



L.A. Care
Covered™ Direct

L.A. Care Health Plan

L.A. Care Covered™ Direct Formulary **2025**

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 All previous versions of the formulary are no longer in effect.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 2/3/2025

| 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 2/3/2025

| 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 |

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

2

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

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Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML <i>(semaglutide (weight management))</i> | 2 | PA-QL QL= 4 pens/28 days |
| ZEPBOUND INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML <i>(tirzepatide (weight management))</i> | 2 | PA-QL QL= 4 inj/28 days |
| 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 | | |

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

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|------------------------|--------------------------------------|-------------------------------|--|--------------------------------|---|
| 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 | | |

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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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4

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| MSP | Mandatory Specialty Pharmacy Program | ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter |
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| ST | Step Therapy | VAC | Vaccine Program | | |

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

Last Updated 2/3/2025

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

Last Updated 2/3/2025

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

Last Updated 2/3/2025

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

Last Updated 2/3/2025

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

Last Updated 2/3/2025

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

Last Updated 2/3/2025

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|---|---|--|
| FLURBIPROFEN TAB 50MG (ANSAID Equiv) <i>(flurbiprofen)</i> | 1 | - |
| <i>flurbiprofen tab 100MG</i> (ANSAID Equiv) | 1 | - |
| <i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv) | 1 | - |
| <i>ibuprofen tab 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 | - |

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

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|--|---|--|
| NAPROSYN TAB 500MG (<i>naproxen</i>) | 3 | - |
| <i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv) | 1 | - |
| <i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv) | 1 | - |
| <i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv) | 1 | - |
| <i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv) | 1 | - |
| 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 (<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 female members only |
| <i>aspirin ec tab 81mg 81MG</i> | \$0 | OTC Covered for female members only |
| <i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv) | 1 | - |
| ANALGESICS - OPIOID - Drugs to treat pain | | |
| OPIOID AGONISTS - Drugs to treat pain | | |
| 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 |

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| <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 |
| <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) |
| <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 |
| <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) |

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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 2/3/2025

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

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|---|--|---|
| 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) |
| <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 |
| <i>morphine sulfate soln 100MG/5ML, 20MG/5ML, 20MG/ML</i> | 1 | QL QL=120ml/30 days |
| MORPHINE SULFATE SOLN 20MG/5ML 20MG/5ML <i>(morphine sulfate)</i> | 1 | QL QL= 120ml/30 days |
| MORPHINE SULFATE TAB 15MG, 30MG <i>(morphine sulfate)</i> | 1 | QL QL=180 tabs/30 days |
| <i>morphine sulfate tab 15MG, 30MG</i> | 1 | QL QL=180 tabs/30 days |
| NUCYNTA TAB 100MG, 50MG, 75MG <i>(tapentadol hcl)</i> | 3 | QL QL= 180 tabs/30 days |

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

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|---|--|---|
| APAP/CODEINE SOLN 12MG/5ML-120MG/5ML, 30MG/12.5ML-300MG/12.5ML (<i>acetaminophen w/ codeine</i>) | 1 | QL QL= 240ml/30 days |
| <i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv) | 1 | QL QL=1800ml/30 days |
| <i>hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML</i> (HYCET Equiv) | 1 | QL QL=1800ml/30 days |
| <i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv) | 1 | QL QL=120 tabs/30 days |
| <i>hydrocodone/acetaminophen tab 2.5-325mg</i> (NORCO Equiv) | 1 | QL QL=120 tabs/30 days |
| LORTAB (<i>hydrocodone-acetaminophen</i>) | 3 | QL QL=120 tabs/30 days |
| LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML (<i>hydrocodone-acetaminophen</i>) | 3 | QL QL=1800ml/30 days |
| <i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv) | 1 | QL QL=120 tabs/30 days |
| OXYCODONE/ASPIRIN TAB 4.835MG-325MG (<i>oxycodone-aspirin</i>) | 1 | QL QL= 120 tabs/30 days |

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Last Updated 2/3/2025

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|--|--|---|
| PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (<i>oxycodone w/ acetaminophen</i>) | 3 | QL QL=120 tabs/30 days |
| <i>tramadol/acetaminophen tab 37.5MG-325MG</i> (ULTRACET Equiv) | 1 | QL QL= 240 tabs/30 days |
| TYLENOL/CODEINE TAB (<i>acetaminophen w/ codeine</i>) | 3 | QL QL=180 tabs/30 days |
| 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) |

