INJ	170	ERYTHROMYCIN EC	186	eszopiclone tab	182
EPIDIOLEX SOLN	37	CAP		ethacrynic tab	157
EPIDUO GEL 0.1-2.5%	139	erythromycin	186	ethambutol tab	80
EPIFOAM AEROSOL	147	erythromycin gel	139	ethosuximide cap	43
epinastine ophth soln	216	erythromycin ophth oint	209	ethosuximide soln	43
epinephrine pen inj 0.15mg, 0.3mg	243	erythromycin pad	139	etodolac cap	9
EPIVIR HBV SOLN	113	erythromycin soln	139	etodolac ER tab	9
eplerenone tab	74	erythromycin tab	186	etodolac tab	9
EPRONTIA SOLN	37	erythromycin/benzoyl peroxide gel	139	ETOPOSIDE CAP	100
EQUETRO CAP	103	ESBRIET CAP	229	etravirine tab	109
ERGOLOID MESYLATES TAB	227	ESBRIET TAB 267MG	229	EULEXIN CAP	85
ergotamine tartrate/caffeine tab	191	ESBRIET TAB 801MG	230	everolimus tab	90
ERGOTAMINE W/ CAFFEINE	191	ESCAVITE CHEW TAB	199	everolimus tab (ZORTRESS equiv)	195
ERIVEDGE CAP	84	escitalopram soln	46	everolimus tab for oral susp	90
		escitalopram tab	46	EVISTA TAB	161
		esomeprazole cap	234	EVOTAZ TAB	109
		estazolam tab	182		
		ESTRACE TAB	166		

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ALPHABETICAL LISTING OF DRUGS

EVOXAC CAP	198	FEMALE CONDOMS	186	FIRST	74
EVRYSDI SOLN	205	FEMARA TAB	85	METRONIDAZOLE SUSP	
EXELDERM SOLN	141	FEMHRT TAB	165	FIRST MOUTHWASH	197
EXELON PATCH	224	FEMLYV TAB	128	BLM	
exemestane tab	85	FEMRING	242	FIRVANQ SOLN	76
EXFORGE TAB	72	fenofibrate cap 67mg, 134mg, 200mg	65	25MG/ML	
EZALLOR SPRINKLE CAP	66	fenofibrate tab 48mg, 54mg, 145mg, 160mg	65	FIRVANQ SOLN	76
ezetimibe tab	67	fenofibric acid DR cap	65	50MG/ML	
F		FENOFIBRIC TAB,	65	FLAGYL TAB	74
FALESSA TAB	154	FIBRICOR TAB		FLAREX OPHTH SUSP	212
famciclovir tab	114	FENTANYL BUCCAL TAI	13	flecainide tab	26
famotidine susp	234	ferrex 150 forte cap	180	FLEQSUVY SUSP	202
famotidine tab	234	FERREX 28 TAB	180	FLOLIPID SUSP	66
FANAPT TAB	104	FERRIPROX SOLN	58	FLOMAX CAP	174
FANAPT TITRATION PACK	104	fesoterodine fumarate ER tab	236	FLORIVA PLUS DROPS	199
FARESTON TAB	85	FILSPARI TAB	173	FLUAD INJ	239
FARXIGA TAB	56	FINACEA GEL	152	FLUBLOK INJ	239
FASENRA PEN INJ	27	finasteride tab	150	FLUCELVAX INJ	239
febuxostat tab	175	fingolimod hcl cap 0.5mg	226	fluconazole susp	62
felbamate susp	41	FINTEPLA SOLN	37	fluconazole tab	62
felbamate tab	41	FIRDAPSE TAB	79	flucytosine cap	61
FELBATOL SUSP	41			fludrocortisone tab	135
FELBATOL TAB	41			FLULAVAL INJ, FLUARD INJ	239
FELDENE CAP	9			FLUMADINE TAB	115
felodipine ER tab	120			FLUMIST NASAL	239
FEM PH GEL	241			fluocinolone acetone cream	147

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ALPHABETICAL LISTING OF DRUGS

fluocinolone acetonide oil	147	flutamide cap	85	FML LIQUIFLIM OPHTH	212
fluocinolone acetonide oint	147	FLUTICASONE DISKUS INHALER	29	SUSP	
fluocinolone acetonide soln	147	FLUTICASONE HFA INHALER	29	FML S.O.P. OPHTH OINT	212
fluocinolone otic oil	218	fluticasone nasal spray	204	FOCALIN TAB	4
fluocinonide cream 0.05%	147	fluticasone propionate cream	148	FOCALIN XR CAP	4
fluocinonide cream 0.1%	147	fluticasone propionate oint	148	FOLBEE PLUS CZ TAB	199
fluocinonide emollient cream	147	fluticasone/salmeterol inhaler, wixela inhaler	32	folbee tab	180
fluocinonide gel	147	FLUTICASONE-SALMET EROL INHALER 113-14	32	folic acid tab 1mg	178
fluocinonide oint	147	MCG/ACT		folic acid tab 400mcg	178
fluocinonide soln	147	FLUTICASONE-SALMET EROL INHALER 232-14	32	folic acid tab 800mcg	179
FLUORIDEX	197	MCG/ACT		FOLTANX TAB	154
SENSITIVITY PASTE		FLUTICASONE-SALMET EROL INHALER 55-14	32	fondaparinux inj	34
fluorometholone ophth soln	212	MCG/ACT		formoterol fumarate neb soln	32
fluorouracil cream	142	FLUTICASONE-SALMET EROL INHALER 113-14	32	FOSAMAX TAB	159
FLUOROURACIL CREAM 0.5%	143	MCG/ACT		fosamprenavir tab	109
FLUOROURACIL SOLN	143	FLUTICASONE-SALMET EROL INHALER 232-14	32	foscarnet sodium inj	112
fluoxetine cap	46	MCG/ACT		FOSCAVIR INJ	112
fluoxetine soln	46	FLUTICASONE-SALMET EROL INHALER 55-14	32	fosinopril tab	69
FLUOXETINE TAB 60MG	46	MCG/ACT		fosinopril/hydrochlorothiazide tab	72
fluphenazine tab	106	fluvastatin ER tab	66	FOSRENOL CHEW TAB	171
FLURBIPROFEN OPHTH SOLN	216	fluvoxamine ER cap	46	FOSRENOL POWDER	171
flurbiprofen tab	10	fluvoxamine tab	46	PACK	
		FLUZONE HIGH DOSE	239	FOTIVDA CAP	90
		PF INJ		FRAGMIN INJ	34
		FML FORTE OPHTH SUSP	212	FREESTYLE LIBRE 2 RECEIVER	187

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ALPHABETICAL LISTING OF DRUGS

FREESTYLE LIBRE 2 SENSOR	187	GALZIN CAP	194	GLUCAGEN HYPOKIT INJ	52
FREESTYLE LIBRE 2-PLUS SENSOR	188	GAMASTAN INJ	219	GLUCAGON (RDNA) FOR INJ KIT	52
FREESTYLE LIBRE 3 READER	188	GAMMAGARD INJ	219	GLUCAGON EMR INJ	52
FREESTYLE LIBRE 3 SENSOR	188	GASTROCROM CONC	168	GLUCAGON INJ KIT	52
FREESTYLE LIBRE 3-PLUS SENSOR	188	gatifloxacin ophth soln	209	GLUCOPHAGE TAB	51
FREESTYLE LIBRE RECEIVER	188	GAVILYTE-C SOLN	183	GLUCOPHAGE XR TAB	51
FREESTYLE LIBRE SENSOR (14-DAY)	188	GAVRETO CAP	90	GLUCOTROL TAB	56
FRUZAQLA CAP 1MG	82	gefitinib tab	84	GLUCOTROL XL TAB	57
FRUZAQLA CAP 5MG	83	gemfibrozil tab	66	GLYBURID MCR TAB	57
FULPHILA INJ	179	GENOTROPIN INJ	160	glyburide tab	57
FUROSCIX KIT	157	GENTAK OPHTH OINT	209	glyburide/metformin tab	50
FUROSEMIDE SOLN	157	gentamicin ophth soln	209	glycopyrrolate oral soln	235
furosemide tab	157	gentamicin sulfate cream	140	glycopyrrolate tab	233
G		gentamicin sulfate oint	140	GLYGEST PAK	154
gabapentin cap	37	GENVOYA TAB	109	GLYNASE TAB	57
gabapentin soln	37	GEODON CAP	103	GOLYTELY SOLN	183
gabapentin tab 600mg	37	gianvi tab, ocella tab	128	granisetron tab	59
gabapentin tab 800mg	37	GILENYA CAP 0.25MG	226	GRANISOL SOLN	59
GABITRIL TAB	42	GILOTRIF TAB	84	griseofulvin micro tab	61
galantamine ER cap	224	glatiramer inj	226	griseofulvin susp	61
galantamine tab	224	GLEOSTINE/LOMUSTIN E CAP	81	griseofulvin tab	61
		glimepiride tab	56	GRIS-PEG TAB	61
		glipizide ER tab	56	guaifenesin/codeine soln	135
		glipizide tab	56	GUAIFENESIN/CODEINE SYRUP	136
		glipizide/metformin tab	50	guanfacine ER tab	3
		GLOPERBA SOLN	175		

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ALPHABETICAL LISTING OF DRUGS

guanfacine IR tab	70	HIZENTRA INJ	219	hydrocodone/acetaminoph	18
GUANIDINE TAB	79	HOMATROPINE OPHTH	207	en soln	
GVOKE INJ	52	SOLN		hydrocodone/acetaminoph	18
GVOKE INJ KIT	52	HUMALOG JR	54	en soln 10-325 mg/15ml	
GVOKE PFS INJ	52	KWIKPEN INJ		hydrocodone/acetaminoph	18
<hr/>					
H		HUMALOG KWIKPEN	54	en tab	
HADLIMA INJ	8	INJ		hydrocodone/acetaminoph	18
(adalimumab-bwwd)		HUMALOG MIX INJ	54	en tab 2.5-325mg	
HADLIMA INJ	8	HUMALOG MIX	54	hydrocodone/chlorphenira	136
40MG/0.8ML		KWIKPEN, INSULIN		mine CR susp	
(adalimumab-bwwd)		LISPRO MIX KWIKPEN		hydrocodone/chlorphenira	136
HADLIMA PUSH INJ	8	HUMALOG PEN INJ	54	mine/pseudoephedrine	
(adalimumab-bwwd)		HUMULIN MIX INJ	55	liquid	
HADLIMA PUSH INJ	8	HUMULIN MIX PEN INJ	55	hydrocodone/homatropine	135
40MG/0.8ML		HUMULIN N INJ	55	syrup	
(adalimumab-bwwd)		HUMULIN N PEN INJ	55	hydrocortisone cream	148
HALCION TAB	182	HUMULIN R INJ	55	hydrocortisone enema	21
halobetasol propionate	148	HUMULIN R INJ U-500	55	hydrocortisone lotion	148
cream		HUMULIN R U-500	55	HYDROCORTISONE	148
halobetasol propionate	148	KWIKPEN INJ		LOTION 2.5%	
ointment		HYCAMTIN CAP	81	hydrocortisone oint	148
haloperidol lactate conc	105	HYCODAN SYRUP	135	hydrocortisone succinate	133
haloperidol tab	105	HYD POL/CPM SUSP	136	inj 1000mg	
HECTOROL CAP	162	hydralazine tab	74	hydrocortisone tab	133
HEMLIBRA INJ	175	HYDREA CAP	99	hydromorphone tab 2mg	14
HEPLISAV-B INJ	239	hydrochlorothiazide cap	158	hydromorphone tab 4mg	14
HEXALEN CAP	81	hydrochlorothiazide tab	158	hydromorphone tab 8mg	14
HIPREX TAB	78			hydroquinone cream	151

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ALPHABETICAL LISTING OF DRUGS

hydroxychloroquine tab	79	IMBRUVICA CAP 70MG	91	INGREZZA SPRINKLE	226
hydroxyprogesterone inj	222	IMBRUVICA SUSP	91	CAP	
hydroxyurea cap	99	IMBRUVICA TAB	91	INLYTA TAB	83
hydroxyzine pamoate cap	24	420MG, 560MG		INQOVI TAB	87
HYDROXYZINE	24	IMCIVREE INJ	2	INSPIRA TAB	74
PAMOATE CAP 100MG		imipramine pamoate cap	48	INSULIN GLARGINE	55
hydroxyzine syrup	24	imipramine tab	49	SOLN PEN-INJ	
hydroxyzine tab	24	imiquimod cream	150	INSULIN LISPRO INJ	55
HYFTOR GEL	150	IMITREX INJ	192	INSULIN LISPRO JR	55
hyoscyamine sulfate CR	233	IMITREX TAB	192	KWIKPEN INJ	
tab		IMOVAX INJ	239	INSULIN LISPRO	55
hyoscyamine sulfate elixir	233	IMPAVIDO CAP	74	KWIKPEN INJ	
hyoscyamine sulfate ODT	233	IMURAN TAB	116	INTELENCE TAB 25MG	109
hyoscyamine sulfate SL tab	233	INBRIJA INH POWDER	102	INTRON-A INJ	99
hyoscyamine tab	233	INCRELEX INJ	161	INTUNIV TAB	3
HYPER-SAL NEB SOLN	137	INCRUSE ELLIPTA	27	INVANZ INJ	76
HYQVIA INJ	219	INHALER		INVEGA TAB	104
HYZAAR TAB	72	indapamide tab	158	INVIRASE CAP	109
I		INDERAL LA CAP	118	INVIRASE TAB	109
ibandronate tab 150mg	159	indomethacin cap	10	IOPIDINE OPHTH SOLN	208
ibuprofen susp (Rx ONLY)	10	indomethacin CR cap	10	ipratropium nasal spray	203
ibuprofen tab	10	INFANT FORMULA	155	ipratropium neb soln	27
icatibant inj	175	LIQUID		irbesartan tab	70
ICLUSIG TAB	90	INFANT FORMULA	155	irbesartan/hydrochlorothia	73
IDHIFA TAB	91	POWDER		zide tab	
ILEVRO OPHTH SUSP	216	INGREZZA CAP	225	IRON	180
imatinib tab	91	INGREZZA PACK	226	POLYSACCH/THREONIC	
IMBRUVICA CAP 140MG	91	40-80MG		ACID/B12/FA CAP	

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ALPHABETICAL LISTING OF DRUGS

ISENTRESS (HD) TAB	109	J		ketoconazole shampoo	141
ISENTRESS CHEW TAB	109	JAKAFI TAB	91	ketoconazole tab	62
ISENTRESS POWDER	109	JANUMET TAB	50	KETO-DIASTIX TEST	154
PACK		JANUMET XR TAB	50	STRIP	
isibloom tab, enskyce tab,	128	JANUVIA TAB	52	ketorolac inj 15mg/ml	10
apri tab		JARDIANCE TAB	56	ketorolac inj 30mg/ml	10
isoniazid syrup	80	JAYPIRCA TAB	91	ketorolac inj 60mg/2ml	10
isoniazid tab	80	jinteli tab	165	ketorolac ophth soln	216
ISOPTO CARBACHOL	207	JOENJA TAB	195	ketorolac tab	10
OPHTH SOLN		jolessa tab, amethia tab	129	KETOSTIX	154
ISOPTO CARPINE	207	JULUCA TAB	109	ketotifen ophth soln	216
OPHTH SOLN		JYLAMVO SOLN,	82	KEVZARA INJ	9
ISORDIL TITRADOSE	23	XATMEP SOLN		KINERET INJ	8
TAB		JYNARQUE PAK	164	KISQALI PAK	87
isosorbide dinitrate tab	23	JYNARQUE TAB	164	KISQALI TAB	91
isosorbide dinitrate tab	23			KLARON LOTION	139
40mg		K		KLONOPIN TAB	35
isosorbide mononitrate ER	23	KALYDECO PAK	229	KLOXXADO NASAL	58
tab		KALYDECO TAB	229	SPRAY	
isosorbide mononitrate tab	23	KAPVAY TAB	3	KOSELUGO CAP	91
isoxsuprine tab	123	KATERZIA SUSP	120	KOSELUGO CAP 10MG	92
itraconazole cap	62	KEFLEX CAP	126	K-PHOS NEUTRAL TAB	193
itraconazole soln	62	kelnor tab	129	K-PHOS TAB	193
ivabradine hcl tab	126	KENALOG INJ	133	KRAZATI TAB	92
ivermectin tab	22	KEPPRA SOLN	37	KRINTAFEL TAB	79
IWILFIN TAB	99	KEPPRA TAB	37	K-TAB	194
IXCHIQ INJ	240	KEPPRA XR TAB	38		
IXIARO INJ	240	KESIMPTA INJ	226	L	
		ketoconazole cream	141	labetalol tab	117

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ALPHABETICAL LISTING OF DRUGS

LAC-HYDRIN CREAM	149	lansoprazole cap	234	LEVOBUNOLOL OPHTH	206
LAC-HYDRIN LOTION	149	lanthanum carbonate chew	171	SOLN	
lacosamide oral solution	38	tab		levocarnitine soln	162
lacosamide tab	38	lapatinib ditosylate tab	92	levocarnitine tab	162
LACTIC ACID LOTION	149	LASIX TAB	157	levofloxacin ophth soln	209
lactulose soln	170	LASTACAFT OPHTH	216	LEVOFLOXACIN OPHTH	209
LAGEVRIO CAP (EUA)	115	SOLN		SOLN 0.5%	
LAGEVRIO CAP 200MG	115	latanoprost ophth soln	217	levofloxacin soln	167
LAMICTAL CHEW TAB	38	LATUDA TAB	103	levofloxacin tab	167
LAMICTAL ODT KIT,	38	LAZANDA NASAL	14	levonorgestrel tab	131
LAMICTAL XR KIT		SPRAY		levonorgestrel-ethinyl	129
LAMICTAL STARTER KIT	38	LEDIPASVIR/SOFOSBUV	113	estradiol-fe tab	
LAMICTAL TAB	38	IR TAB		levothyroxine tab	232
LAMICTAL XR TAB	38	leflunomide tab	11	LEVSIN SL TAB	234
LAMISIL TAB	61	lenalidomide cap	195	LEVSIN TAB	234
lamivudine soln	109	LENVIMA CAP	83	LEXAPRO TAB	46
lamivudine tab	109	LESCOL XL TAB	66	LEXIVA SUSP	110
lamivudine tab 100mg	113	letrozole tab	85	l-glutamine powder packet	178
lamivudine/zidovudine tab	110	leucovorin tab	99	lidocaine cream 3%	151
lamotrigine chew tab	38	LEVALBUTEROL	32	lidocaine gel	151
lamotrigine ER tab	38	INHALER, XOPENEX		lidocaine oint	151
lamotrigine starter kit	38	HFA INHALER		lidocaine patch	151
lamotrigine tab	38	levalbuterol neb soln	32	lidocaine patch 5%	151
LAMPIT TAB	76	LEVAQUIN TAB	167	lidocaine soln	151
LANCET DEVICE	188	LEVBID TAB	234	lidocaine viscous soln	197
LANCET KIT	188	levetiracetam ER tab	38	lidocaine/hydrocortisone	22
LANCETS	188	levetiracetam soln	38	cream	
LANOXIN TAB	121	levetiracetam tab	39	lidocaine/prilocaine cream	151

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ALPHABETICAL LISTING OF DRUGS

LIDODERM PATCH	151	L-METHYLFOLATE TAB	154	loteprednol etabonate	212
LIKMEZ SUSP	75	LO LOESTRIN TAB	129	ophth gel	
LINDANE SHAMPOO	152	LODOSYN TAB	100	loteprednol ophth susp	212
linezolid susp	77	loestrin tab	129	LOTREL CAP	73
linezolid tab	77	lohist liquid	136	LOTRISONE CREAM	141
LINZESS CAP	170	LOKELMA PAK	196	LOTRONEX TAB	170
liothyronine tab	232	LOMOTIL TAB	57	lovastatin tab	67
LIPITOR TAB	66	LONSURF TAB	87	LOVAZA CAP	64
LIQUIGEN	205	LOPID TAB	66	LOVENOX INJ	34
lisdexamfetamine	1	lopinavir/ritonavir soln	110	loxapine cap	105
dimesylate cap		lopinavir/ritonavir tab	110	lubiprostone cap	168
lisdexamfetamine	1	LOPRESSOR TAB	117	LUMAKRAS TAB	92
dimesylate chew tab		LOPROX CREAM	141	LUMAKRAS TAB 240MG	92
lisinopril tab	69	LOPROX SHAMPOO	141	LUMAKRAS TAB 320MG	92
lisinopril/hydrochlorothiaz	73	loratadine cap	63	LUMIGAN OPHTH SOLN	217
ide tab		lorazepam conc	25	LUMRYZ PACK	223
LITFULO CAP	150	lorazepam tab	25	LUMRYZ STARTER	223
lithium carbonate cap	103	LORBRENA TAB 100MG	92	PACK	
lithium carbonate ER tab	103	LORBRENA TAB 25MG	92	LUNESTA TAB	182
lithium carbonate tab	103	LORTAB	18	LUPKYNIS CAP	196
lithium oral solution	103	LORTAB ELIXIR	18	LUPRON DEPOT INJ	85
LITHOBID TAB	103	losartan tab	70	LUPRON DEPOT-PED	161
LITHOSTAT TAB	174	losartan/hydrochlorothiaz	73	INJ	
LIVALO TAB	67	de tab		lurasidone hcl tab	103
LIVMARLI SOLN	169	LOTEMAX OPHTH OINT	212	LUVIRA CAP	154
LIVMARLI SOLN	169	LOTEMAX OPHTH SUSP	212	LYNPARZA TAB	92
19MG/ML		LOTENSIN HCT TAB	73	LYSODREN TAB	85
LIVTENCITY TAB	113	LOTENSIN TAB	69	LYSTEDA TAB	181

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ALPHABETICAL LISTING OF DRUGS

LYTGOBI THERAPY PACK	93	MAYZENT TAB STARTEI PACK	227	mesalamine DR tab	170
LYUMJEV INJ	55	MCT OIL	205	mesalamine enema	170
LYUMJEV KWIKPEN INJ	56	meclizine chew tab	60	mesalamine ER cap	170
LYVISPAH GRANULE PACKET	202	meclizine tab	60	mesalamine supp	170
<hr/>		MEDROL DOSE PACK	133	MESNEX TAB	99
M		MEDROL TAB	133	MESTINON TAB	79
MACROBID CAP	78	MEDROL TAB	133	MESTINON TIMESPAN TAB	80
MACRODANTIN CAP	78	medroxyprogesterone inj	131	METANX CAP	154
MALARONE TAB	79	medroxyprogesterone tab	222	metaxalone tab	202
malathion lotion	152	mefenamic acid cap	10	METAXALONE TAB	202
MALE CONDOMS	186	mefloquine tab	79	400MG	
MAPROTILINE TAB	44	megestrol susp	85	metformin ER tab	51
maraviroc tab	110	megestrol tab	86	metformin soln	51
MARINOL CAP	60	MEKINIST SOLN	93	metformin tab	51
MARPLAN TAB	45	MEKINIST TAB 0.5MG	93	methadone conc	14
MATULANE CAP	99	MEKINIST TAB 2MG	93	METHADONE SOLN	14
MAVENCLAD PAK	227	MEKTOVI TAB	93	10MG/5ML	
MAVYRET PAK	113	meloxicam tab	10	methadone soln 5mg/5ml	15
MAVYRET TAB	114	MELPHALAN TAB	81	methadone tab	15
MAXALT MLT TAB	192	memantine ER cap	224	methadone tab 10mg	15
MAXALT TAB	192	memantine sol	224	METHADOSE CONC	15
MAXIDEX OPHTH SOLN	213	memantine tab	224	methazolamide tab	156
MAXITROL OPHTH OIN	213	MENEST TAB	166	methenamine hippurate tab	78
MAXITROL OPHTH SUSP	213	MENTAX CREAM	141	methimazole tab	231
MAXZIDE TAB	156	MEPHYTON TAB	244	METHITEST TAB	20
MAYZENT TAB	227	MEPRON SUSP	76	methocarbamol tab	202
		mercaptapurine tab	82	methotrexate inj	82
		meropenem inj	76		

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ALPHABETICAL LISTING OF DRUGS

methotrexate tab	82	metoprolol/hydrochlorothi	73	MIRALAX	185
methoxsalen cap	143	azide tab		MIRAPEX TAB	101
methscopolamine tab	234	METROCREAM	152	MIRENA IUD	131
methsuximide cap	43	METROGEL 1%	152	mirtazapine ODT	44
methyldopa tab	70	METROGEL VAGINAL	242	mirtazapine tab	44
methylergonovine tab	219	GEL		MIRVASO GEL	152
METHYLIN SOLN	4	METROLOTION	152	misoprostol tab	235
methylphenidate CD cap	4	metronidazole cream	152	MOBIC TAB	10
methylphenidate chew tab	4	metronidazole gel	152	modafinil tab	5
methylphenidate ER cap	4	metronidazole gel 0.75%	152	mometasone cream	148
METHYLPHENIDATE ER	4	metronidazole lotion	152	mometasone oint	148
TAB		metronidazole tab	75	mometasone soln	148
methylphenidate soln	5	metronidazole vaginal gel	242	MONODOX CAP	231
methylphenidate tab	5	mexiletine hcl cap	26	montelukast chew tab	28
methylprednisolone	133	MICARDIS TAB	70	montelukast granule pack	28
acetate inj		MICONAZOLE 3 SUPP	242	montelukast tab	28
methylprednisolone dose	133	200MG		morphine sulfate ER tab	16
pack		midazolam inj	182	MORPHINE SULFATE	16
methylprednisolone tab	133	midodrine tab	243	ORAL SOLN 10 MG/5ML	
methylprenisolone sod	133	mifepristone tab	52	MORPHINE SULFATE	16
succinate inj		mifepristone tab 200mg	164	ORAL SOLN	
methyltestosterone cap	20	MIFIPREX TAB	164	100MG/5ML	
metoclopramide soln	168	miglitol tab	49	morphine sulfate oral soln	16
metoclopramide tab	168	miglustat cap	178	10mg/5ml	
metolazone tab	158	MINIPRESS CAP	71	MORPHINE SULFATE	16
metoprolol ER tab	117	MINOCIN CAP	231	SOLN	
metoprolol tab	118	minocycline cap	231	morphine sulfate tab	16
		minoxidil tab	74	MOTEGRITY TAB	167

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ALPHABETICAL LISTING OF DRUGS

MOTOFEN TAB	57	mycophenolate DR tab	116	NAMENDA TAB	224
MOTRIN SUSP	10	mycophenolate mofetil	116	NAPROSYN EC TAB	10
MOUNJARO INJ	53	cap		NAPROSYN TAB	10
MOVANTI TAB	171	mycophenolate mofetil	116	naproxen EC tab	11
moxifloxacin ophth soln	210	susp		naproxen tab	11
moxifloxacin tab	167	mycophenolate mofetil tab	116	NARCAN NASAL SPRAY	59
MULTAQ TAB	26	MYDRIACYL OPHTH	207	NARDIL TAB 15MG	45
MULTIGEN FOLIC TAB	180	SOLN		NASACORT OTC NASAL	204
MULTIGEN PLUS TAB	180	MYFEMBREE TAB	165	SPRAY	
MULTIGEN TAB	180	MYLERAN TAB	81	NASCOBAL SPRAY	178
MULTIVITAMIN	199	MYNATAL-Z TAB	200	NATACYN OPHTH SUSP	210
FLUORIDE DROPS		MYRBETRIQ TAB	237	NATAZIA TAB	129
0.25MG/ML		MYSOLINE TAB	39	nateglinide tab	56
MULTIVITAMIN	199			NATPARA INJ	159
FLUORIDE DROPS		N		NATROBA SUSP	152
0.5MG/ML		nabumetone tab	10	NAYZILAM SPRAY	36
multivitamin tab	180	nadolol tab	118	nebivolol hcl tab	118
MULTIVITAMIN/FLOURI	199	nafcillin inj	222	NEBUSAL NEB SOLN	137
DE CHEW 0.25MG		NAFTIFINE CREAM	141	NEFAZODONE TAB	47
MULTIVITAMIN/FLOURI	199	naftifine gel	141	nefazodone tab 50mg,	47
DE CHEW 1MG		NAFTIN CREAM	141	250mg	
MULTIVITAMIN/FLUORI	200	NAFTIN GEL	141	neomycin tab	5
DE CHEW TAB		naloxone hcl nasal spray	58	NEOMYCIN/POLYMIXIN	210
multivitamin/minerals tab	199	NALOXONE HCL SOLN	59	/GRAMICIDIN OPHTH	
mupirocin oint	140	0.4MG/ML		SOLN	
MUSE SUPP	122	naloxone inj	58	neomycin/polymixin/hydro	218
MYAMBUTOL TAB	80	NALOXONE PREFILLED	59	coritisonic otic soln	
MYCOBUTIN CAP	80	INJ			
		naltrexone tab	58		

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ALPHABETICAL LISTING OF DRUGS

neomycin/polymixin/hydro 218	NEXLETOL TAB 64	nitrofurantoin 78
coritison e otic susp	NEXLIZET TAB 64	macrocrystals cap
neomycin/polymyxin/dexa 213	NEXPLANON IMPLANT 131	nitrofurantoin 78
methasone ophth oint	NEXTSTELLIS TAB 129	monohydrate cap
neomycin/polymyxin/dexa 213	niacin cap 244	nitroglycerin lingual spray 23
methasone ophth soln	niacin CR tab 244	nitroglycerin patch 24
NEOMYCIN/POLYMYXI 213	niacin ER tab 67	nitroglycerin SL tab 24
N/HYDROCORTISONE	niacin tab 244	NITROLINGUAL PUMP 24
OPHTH SOLN	NIACIN TR CAP 244	SPRAY
NEONATAL 19 TAB 200	NIACIN TR TAB 244	NITROSTAT SL TAB 24
NEONATAL FE TAB 200	niacinamide tab 244	NIVESTYM INJ 179
NEOSPORIN OPHTH 210	nicotine gum 228	NIZATIDINE CAP 234
SOLN	NICOTINE KIT 228	NIZORAL A-D 141
NEPHROCAP 199	nicotine lozenge 228	SHAMPOO
NEPHRON FA TAB 181	nicotine patch 228	NIZORAL SHAMPOO 142
NEPTAZANE TAB 156	NICOTROL INHALER 228	norethindrone ace-ethinyl 129
NERLYNX TAB 93	NICOTROL NASAL 228	estradiol-fe cap
NEUPRO PATCH 101	SPRAY	norethindrone 129
NEURONTIN CAP 39	nifedipine cap 120	acetate/ethinyl estradial FE
NEURONTIN SOLN 39	nifedipine ER tab 120	chew tab
NEURONTIN TAB 39	nilutamide tab 86	norethindrone 129
600MG	nimodipine cap 120	acetate/ethinyl estradiol
NEURONTIN TAB 39	NINLARO CAP 93	tab
800MG	NITAZOXANIDE TAB 76	norethindrone tab 131
NEVANAC OPHTH SUSP 216	NITRO-BID OINT 23	norethindrone/ethinyl 129
nevirapine ER tab 110	NITRO-DUR PATCH 23	estradiol FE tab
NEVIRAPINE SUSP 110	NITRO-DUR PATCH 23	NORLIQVA ORAL SOLN 120
nevirapine tab 110	0.3MG/HR, 0.8MG/HR	NORPACE CAP 25

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ALPHABETICAL LISTING OF DRUGS

NORPRAMIN TAB	49	nystatin powder	61	olmesartan/hydrochlorothi	73
nortrel tab	130	nystatin susp	197	azide tab	
nortriptyline cap	49	nystatin tab	61	olopatadine ophth soln	216
nortriptyline oral soln	49	nystatin topical powder	142	0.1%	
NORVASC TAB	120	nystatin/triamcinolone	142	olopatadine ophth soln	216
NORVIR CAP	110	cream		0.2%	
NORVIR POWDER PACK	110	nystatin/triamcinolone oint	142	OLUMIANT TAB	6
NORVIR SOLN	110	NYVEPRIA INJ	179	OLUX FOAM	148
NORVIR TAB	110			omega-3-acid ethyl esters	64
NOVAVAX INJ	240	O		cap	
NOXAFIL PAK	62	OICALIVA TAB	168	omeprazole DR cap	234
NOXAFIL SUSP	62	octreotide inj	164	omeprazole tab	235
NOXAFIL TAB	62	OCTREOTIDE INJ	164	OMNICEF SUSP	127
np thyroid tab	232	100MCG		OMNIPOD 5 G6 INTRO	188
NUBEQA TAB	86	OCUFLOX OPHTH SOLN	210	KIT	
NUCALA INJ	27	ODEFSEY TAB	110	OMNIPOD 5 G6 PODS	188
NUCORT LOTION	148	ODOMZO CAP	84	MISC	
NUCYNTA TAB	16	OFEV CAP	230	OMNIPOD 5 G7 KIT	188
NUDEXTA CAP	227	ofloxacin ophth soln	210	INTRO	
NULYTELY SOLN	184	ofloxacin otic soln	217	OMNIPOD 5 G7 MIS	188
NUTRITIONAL	155	ofloxacin tab	167	PODS	
SUPPLEMENT LIQUID		OGSIVEO TAB	93	OMNIPOD 5 INTRO KIT	189
NUTRITIONAL	155	OGSIVEO TAB 50MG	94	OMNIPOD 5 PACK PODS	189
SUPPLEMENT POWDER		OJJAARA TAB	94	OMNIPOD DASH INTRO	189
NUVARING	130	olanzapine ODT	105	KIT	
NUVIGIL TAB	5	olanzapine tab	105	OMNIPOD DASH PODS	189
nystatin cream	142	olanzapine/fluoxetine cap	225	OMNIPOD GO KIT	189
nystatin oint	142	OLLIZAC POWDER	155	OMNIPOD STARTER KIT	189
		olmesartan tab	70		

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ALPHABETICAL LISTING OF DRUGS

OMNITROPE INJ	160	ORAP TAB	227	oxcarbazepine susp	39
ondansetron ODT	59	ORAPRED ODT TAB	133	oxcarbazepine tab	39
ondansetron soln	59	ORAPRED SOLN	133	oxiconazole nitrate cream	142
ondansetron tab	59	ORENCIA CLICK INJ	11	OXSORALEN ULTRA	144
ONETOUCH DELICA	189	ORENCIA SC INJ	11	CAP	
LANCETS		125MG/ML		oxybutynin ER tab	236
ONETOUCH DELICA	189	ORENCIA SC INJ	11	oxybutynin syrup	236
PLUS LANCETS		50MG/0.4ML		oxybutynin tab	236
ONETOUCH DELICA	189	ORENCIA SC INJ	11	oxycodone soln	16
ULTRASOFT LANCETS		87.5MG/0.7ML		oxycodone tab	16
ONETOUCH METER	189	ORENITRAM TAB	123	oxycodone/acetaminophen	18
ONETOUCH TEST STRIP	154	ORGOVYX TAB	86	tab	
ONETOUCH VERIO	189	ORIAHNN CAP	165	OXYCODONE/ASPIRIN	18
FLEX METER		ORILISSA TAB 150MG	160	TAB	
ONETOUCH VERIO IQ	189	ORILISSA TAB 200MG	160	OXYTROL PATCH (OTC)	236
METER		ORKAMBI GRANULES	229	OZEMPIC INJ	53
ONETOUCH VERIO	189	PACKET			
METER		ORKAMBI TAB	229	P	
ONETOUCH VERIO	190	ORSERDU TAB	86	paliperidone ER tab	104
REFLECT METER		ORSERDU TAB 345MG	86	PALYNZIQ INJ	162
ONETOUCH VERIO TEST	154	oseltamivir cap	115	PAMELOR CAP	49
STRIP		oseltamivir cap 30mg	115	pantoprazole EC tab	235
ONFI SUSP	36	oseltamivir susp	115	PARAGARD IUD	131
ONFI TAB	36	OTEZLA STARTER PACK	11	paricalcitol cap	162
OPILL TAB	131	OTEZLA TAB	11	PARLODEL CAP	101
OPSUMIT TAB	124	OVACE PLUS CREAM	145	PARLODEL TAB	101
OPVEE NASAL SPRAY	59	OVIDE LOTION	152	PARNATE TAB	45
ORACIT SOLN	172	oxacillin inj	222	paroxetine ER tab	46
				paroxetine oral susp	46

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ALPHABETICAL LISTING OF DRUGS

paroxetine tab	46	PENICILLIN VK SOLN	220	phenytoin chew tab	43
PATANOL OPHTH SOLN	216	penicillin vk tab	220	phenytoin susp	43
PAXIL CR TAB	47	pentamidine neb soln	75	PHEXXI GEL	241
PAXIL ORAL SUSP	47	pentoxifylline ER tab	176	phlexy-10 tab	205
PAXIL TAB	47	PEPCID SUSP	234	PHOSLO CAP	171
PAXLOVID TAB	112	PEPCID TAB	234	PHOSLYRA SOLN	171
150-100MG		PERCOCET TAB	18	phospha 250 neutral tab	193
PAXLOVID TAB	112	PERFOROMIST NEB	32	phytonadione tab	244
300-100MG		SOLN		PICATO GEL	143
pazopanib tab	94	PERIDEX SOLN	197	PIFELTRO TAB	110
PCE TAB	186	permethrin cream	152	pilocarpine ophth soln	208
PEAK FLOW METER	190	perphenazine tab	106	pilocarpine tab	198
pediatric multiple	200	PERPHENAZINE/ AMITRIPTYLINE TAB	225	pimecrolimus cream	150
vitamins/fluoride soln		pfizerpen g inj	220	PIMOZIDE TAB	228
pediatric multiple	199	PHEBURANE ORAL	162	pindolol tab	118
vitamins/fluoride/iron soln		PELLETS		pioglitazone tab	56
peg 3350 soln (100 gram	184	phenazopyridine tab	174	piperacillin/tazobactam inj	221
Moviprep equiv)		PHENELZINE SULFATE	45	PIQRAY TAB	94
peg 3350/electrolytes soln	184	TAB		pirfenidone cap	230
PEGASYS INJ	114	phenelzine tab	45	pirfenidone tab 267mg	230
PEG-INTRON INJ	114	phenobarbital elixir	182	pirfenidone tab 801mg	230
PEMAZYRE TAB	94	phenobarbital tab	182	piroxicam cap	11
penciclovir cream	145	phenoxybenzamine cap	69	pitavastatin calcium tab	67
penicillamine tab	194	phentermine cap	2	PLAN B TAB	131
PENICILLIN G	220	phentermine tab	2	PLAQUENIL TAB	79
PROCAINE INJ		phenylephrine ophth soln	207	PLAVIX TAB 75MG	177
PENICILLIN G SODIUM	220	phenytoin cap	43	PLEGRIDY INJ	227
INJ				PLEGRIDY PEN INJ	227

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ALPHABETICAL LISTING OF DRUGS

PNEUMOVAX INJ	237	POTASSIUM CHLORIDE	194	PREDNISOLONE OPHTH	214
PODIAPN CAP	155	TAB ER		SUSP	
PODOCON SOLN	150	potassium citrate CR tab	172	PREDNISOLONE	214
PODOFILOX SOLN	150	potassium citrate/citric	172	SODIUM PHOSPHATE	
polyethylene glycol 3350	185	acid powder pack		OPHTH SOLN	
powder		potassium citrate/citric	172	prednisolone soln	134
POLYETHYLENE	222	acid soln		PREDNISONE SOLN	134
GLYCOL 8000		potassium phosphate	193	prednisone tab	134
GRANULES		monobasic tab		PREFEST TAB	165
polymyxin b/trimethoprim	210	PRADAXA CAP	35	pregabalin cap	39
ophth soln		pramipexole tab	101	pregabalin cap 225mg	39
POLYTRIM OPHTH	210	pramoxine/hydrocortisone	22	pregabalin cap 300mg	39
SOLN		cream		pregabalin soln	39
POMALYST CAP	87	prasugrel tab	177	PREHEVBRIO SUSP	240
posaconazole DR tab	62	pravastatin tab	67	PREMARIN TAB	166
posaconazole susp	62	praziquantel tab	23	PREMARIN VAGINAL	242
POTABA CAP	244	prazosin cap	71	CREAM	
POTABA POWDER	244	PRECOSE TAB	49	PREMPHASE TAB,	165
PACKET		PRED FORTE OPHTH	213	PREMPRO TAB	
potassium bicarbonate	194	SUSP		PRENATABS RX TAB	200
effer tab		PRED MILD OPHTH	213	PRENATAL 19 CHEW	200
potassium chloride ER cap	194	SOLN		TAB	
potassium chloride ER tab	194	PRED-G OPHTH SOLN	213	PRENATAL 19 TAB	200
potassium chloride micro	194	prednisolone acetate ophth	214	PRENATAL VITAMINS	200
tab		susp		(NON-PREFERRED)	
potassium chloride powder	194	prednisolone ODT	134	PRENATAL VITAMINS	243
packet		PREDNISOLONE ODT	134	(PRENATAL PLUS,	
potassium chloride soln	194	TAB		PREPLUS, PRENAPLUS)	

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ALPHABETICAL LISTING OF DRUGS

PRETOMANID TAB	80	PROMACTA TAB	179	PROVERA TAB	222
PREVACID CAP	235	12.5MG, 25MG		PROVIGIL TAB	5
PREVACID OTC CAP	235	PROMACTA TAB 50MG	179	PROZAC CAP	47
PREVIDENT SOLN	198	PROMACTA TAB 75MG	179	PULMICORT INH SUSP	30
PREVNAR 13 INJ	237	promethazine DM syrup	136	PULMOZYME INH SOLN	229
PREVNAR 20 INJ	237	promethazine supp	63	PURIXAN SUSP	82
PREVYMIS TAB	113	promethazine syrup	63	pyrazinamide tab	80
PREZCOBIX TAB	110	promethazine tab	63	pyridostigmine CR tab	80
PREZISTA SUSP	110	promethazine VC syrup	136	pyridostigmine tab	80
PREZISTA TAB	111	PROMETHAZINE	136	pyridstigmine soln	80
PRIFTIN TAB	80	VC/CODEINE SYRUP		pyrimethamine tab	79
primaquine tab	79	promethazine/codeine	137	PYRUKYND TAB	177
primidone tab	39	syrup		PYRUKYND TAPER	177
PRIMSOL SOLN	75	PROMETHEGAN SUPP	63	PACK	
PRINIVIL TAB, ZESTRIL	69	PROMETRIUM CAP	222	Q	
TAB		propafenone ER cap	26	QBRELIS SOLN	69
PRISTIQ TAB	48	propafenone tab	26	QINLOCK TAB	94
probenecid tab	175	proparacaine ophth soln	211	QSYMIA CAP	2
prochlorperazine supp	106	propranolol ER cap	118	QUESTRAN LITE	65
prochlorperazine tab	106	propranolol oral soln	118	POWDER	
PROCTOCORT CREAM	148	20mg/5ml		QUESTRAN POWDER	65
proctosol HC cream	22	PROPRANOLOL SOLN	118	QUESTRAN POWDER	65
progesterone cap	222	propranolol tab	118	PACK	
PROGESTERONE SUPP	243	propylthiouracil tab	231	quetiapine tab	105
PROGLYCEM SUSP	52	PROSCAR TAB	174	quetiapine XR tab	105
PROLENSA OPHTH	217	pro-stat liquid	205	quinapril tab	69
SOLN		PROTOPIC OINT	150	quinidine gluconate CR tab	25
PROMACTA POWDER	179	protriptyline tab	49	quinidine sulfate tab	25

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ALPHABETICAL LISTING OF DRUGS

QVAR REDIHALER	30	REQUIP TAB	101	RIFATER TAB	80
R		RESCRIPTOR TAB	111	RIFLOZA INJ 160MG	173
RABAVERT INJ	240	RESTORIL CAP 15MG	182	riluzole tab	204
rabeprazole EC tab	235	RESTORIL CAP 22.5MG	182	RIMANTADINE TAB	115
RADICAVA ORS	204	RESTORIL CAP 30MG	182	RINVOQ ER TAB	6
STARTER KIT		RESTORIL CAP 7.5MG	182	RINVOQ ORAL SOLN	6
RADICAVA ORS SUSP	204	RETACRIT INJ	179	RIOMET SOLN	51
raloxifene tab	161	RETEVMO CAP	94	risedronate DR tab	159
ramelteon tab	183	RETEVMO CAP 40MG	94	risedronate tab	159
ramipril cap	69	RETEVMO TAB	94	RISPERDAL M ODT	104
RANEXA TAB	23	RETEVMO TAB 40MG	94	RISPERDAL SOLN	104
ranolazine tab	23	RETIN-A CREAM	139	RISPERDAL TAB	104
rasagiline tab	101	REVATIO SUSP	125	risperidone microspheres	104
RAZADYNE ER CAP	224	REVATIO TAB	125	inj	
RAZADYNE TAB	224	REVLIMID CAP	195	risperidone ODT	104
REBETOL SOLN	114	REYATAZ POWDER	111	risperidone soln	104
REGLAN TAB	168	PACK		risperidone tab	104
REGRANEX GEL	153	REYVOW TAB	192	RITALIN LA CAP,	5
RELENZA DISKHALER	115	REZLIDHIA CAP	95	APTENSIO XR CAP	
REMERON SOLUTAB	44	REZUROCK TAB	195	RITALIN TAB	5
REMERON TAB	44	RHEUMATREX TAB	6	ritonavir tab	111
renaphro cap	199	RHOFADE CREAM	152	rivastigmine cap	224
RENOVA CREAM	140	RIBAVIRIN CAP	114	rivastigmine patch	224
RENVELA TAB	171	RIBAVIRIN TAB	114	RIVFLOZA INJ	173
repaglinide tab	56	rifabutin cap	80	RIVFLOZA VIAL	173
REPATHA INJ	68	RIFADIN CAP	80	RIVIVE, REXTOVY	59
REPATHA PUSHTRONEX	68	RIFAMATE CAP	80	SPRAY	
INJ		rifampin cap	80	rizatriptan ODT	192

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ALPHABETICAL LISTING OF DRUGS

rizatriptan tab	192	SAPHRIS SL TAB	105	sevelamer powder pak	171
ROBAXIN TAB	202	sapropterin	162	sevelamer tab	171
ROBINUL TAB	234	dihydrochloride powder		SFROWASA ENEMA	170
ROCALTROL CAP	162	packet		SHINGRIX INJ	240
ROCALTROL SOLN	162	sapropterin	163	SIGNIFOR INJ	164
roflumilast tab	28	dihydrochloride soluble		sildenafil susp	125
ropinirole ER tab	101	tab		sildenafil tab	122
ropinirole tab	101	SAVELLA PAK	225	sildenafil tab 20mg	125
rosuvastatin tab	67	SAVELLA TAB	225	SILVADENE CREAM	145
ROXICODONE TAB	17	SAXENDA INJ	2	silver sulfadiazine cream	145
ROZEREM TAB	183	SCSEMBLIX TAB	95	SIMBRINZA OPHTH	208
ROZLYTREK CAP	95	SCSEMBLIX TAB 100 MG	95	SUSP	
ROZLYTREK PAK	95	scopolamine patch	60	SIMLANDI INJ	8
RUBRACA TAB	95	selegiline cap	101	(adalimumab-ryvk)	
rufinamide susp	40	selegiline tab	101	SIMPONI	8
rufinamide tab	40	selenium sulfide lotion	145	AUTO-INJECTOR 100MG	
RUKOBIA ER TAB	111	selenium sulfide shampoo	145	SIMPONI INJ 100MG	8
RYBELSUS TAB	54	SELZENTRY SOLN	111	simvastatin tab	67
RYDAPT CAP	95	SELZENTRY TAB	111	SINEMET CR TAB	101
RYTHMOL SR CAP	26	SEMGLEE INJ, INSULIN	56	SINEMET TAB	101
S		GLARGINE-YFGN INJ		SINGULAIR CHEW TAB	28
SALAGEN TAB	198	SEMGLEE PEN, INSULIN	56	SINGULAIR GRANULE	28
SALEX SHAMPOO	151	GLARGINE-YFGN PEN		PACK	
salsalate tab	12	SEMPREX-D CAP	137	SINGULAIR TAB	28
SANCUSO PATCH	59	SEROQUEL TAB	106	sirolimus soln	196
SANDIMMUNE SOLN	116	SEROQUEL XR TAB	106	sirolimus tab	117
100MG/ML		sertraline conc	47	SIVEXTRO TAB	77
SANTYL OINT	149	sertraline tab	47	SKELAXIN TAB	202

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ALPHABETICAL LISTING OF DRUGS

SKYCLARYS CAP	205	sodium	139	SOMAVERT INJ	160
SKYRIZI INJ 150MG/ML	144	sulfacetamide/sulfur		sorafenib tosylate tab	95
SKYRIZI INJ 180	170	cleanser 10-5%		sotalol AF tab	119
MG/1.2ML		sodium	139	sotalol tab	119
SKYRIZI INJ	170	sulfacetamide/sulfur		SOTYLIZE SOLN	119
360MG/2.4ML		cleanser 9-4.5%		5MG/ML	
SKYTROFA INJ	160	sodium	139	SPECTRACEF TAB	127
SLO-NIACIN TAB	244	sulfacetamide/sulfur		SPEVIGO INJ	144
SLYND TAB	131	emulsion 10-5%		SPIKEVAX INJ	240
smz/tmp (DS) tab	75	sodium/magnesium/potassi	184	SPIKEVAX INJ	240
smz/tmp susp	75	um soln		50MCG/0.5ML	
SOD CHLORIDE INJ	194	SOFOSBUVIR/VELPATAS	114	SPINOSAD SUSP	152
sodium chloride neb soln	137	VIR TAB		SPIRIVA RESPIMAT	28
sodium citrate/citric acid	172	SOGROYA INJ	161	INHALER 1.25MCG/ACT	
soln		SOHONOS CAP 1.5MG	202	spironolactone susp	157
sodium fluoride cream	198	SOHONOS CAP 10MG	203	spironolactone tab	157
sodium fluoride gel	198	SOHONOS CAP 1MG	203	spironolactone/hydrochlor	156
sodium fluoride paste	198	SOHONOS CAP 2.5MG	203	othiazide tab	
sodium fluoride rinse	198	SOHONOS CAP 5MG	203	SPORANOX CAP	62
sodium fluoride soln	193	solifenacin tab	236	SPORANOX SOLN	62
SODIUM FLUORIDE TAB	193	SOLU-CORTEF INJ	134	sprintec 28 tab	130
SODIUM OXYBATE	223	SOLU-CORTEF INJ	134	SPS	196
SOLN		100MG		STALEVO TAB	102
sodium polystyrene	117	SOLU-MEDROL INJ	134	STAVUDINE CAP	111
powder		SOLU-MEDROL INJ	134	STELARA INJ	144
sodium polystyrene susp	117	2GM		STENDRA TAB	122
sodium sulfacetamide	139	SOLU-MEDROL PF INJ	134	STIMATE NASAL SOLN	163
lotion		SOMA TAB	202	STIOLTO INHALER	33

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ALPHABETICAL LISTING OF DRUGS

STIVARGA TAB	95	sumatriptan tab	192	tadalafil tab (PAH)	125
STRENSIQ INJ	163	sunitinib malate cap	95	tadalafil tab 2.5mg, 5mg	123
STRIBILD TAB	111	SUNOSI TAB	3	TADLIQ SUSP	125
STRIVERDI RESPIMAT	33	SUPRAX CAP	127	TAFINLAR CAP	96
INHALER		SUPRAX CHEW TAB	128	TAFINLAR TAB	96
STROMEKTOL TAB	23	SUPRAX SUSP	128	TAGRISSE TAB	84
SUBOXONE SL FILM	19	SUPRAX SUSP	128	TAKHZYRO INJ	176
sucralfate susp	235	500MG/5ML		TAKHZYRO INJ	176
sucralfate tab	234	SURMONTIL CAP	49	150MG/ML	
SUFLAVE SOLN	184	SYMAX DUOTAB	234	TALTZ INJ	144
sulfacetamide sodium	210	SYMBYAX CAP	225	TALTZ INJ 20MG/0.25ML	144
ophth soln		SYMDEKO TAB	229	TALTZ INJ 40 MG/0.5ML	144
sulfacetamide	214	SYMPROIC TAB	171	TALZENNA CAP 0.25MG	96
sodium/prednisolone		SYMTUZA TAB	111	TALZENNA CAP 0.5MG,	96
ophth soln		SYNAREL NASAL SOLN	161	0.75MG, 1MG	
SULFACETAMIDE/PRED	214	SYNJARDY TAB	50	TAMIFLU CAP	115
NISOLONE OPHTH		SYNJARDY XR TAB	50	TAMIFLU CAP 30MG	115
SOLN		10-1000MG, 25-1000MG		tamoxifen tab	86
sulfadiazine tab	230	SYNJARDY XR TAB	50	tamsulosin cap	174
SULFAMYLON CREAM	145	5-1000MG,		TAPAZOLE TAB	231
sulfasalazine EC tab	170	12.5-1000MG		TASIGNA CAP	96
sulfasalazine tab	170	SYNTHROID TAB	232	TASMAR TAB	100
sulindac tab	11			tavorole soln	142
SUMADAN WASH	140	T		TAVNEOS CAP	176
9-4.5%		TABLOID TAB	82	tazarotene cream 0.05%	144
sumatriptan inj	192	TABRECTA TAB	96	tazarotene cream 0.1%	144
SUMATRIPTAN INJ	192	tacrolimus cap	117	TAZORAC CREAM	144
6MG/0.5ML		tacrolimus oint	150	TAZVERIK TAB	96
		tadalafil tab	122		

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ALPHABETICAL LISTING OF DRUGS

TECHLITE INSULIN SYRINGE	190	terconazole supp	242	THEO-24 CAP	33
TECHLITE PEN NEEDLE	190	teriflunomide tab	227	theophylline ER tab	33
TEGRETOL SUSP	40	TERIPARATIDE INJ	159	theophylline soln	33
TEGRETOL TAB	40	620MCG/2.48ML		THEOPHYLLINE TAB ER	33
TEGRETOL XR TAB	40	TESSALON CAP	135	thioridazine tab	106
TEKTRUNA HCT TAB	73	testosterone cypionate inj	20	thiothixene cap	107
TEKTRUNA TAB	74	TESTOSTERONE	20	THYROLAR TAB	232
telmisartan tab	70	ENANTHATE INJ		tiagabine tab	42
temazepam cap 15mg	182	200MG/ML		TIAZAC CAP	120
temazepam cap 22.5mg	182	TESTOSTERONE GEL 1%	20	TIBSOVO TAB	96
temazepam cap 30mg	183	25MG		TICOVAC INJ	240
temazepam cap 7.5mg	183	testosterone gel 1% 50mg	21	TIGAN CAP	60
TEMOVATE CREAM	148	testosterone gel 1% pump	21	TIKOSYN CAP	26
TEMOVATE OINT	148	testosterone gel 1.62%	21	timolol maleate ophth gel	206
temozolomide cap	82	1.25gm		timolol maleate ophth soln	206
tenofovir disoproxil fumarate tab	111	testosterone gel 1.62%	21	timolol maleate tab	119
TENORETIC TAB	73	2.5gm		TIMOPTIC OPHTH SOLN	206
TENORMIN TAB	118	TESTOSTERONE GEL PUMP 1%	21	TIMOPTIC-XE OPHTH GEL	206
TEPMETKO TAB	96	testosterone gel pump	21	TINDAMAX TAB	75
TERAZOL CREAM	242	1.62%		tinidazole tab	75
terazosin cap	71	testosterone soln	21	tiopronin tab	174
terbinafine tab	61	TETANUS/DIPHThERIA	233	tiopronin tab delayed release	174
terbutaline sulfate tab	33	TOXOID INJ		TIROSINT-SOL	232
terconazole cream	242	tetrabenazine tab	226	TIVICAY PD TAB	111
TERCONAZOLE CREAM 0.8%	242	tetracycline cap	231	TIVICAY TAB	111
		TEZSPIRE INJ	27	tizanidine tab	202
		THALOMID CAP	116		

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ALPHABETICAL LISTING OF DRUGS

TOBI PODHALER	5	toremifene tab	86	triamcinolone in orabase	198
TOBRADEX OPHTH OINT	214	toremifene tab	157	paste	
TOBRADEX OPHTH SOLN	214	TOVIAZ TAB	236	triamcinolone lotion	148
TOBRADEX ST OPHTH SUSP	214	TRACLEER TAB 32MG	124	triamcinolone oint	149
tobramycin neb soln	6	tramadol ER tab	17	triamcinolone OTC nasal	204
tobramycin ophth soln	210	TRAMADOL HCL ER TAI	17	spray	
tobramycin/dexamethason e ophth soln	214	tramadol tab	17	triamterene/hydrochloroth	156
TOBEX OPHTH OINT	210	tramadol/acetaminophen	19	iazide cap	
TOBEX OPHTH SOLN	210	tab		triamterene/hydrochloroth	156
TODAY SPONGE	241	tranexamic acid tab	181	iazide tab	
TOFRANIL TAB	49	TRANSDERM-SCOP	60	triazolam tab	183
TOLAZAMIDE TAB	57	PATCH		tricitrates soln	172
TOLBUTAMIDE TAB	57	tranlycypromine tab	45	tricon cap	181
tolcapone tab	100	TRAVATAN Z DROPS	217	TRICOR TAB	66
tolterodine SR cap	236	travoprost ophth soln	217	trientine cap	195
tolterodine tab	236	trazodone tab	47	trifluoperazine tab	106
TOPAMAX SPRINKLE CAP	40	TRECTOR TAB	81	TRIFLURIDINE OPHTH SOLN	210
TOPAMAX TAB	40	TRELEGY ELLIPTA	33	trihexyphenidyl elixir	102
TOPICORT CREAM	148	INHALER		TRIHXYPHENIDYL	102
TOPICORT OINT	148	TREMFYA INJ	144	SOLN	
topiramate sprinkle cap	40	TREMFYA INJ	144	trihexyphenidyl tab	100
topiramate tab	40	200MG/2ML		TRIKAFTA TAB	229
TOPROL XL TAB	118	tretinoin cap	81	TRIKAFTA THERAPY	229
		tretinoin cream	140	PACK	
		tretinoin gel	140	tri-legest tab	130
		tretinoin gel 0.08%	140	TRILEPTAL SUSP	40
		triamcinolone acetate inj	134	TRILEPTAL TAB	40
		triamcinolone cream	148		

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ALPHABETICAL LISTING OF DRUGS

TRI-LUMA CREAM	151	TWIRLA PATCH	130	URECHOLINE TAB	237
trimethobenzamide cap	60	TYBLUME TAB	130	UROCIT-K TAB	173
TRIMETHOPRIM TAB	75	TYENNE INJ	9	UROXATRAL TAB	174
trimipramine cap	49	TYLENOL/CODEINE TAF	19	URSO FORTE TAB	168
TRINTELLIX TAB	47	TYMLOS INJ	159	ursodiol cap	168
tri-sprintec tab	130	TYPHIM VI INJ	238	ursodiol tab	168
TRIUMEQ PD TAB	112	TYVASO DPI POWDER	123	<hr/>	
TRIUMEQ TAB	112	TYVASO DPI POWDER	123	V	
TRI-VITAMIN FLUORIDE	200	MAINTENANCE KIT		VAGIFEM TAB	243
DROPS		32-48MCG		valacyclovir tab	114
TRIZIVIR TAB	112	TYVASO DPI POWDER	123	VALCHLOR GEL	143
tropicamide ophth soln	207	TITRATION KIT		VALCYTE TAB	113
tropium chloride SR cap	236	16-32-48MCG		valganciclovir soln	113
tropium tab	236	TYVASO DPI POWDER	124	valganciclovir tab	113
TRUEPLUS INSULIN	190	TITRATION KIT		VALIUM TAB 2MG,	25
SYRINGE		16-32MCG		10MG	
TRUEPLUS PEN	190	TYVASO INH SOLN 0.6	124	VALIUM TAB 5MG	25
NEEDLE		MG/ML		valproic acid cap	44
TRULANCE TAB	167	<hr/>			
TRULICITY INJ	53	U			
TRUMENBA INJ	238	UBRELVY TAB	191	valsartan tab	70
TRUQAP TAB	96	UCERIS RECTAL FOAM	22	valsartan/hydrochlorothiazi	73
TRUQAP THERAPY	97	UCERIS TAB	134	de tab	
PACK		ULORIC TAB	175	VALTOCO NASAL SPRAY	36
TRUSOPT OPHTH SOLN	217	ULTRAM TAB	17	VALTRESX TAB	114
TUKYSA TAB	83	ULTRAVATE CREAM	149	VANCOGIN CAP	76
TURALIO CAP	97	ULTRAVATE OINT	149	vancomycin cap	77
tussigon tab	135	UPNEEQ SOLN	217	VANFLYTA TAB	97
		UPTRAVI TAB	125	VANFLYTA TAB 26.5MG	97
				VANIQA CREAM	150

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ALPHABETICAL LISTING OF DRUGS

varденаfil ODT	123	VERAPAMIL SR CAP	120	VIJOICE TAB	196
varденаfil tab	123	360mg		VIJOICE TAB 250MG	196
VARENICLINE TAB	228	verapamil SR tab	120	viorele tab, kariva tab	130
varenicline tartrate tab	228	verapamil tab	121	VIRACEPT TAB	112
varenicline tartrate tab	228	VERELAN CAP	121	VIREAD TAB 150MG,	112
starter pack		VERELAN PM CAP	121	200MG, 250MG	
VARIVAX INJ	240	VERELAN PM ER CAP	121	VISTARIL CAP	24
VARUBI TAB	61	200MG, 300MG		VITAFOL STRIPS	200
VASERETIC TAB	74	VERELAN SR CAP	121	vitamin D cap	244
VASOTEC TAB	69	360mg		vitamin D cap 1000unit	244
VAXCHORA SUSP	238	VERZENIO TAB	97	vitamin D cap 400unit	244
VAXNEUVANCE INJ	238	VESICARE TAB	236	VITAMIN D TAB	244
v-c forte cap	199	VFEND SUSP	62	400UNIT	
VELIVET PAK	130	VFEND TAB	62	VITRAKVI CAP 100MG	97
VELPHORO CHEW TAB	172	V-GO INJ KIT	190	VITRAKVI CAP 25MG	97
VEMLIDY TAB	114	VIBRAMYCIN CAP	231	VITRAKVI SOLN	98
VENCLEXTA STARTER	83	VIBRAMYCIN SUSP	231	VIVELLE-DOT PATCH	166
PACK		VIBRAMYCIN SYRUP	231	VIVOTIF CAP	238
VENCLEXTA TAB	83	VICTOZA INJ,	53	VIZIMPRO TAB	84
VENELEX OINT	153	LIRAGLUTIDE SOLN		VOGELXO GEL PUMP	21
venlafaxine ER cap	48	PEN-INJECTOR		1%	
venlafaxine tab	48	VIDEX SOLN	112	VOLTAREN GEL	142
VENTAVIS INH SOLN	124	vigabatrin powder pack	42	VONJO CAP	98
VENTOLIN HFA	33	vigabatrin tab	42	voriconazole susp	62
INHALER		vigadrone powder pack	42	voriconazole tab	62
VERAPAMIL ER CAP,	120	VIGAMOX OPHTH SOLN	210	VOSEVI TAB	114
VERELAN CAP		VIJOICE GRANULES	196	VOWST CAP	171
verapamil SR cap	120	PACKET		VOXZOGO INJ	163

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VP-PNV-DHA CAP	201	XARELTO STARTER	34	XIGDUO XR TAB	51
VYNDAMAX CAP	126	PACK		XIGDUO XR TAB	51
VYNDAQEL CAP	126	XARELTO SUSP	34	10-1000MG	
VYVANSE CAP	1	XARELTO TAB	34	XIGDUO XR TAB	51
VYVANSE CHEW TAB	2	XCOPRI PAK	41	2.5-1000MG, 5-1000MG	
W		100-150MG		XIGDUO XR TAB	51
WAINUA INJ	228	XCOPRI PAK	41	5-500MG, 10-500MG,	
WAKIX TAB	3	150-200MG		10-1000MG	
warfarin tab	34	XCOPRI PAK 50-200MG	41	XOPENEX NEB SOLN	33
WEGOVY INJ	2	XCOPRI TAB 150MG,	41	XOSPATA TAB	98
WEGOVY INJ	2	200MG		XPHOZAH TAB	163
1.7MG/0.75ML		XCOPRI TAB 25MG	41	XPOVIO PAK	87
WEGOVY INJ	3	XCOPRI TAB 50MG,	41	XTAMPZA ER CAP	17
2.4MG/0.75ML		100MG		XYZBAC TAB	155
WELIREG TAB	87	XCOPRI TITRATION PAK	41	Y	
WELLBUTRIN SR TAB	45	12.5-25MG		YF-VAX INJ	240
WELLBUTRIN XL TAB	45	XCOPRI TITRATION PAK	41	Z	
wymzya FE tab	130	150-200MG		zafemy patch	130
X		XCOPRI TITRATION PAK	42	zafirlukast tab	28
XACIATO GEL	241	50-100MG		zaleplon cap	183
XADAGO TAB	102	XDEMVY OPHTH SOLN	211	ZANAFLEX TAB	202
XALATAN OPHTH SOLN	217	XELJANZ SOLN	6	ZANOSAR INJ	82
XALKORI CAP	98	XELJANZ TAB	6	ZARONTIN CAP	43
XALKORI SPRINKLE	98	XELJANZ XR TAB	6	ZARONTIN SOLN	43
CAP		XEMBIFY INJ	220	ZARXIO INJ	179
XAQUIL XR TAB	155	XENLETA TAB	78	ZAVZPRET NASAL	191
		XIFAXAN TAB 200MG	75	SPRAY	
		XIFAXAN TAB 550MG	75		

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ZEGALOGUE INJ	52	ZOFRAN SOLN	60	ZYPREXA TAB	106
ZEGERID CAP OTC	235	ZOFRAN TAB	60	ZYPREXA ZYDIS TAB	106
ZEJULA CAP	98	ZOKINVY CAP	196	ZYRTEC CHILD CHEW	63
ZEJULA TAB	98	ZOLINZA CAP	98	TAB	
ZELAPAR ODT	102	zolmitriptan tab	193	ZYVOX SUSP	78
ZELBORAF TAB	98	ZOLOFT CONC	47	ZYVOX TAB	78
ZEMPLAR CAP	163	ZOLOFT TAB	47		
ZEPBOUND INJ	3	zolpidem ER tab	183		
ZEPOSIA CAP	227	zolpidem tab	181		
ZEPOSIA STARTER PACK	227	ZONEGRAN CAP	40		
ZESTORETIC TAB	74	ZONISADE SUSP	40		
ZETONNA NASAL SPRAV	204	zonisamide cap	40		
ZIAC TAB	74	ZONTIVITY TAB	177		
zidovudine cap	112	ZORYVE CREAM	144		
zidovudine syrup	112	ZOVIRAX CAP	115		
zidovudine tab	112	ZOVIRAX SUSP	115		
ZILBRYSQ INJ	176	ZOVIRAX TAB	115		
ZILBRYSQ INJ 23MG	176	ZTALMY SUSP	41		
ZILBRYSQ INJ 32.4MG	176	ZURZUVAE CAP 20MG,	45		
ZIMHI SOLN	59	25MG			
ziprasidone cap	103	ZURZUVAE CAP 30MG	45		
ZIRGAN OPHTH GEL	211	ZUTRIPRO LIQUID	137		
ZITHROMAX POWDER	185	ZYDELIG TAB	98		
PACK		ZYKADIA CAP	99		
ZITHROMAX SUSP	185	ZYKADIA TAB	99		
ZITHROMAX TAB	185	ZYLET OPHTH SUSP	214		
ZOCOR TAB	67	ZYLOPRIM TAB	175		
ZOFRAN ODT	59	ZYMAXID OPHTH SOLN	211		

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		

L.A. CARE HOME INFUSION DRUG LIST

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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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Drug Name	Special Code	Tier	Category
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABELCET INJ	-	F	ANTIFUNGALS
ABRAXANE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA INJ	-	NC	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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Drug Name	Special Code	Tier	Category
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.
ANKTIVA SOL (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
ASCENIV INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
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 (QL= 20 vials/28 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES

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Drug Name	Special Code	Tier	Category
AZEDRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
BALEODAQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAVENCIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
bendamustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDAMUSTINE SOL	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F	OPHTHALMIC AGENTS
BEQVEZ INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSА 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

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Drug Name	Special Code	Tier	Category
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX COSMETIC INJ	-	EXC	DERMATOLOGICALS
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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

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Drug Name	Special Code	Tier	Category
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CRYSVITA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
cupric chloride inj (COPPER equiv)	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYTARABINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 FASPRO SOLN (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN	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

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Drug Name	Special Code	Tier	Category
DEXTROSE INJ	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	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
DURYSTA IMP (QL= 1 intraocular implant/eye/lifetime)	PA-QL	F	OPHTHALMIC AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
edaravone inj (RADICAVA equiv) (QL= 20 vials/28 days)	PA-QL	F	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

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Drug Name	Special Code	Tier	Category
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
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= 3 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

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Drug Name	Special Code	Tier	Category
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
ESPEROCT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUFLEXXA	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ	PA	F	ANTIHYPERLIPIDEMICS
EVOMELA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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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
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

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Drug Name	Special Code	Tier	Category
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ, KOATE-DVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HEPAGAM B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
heparin sodium inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
HEPARIN SODIUM/NACL INJ	-	F	ANTICOAGULANTS
HEPZATO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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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
IMDELLTRA 1 MG INJ (QL= 1 vial/30 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMDELLTRA 10 MG INJ (QL= 2 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMJUDO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMLYGIC INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC
INFLIXIMAB INJ (QL= 20 vials/28 days)	PA-QL	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 INJ, ERZOFRI 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

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Drug Name	Special Code	Tier	Category
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.
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/NAACL INJ	-	F	MINERALS & ELECTROLYTES
KCL/NAACL 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

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KYMRIAH SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
lacosamide iv inj	-	F	ANTICONSULSANTS
lactated ringers inj	-	F	MINERALS & ELECTROLYTES
LACTATED RINGERS INJ	-	NC	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.
LEQEMBI SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEUCOVORIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONSULSANTS
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

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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
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
MACI MIS	-	EXC	MUSCULOSKELETAL THERAPY 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

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melphalan inj (ALKERAN equiv) (Restricted to Oncology or Hematology Specialist)	RS	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
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

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Drug Name	Special Code	Tier	Category
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	-	EXC	CALCIUM CHANNEL BLOCKERS
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NIPENT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
NOVOEIGHT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NOVOSEVEN RT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	PA	F	HEMATOPOIETIC AGENTS
NUCALA INJ (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

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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	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OXLUMO INJ	PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
paclitaxel protein-bound inj (ABRAXANE equiv)	PA	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/ANTICHO LINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS

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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	ANTICONSULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	RS	F	HEMATOPOIETIC AGENTS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
POMBILITI SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
potassium chloride inj	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS

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PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
PROCAINAMIDE INJ	-	F	ANTIARRHYTHMICS
PROCHLORPERAZINE INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F	NEUROMUSCULAR AGENTS
QUADRAMET INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RADICAVA INJ	-	NC	NEUROMUSCULAR AGENTS
REBINYN SOL	-	NC	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	PA	F	HEMATOPOIETIC AGENTS
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RETISERT IMPLANT	-	NC	OPHTHALMIC AGENTS
REVCovi INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES

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Drug Name	Special Code	Tier	Category
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
RYTELO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCENESSE IMP (QL=1 implant/56 days)	-	EXC	DERMATOLOGICALS
selenious acid inj (SELENIUM equiv)	-	F	MINERALS & ELECTROLYTES
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SEVENFACT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
SKYRIZI SOLN (QL=1 vial per 28 days with up to 4 fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
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
STRATAGRAFT MIS	-	EXC	DERMATOLOGICALS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
STRONTIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTIVIRALS
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F	OPHTHALMIC AGENTS
SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL	F	OPHTHALMIC AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES

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Drug Name	Special Code	Tier	Category
SYNAGIS INJ	-	NC	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
TECELRA SUS	-	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
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

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Drug Name	Special Code	Tier	Category
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
TREMFYA IV INJ (QL= 1 vial/28 days)	PA-QL	F	DERMATOLOGICALS
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRIESENCE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ (QL= 1 vial/4 weeks)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TZIELD INJ (QL= 14 vials/month)	PA-QL	F	ANTIDIABETICS
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
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
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

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Drug Name	Special Code	Tier	Category
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
XERAIVA 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
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

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

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

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

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

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
bendamustine inj	-	F
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
EVOMELA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
IFEX INJ	-	F
ifosfamide inj	-	F
melphalan inj (ALKERAN equiv) (Restricted to Oncology or Hematology Specialist)	RS	F
oxaliplatin inj	-	F
TEMODAR IV INJ	PA	F
thiotepa inj	-	F
YONDELIS INJ	PA	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN	PA	F
CARMUSTINE INJ	-	NC
PEPAXTO INJ	-	NC
ANTIMETABOLITES		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
CYTARABINE INJ	-	F
decitabine inj	PA	F
FLUDARABINE INJ	-	F
fluorouracil inj	-	F
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
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	-	F

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ANTINEOPLASTIC - ANTIBODIES		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
BESPOUSA 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= 3 vials/365 days)	PA-QL	F
GAZYVA INJ	PA	F
IMDELLTRA 1 MG INJ (QL= 1 vial/30 days)	PA-QL	F
IMDELLTRA 10 MG INJ (QL= 2 vials/28 days)	PA-QL	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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
RYBREVAANT 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
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
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
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
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
OMISIRGE SUS	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC
TECELRA SUS	-	EXC
BREYANZI INJ	-	NC
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ	PA	F
VECTIBIX IV SOLN	PA	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F
FIRMAGON INJ	-	NC
LUPRON DEPOT INJ 22.5MG	-	NC
LUPRON DEPOT INJ 30MG	-	NC
LUPRON DEPOT INJ 45MG	-	NC
LUPRON DEPOT INJ 7.5MG	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
LARTRUVO INJ	PA	F
ANTINEOPLASTIC ANTIBIOTICS		
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
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO SOLN (QL= 4 vials/28 days)	PA-QL	F
OPDUALAG SOLN (QL= 2 vials/4 weeks)	PA-QL	F
VYXEOS INJ	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
BALEODAQ INJ	PA	F
bortezomib inj	PA	F

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
FYARRO SUSP	PA	F
KYPROLIS SOLN	PA	F
romidepsin for iv inj	PA	F
ROMIDEPSIN INJ	PA	F
RYTELO INJ	PA	F
temsirolimus soln	-	F
ALIQOPA INJ	-	NC
BORTEZOMIB INJ	-	NC
ISTODAX (OVERFILL) INJ	-	NC
VELCADE INJ	-	NC
VELCADE INJ, BORTEZOMIB INJ	-	NC
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	EXC
ASPARLAS INJ	PA	F
ONCASPAR INJ	PA	F
RYLAZE INJ	-	NC
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA INJ	-	EXC
LUTATHERA SOLN	-	EXC
PLUVICTO INJ	-	EXC
QUADRAMET INJ	-	EXC
STRONTIUM INJ	-	EXC
XOFIGO INJ	-	EXC
ANTINEOPLASTICS MISC.		
ANKTIVA SOL (QL= 4 vials/28 days)	PA-QL	F
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
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ	-	F
KEPIVANCE INJ	PA	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
dexrazoxane inj	-	F
KHAPZORY SOLN	PA	F
leucovorin inj	-	F
levoleucovorin inj	-	F

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
levoleucovorin inj (FUSILEV equiv)	--PA	F
mesna inj (MESNEX equiv)	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
LEUCOVORIN INJ	-	F
LEVOLEUCOVORIN SOLN	PA	F
COSELA INJ	-	NC
MITOTIC INHIBITORS		
HALAVEN INJ	-	EXC
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
paclitaxel protein-bound inj (ABRAXANE equiv)	PA	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
vincristine inj	-	F
vinorelbine inj	-	F
MARQIBO INJ	-	NC
ONCOLYTIC VIRAL AGENTS		
IMLYGIC INJ	-	EXC
TOPOISOMERASE I INHIBITORS		
irinotecan inj	-	F
ONIVYDE INJ	PA	F
topotecan inj	-	F
TRODELVY SOLN	PA	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine inj	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
INVEGA INJ, ERZOFRI INJ	-	F
PHENOTHIAZINES		
prochlorperazine inj	-	F
ANTIVIRALS		
ANTIRETROVIRALS		

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ANTIVIRALS Cont.		
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
CMV AGENTS		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F
FOSCAVIR INJ	-	NC
HERPES AGENTS		
acyclovir sodium IV soln	-	F
ASSORTED CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA IV SOLN	PA	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol inj	-	F
BETA BLOCKERS CARDIO-SELECTIVE		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
BETA BLOCKERS NON-SELECTIVE		
propranolol inj	-	F
SOTALOL INJ	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
NICARDIPINE INJ	-	EXC
CARDENE INJ	-	F
DILTIAZEM INJ	-	F
nicardipine inj	-	F
verapamil inj	-	F
CARDIOTONICS		
INOTROPES		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F
milrinone inj	-	F

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj	PA	F
treprostinil inj	PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOLIN INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
CEPHALOSPORINS - 2ND GENERATION		
cefotetan inj	-	F
cefoxitin inj	-	F
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
ceftazidime inj	-	F
CEFTRIAXONE INJ	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ	-	F
CONTRACEPTIVES		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
DERMATOLOGICALS		
ANTIPSORIATICS		
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F
TREMFYA IV INJ (QL= 1 vial/28 days)	PA-QL	F
ILUMYA SOLN	-	NC
GLABELLAR LINES (FROWN LINES) AGENTS		
BOTOX COSMETIC INJ	-	EXC
JEUVEAU INJ	-	EXC
PROTECTIVES AGAINST UV RADIATION		
SCENESSE IMP (QL=1 implant/56 days)	-	EXC
WOUND CARE PRODUCTS		
STRATAGRAFT MIS	-	EXC
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F
DIURETICS		
LOOP DIURETICS		
furosemide inj	-	F
OSMOTIC DIURETICS		
mannitol inj	-	F
OSMITROL INJ	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
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

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
CORTICOTROPIN		
ACTHAR HP GEL INJ	-	NC
CORTROPHIN INJ GEL	-	NC
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ	PA	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPO-PED INJ (QL= 1 kit/28 days)	F-PA-QL	F
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F
SUPPRELIN LA KIT	-	NC
METABOLIC MODIFIERS		
ALDURAZYME INJ	PA	F
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F
CRYSVITA INJ	PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	PA	F
ELFABRIO SOL	PA	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
KANUMA INJ	PA	F
LAMZEDE INJ	PA	F
MYOZYME/LUMIZYME INJ	PA	F
NAGLAZYME INJ	PA	F
NEXVIAZYME INJ	PA	F
NULIBRY INJ	PA	F
OPFOLDA CAP	PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
POMBILITI SOLN	PA	F
REVCOVI INJ	PA	F
VIMIZIM INJ	PA	F
XENPOZYME SOLN	PA	F
POSTERIOR PITUITARY HORMONES		
desmopressin (DDAVP) inj	PA	F
SOMATOSTATIC AGENTS		
lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 day)	PA-QL	F
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F
SOMATULINE INJ (QL= 1 syringe/28 days)	PA-QL	F
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F
SOMATULINE INJ	-	NC

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DrugName	Special Code	Tier
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ (QL= 20 vials/28 days)	PA-QL	F
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F
INFLIXIMAB INJ (QL= 20 vials/28 days)	PA-QL	F
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F
STELARA IV INJ	PA	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
RENFLEXIS INJ	-	NC
LIVE FECAL MICROBIOTA		
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F
GENITOURINARY AGENTS - MISCELLANEOUS		
HYPEROXALURIA AGENTS		
OXLUMO INJ	PA	F
GOUT AGENTS		
GOUT AGENTS		
allopurinol inj	-	F
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ	PA	F
ANTIHEMOPHILIC PRODUCTS		
ADYNOVATE INJ	PA	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
ALTUVIIIIO INJ	PA	F
BEQVEZ INJ (QL= 1 kit/lifetime)	PA-QL	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

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HEMATOLOGICAL AGENTS - MISC. Cont.		
SEVENFACT INJ	PA	F
VONVENDI INJ	PA	F
WILATE INJ	PA	F
ADVATE INJ, KOVALTRY INJ	-	NC
AFSTYLA KIT	-	NC
ALPHANATE INJ, HUMATE-P INJ	-	NC
ALPHANINE SD INJ, MONONINE INJ	-	NC
ALPROLIX INJ	-	NC
BENEFIX INJ	-	NC
COAGADEX INJ	-	NC
CORIFACT KIT	-	NC
ELOCTATE INJ	-	NC
FIBRYGA INJ	-	NC
HEMOFIL M INJ, KOATE-DVI INJ	-	NC
IDELVION SOLN	-	NC
IXINITY INJ, RIXUBIS INJ	-	NC
JIVI INJ	-	NC
KCENTRA KIT	-	NC
KOGENATE FS INJ	-	NC
NOVOEIGHT INJ	-	NC
NUWIQ INJ	-	NC
OBIZUR INJ	-	NC
PROFILNINE INJ	-	NC
REBINYN SOL	-	NC
RECOMBINATE INJ	-	NC
TRETTEN INJ	-	NC
XYNTHA INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
ENJAYMO SOLN	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
VEOPOZ INJ	-	NC
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA KIT	PA	F
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ	PA	F

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

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LOCAL ANESTHETICS-PARENTERAL Cont.		
lidocaine inj	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin inj	-	F
ERYTHROMYCINS		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE INJ	-	F
CALCIUM		
calcium gluconate inj	-	F
ELECTROLYTE MIXTURES		
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
electrolyte-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
LACTATED RINGERS INJ	-	NC
MAGNESIUM		

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
MAGNESIUM SU INJ	-	EXC
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
potassium phosphate inj	-	F
sodium phosphate inj	-	F
POTASSIUM		
potassium chloride inj	-	F
POTASSIUM CHLORIDE INJ	-	NC
SODIUM		
sodium chloride inj	-	F
TRACE MINERALS		
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
selenious acid inj (SELENIUM equiv)	-	F
SELENIUM INJ	-	F
ZINC		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
MISCELLANEOUS THERAPEUTIC CLASSES		
ENZYMES		
XIAFLEX INJ	PA	F
IMMUNOMODULATORS		
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
IMMUNOSUPPRESSIVE AGENTS		
AZATHIOPRINE INJ	-	F
GAMIFANT INJ	PA	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN (QL= 3 vials/6 months)	PA-QL	F
LYMPHATIC AGENTS		
SYLVANT INJ	PA	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
UREMIC PRURITUS AGENTS		
KORSUVA INJ	PA	F

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DrugName	Special Code	Tier
MULTIVITAMINS		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
ARTICULAR CARTILAGE REPAIR THERAPY		
MACI MIS	-	EXC
VISCOSUPPLEMENTS		
DUROLANE	PA	F
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL STEROIDS		
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F
NEUROMUSCULAR AGENTS		
ALS AGENTS		
edaravone inj (RADICAVA equiv) (QL= 20 vials/28 days)	PA-QL	F
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F
RADICAVA INJ	-	NC
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F

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DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
DYSPORT	PA	F
XEOMIN INJ	PA	F
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE INJ	-	F
LIPIDS		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
PROTEINS		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
OPHTHALMIC AGENTS		
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BYOOVIZ INJ (QL= 1 inj/eye/28 days)	PA-QL	F
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F
SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL	F
OPHTHALMIC GENE THERAPY		
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
OPHTHALMIC STEROIDS		
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
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
PROSTAGLANDINS - OPTHALMIC		
DURYSTA IMP (QL= 1 intraocular implant/eye/lifetime)	PA-QL	F
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
PRIVIGEN INJ	PA	F
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
ASCENIV INJ	PA	F
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMASTAN INJ	-	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F
HYPERHEP B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
MONOCLONAL ANTIBODIES		
ZINPLAVA SOLN	PA	F
SYNAGIS INJ	-	NC
PENICILLINS		
AMINOPENICILLINS		
ampicillin inj	-	F
NATURAL PENICILLINS		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
PENICILLIN COMBINATIONS		
ampicillin/sulbactam inj	-	F
BICILLIN C-R INJ	-	F

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DrugName	Special Code	Tier
PENICILLINS Cont.		
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
PENICILLINASE-RESISTANT PENICILLINS		
BACTOCILL/DEXTROSE INJ	-	F
nafcillin inj	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
STERILE DILUENT SOLN	-	F
sterile water for inj	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
LEQEMBI SOLN	PA	F
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS		
LENMELDY INJ	-	EXC
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F
OCREVUS INJ	PA	F
TYSABRI INJ (QL= 1 vial/4 weeks)	PA-QL	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F
ONPATTRO SOLN	PA	F
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
XERAIVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
TETRACYCLINES		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
LEVOTHYROXINE INJ	-	EXC
levothyroxine inj	-	F
LIOthyRONINE INJ	-	F
ULCER DRUGS		
ANTISPASMODICS		
atropine sulfate iv soln	-	F
H-2 ANTAGONISTS		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
ATROPINE SULFATE INJ	-	NC
PROTON PUMP INHIBITORS		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
VASOPRESSORS		
VASOPRESSORS		
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin K1 inj	-	F

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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.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABRAXANE INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADYNOVATE INJ	F
ADZYNMA KIT	F
ALDURAZYME INJ	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	F
ALTUVIIIIO INJ	F
AMVUTTRA SOLN	F
ANKTIVA SOL	F
ARALAST NP INJ	F
arsenic trioxide inj	F
ARZERRA INJ	F
ASCENIV 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
BEQVEZ 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

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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.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
COLUMVI 10/10ML INJ	F
COLUMVI 2.5MG INJ	F
CRYSVITA INJ	F
DARZALEX FASPRO SOLN	F
DARZALEX SOLN	F
decitabine inj	F
desmopressin (DDAVP) inj	F
DUROLANE	F
DURYSTA IMP	F
DYSPORT	F
edaravone inj	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

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
FEIBA INJ	F
FIRMAGON INJ 120MG	F
FIRMAGON INJ 80MG	F
FLEBOGAMMA INJ	F
FYARRO SUSP	F
GAMIFANT INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GAZYVA INJ	F
GIVLAARI INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F
HEMGENIX INJ	F
HEPAGAM B INJ	F
HUMATE-P INJ	F
HYPERHEP B INJ	F
ILARIS INJ	F
IMDELLTRA 1 MG INJ	F
IMDELLTRA 10 MG 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

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
LAMZEDE INJ	F
lanreotide acetate extended release inj	F
LARTRUVO INJ	F
LEMTRADA INJ	F
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

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
OXLUMO INJ	F
paclitaxel protein-bound inj	F
PADCEV INJ	F
PANZYGA INJ	F
pemetrexed disodium for iv soln	F
PERJETA INJ	F
POLIVY INJ	F
POMBILITI SOLN	F
POTELIGEO INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
QALSODY SOL	F
REBLOZYL INJ	F
REBYOTA SUSP FECAL	F
REVCOVI INJ	F
ROCTAVIAN INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
RYPLAZIM SOLN	F
RYSTIGGO INJ	F
RYTELO 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

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
STELARA IV INJ	F
SUSVIMO INJ	F
SYFOVRE INJ	F
SYLVANT INJ	F
TECENTRIQ INJ 1200MG/20ML	F
TECENTRIQ INJ 840MG/14ML	F
TEMODAR IV INJ	F
TEPEZZA INJ	F
TEZSPIRE SOLN	F
THYROGEN INJ	F
TIVDAK INJ	F
TRELSTAR INJ 11.25MG	F
TRELSTAR INJ 22.5MG	F
TRELSTAR INJ 3.75MG	F
TREMFYA IV INJ	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

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

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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
ANKTIVA SOL	QL= 4 vials/28 days
APRETUDE SUSP	QL=7 inj/year
AVSOLA INJ	QL= 20 vials/28 days
BEOVU INJ	QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days
BEQVEZ INJ	QL= 1 kit/lifetime
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
DARZALEX FASPRO SOLN	QL= 4 vials/28 days
DURYSTA IMP	QL= 1 intraocular implant/eye/lifetime
edaravone inj	QL= 20 vials/28 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= 3 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
IMDELLTRA 1 MG INJ	QL= 1 vial/30 days
IMDELLTRA 10 MG INJ	QL= 2 vials/28 days
INFLIXIMAB INJ	QL= 20 vials/28 days
IZERVAY SOLN	QL= 2 vials/28 days
JELMYTO INJ	QL= 17 kits/425 days

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Last Updated* 12/1/2024

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KRYSTEXXA INJ	QL= 2 mL/28 days
lanreotide acetate extended release inj	QL= 1 syringe/28 days
LEMTRADA INJ	QL= 3.6 mL/year
LIBTAYO INJ	QL= 1 vial/3 weeks
LUPRON DEPO-PED INJ	QL= 1 kit/28 days
LUPRON DEPOT INJ 11.25 MG	QL= 1 kit/84 days
LUPRON DEPOT INJ 3.75 MG	QL= 1 kit/28 days
LUXTURNA SUSP	QL=1 kit per eye, per lifetime
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
TREMFYA IV INJ	QL= 1 vial/28 days
TRIESENCE INJ	QL=2 inj/fill

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Last Updated* 12/1/2024

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
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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