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|---|--|---|
| SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) | 3 | - |
| 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 | - |

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

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|---|---|--|
| CORTENEMA 100MG/60ML (<i>hydrocortisone (intrarectal)</i>) | 3 | - |
| <i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv) | 1 | - |
| 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 | - |

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|---|---|--|
| BENZNIDAZOLE TAB 100MG, 12.5MG <i>(benznidazole)</i> | 2 | RS Restricted to Infectious Disease Specialist |
| BILTRICIDE TAB 600MG <i>(praziquantel)</i> | 3 | - |
| EMVERM TAB 100MG <i>(mebendazole)</i> | 2 | PA |
| <i>ivermectin tab 3MG</i> (STROMECTOL Equiv) | 1 | - |
| <i>praziquantel tab 600MG</i> (BILTRICIDE Equiv) | 1 | - |
| STROMECTOL TAB 3MG <i>(ivermectin)</i> | 3 | - |
| 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 | - |
| ISOSORBIDE MONONITRATE TAB 10MG, 20MG (MONOKET Equiv) <i>(isosorbide mononitrate)</i> | 1 | - |
| <i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv) | 1 | - |

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| 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 | - |
| <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>buspirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv) | 1 | - |
| <i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv) | 1 | - |
| HYDROXYZINE PAMOATE CAP 100MG 100MG (<i>hydroxyzine pamoate</i>) | 1 | - |
| <i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv) | 1 | - |

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

Last Updated 2/3/2025

| 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>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 |
| <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 | | |

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| 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 | - |
| 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 | - |

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| 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 | | |
| 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>) <i>budesonide/formoterol inhaler</i> | 3 | - |
| <i>4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT</i> (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</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv) | 1 | - |
| FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT (fluticasone-salmeterol) | 1 | - |
| FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT (fluticasone-salmeterol) | 1 | - |
| FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT 14MCG/ACT-55MCG/ACT (fluticasone-salmeterol) | 1 | - |
| formoterol fumarate neb soln 20MCG/2ML (PERFOROMIST Equiv) | 1 | - |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT (levalbuterol tartrate) | 3 | QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product |
| levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML (XOPENEX Equiv) | 1 | - |
| PERFOROMIST NEB SOLN 20MCG/2ML (formoterol fumarate) | 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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

| 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>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 Prior Authorization required for members age 9 years and older |
| <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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| MSP | Mandatory Specialty Pharmacy Program | ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter |
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Last Updated 2/3/2025

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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 Prior Authorization required for members age 9 years and older |
| ONFI TAB 10MG, 20MG (<i>clobazam</i>) | 3 | PA |
| VALTOCO NASAL SPRAY 10MG/0.1ML, 5MG/0.1ML (<i>diazepam (anticonvulsant)</i>) | 3 | QL QL= 4 doses/fill |
| 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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Last Updated 2/3/2025

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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 Prior Authorization required for members age 9 years and older |
| 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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Last Updated 2/3/2025

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

Last Updated 2/3/2025

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

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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 Prior Authorization required for members age 9 years and 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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| PA | Prior Authorization | OL | Quantity Limit | RDX | Restricted to Diagnosis |
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|--|
| 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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

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

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

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

Last Updated 2/3/2025

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|--|---|--|
| 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 |
| ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG (<i>alogliptin-pioglitazone</i>) | 2 | QL QL= 1 tab/day |

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

Last Updated 2/3/2025

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

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|---|---|--|
| XIGDUO XR TAB 10-1000MG 10MG-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>) | 2 | QL QL= 1 tab/day |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>) | 2 | QL QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (<i>dapagliflozin-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 | - |
| GLUCAGEN HYPOKIT INJ 1MG (<i>glucagon hcl (rdna)</i>) | 2 | QL QL= 2 inj/fill |
| GLUCAGON (RDNA) FOR INJ KIT 1MG (<i>glucagon (rdna)</i>) | 1 | QL QL= 2 inj/fill |

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|--|--|---|
| GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>) | 2 | QL QL= 2 inj/fill |
| GLUCAGON INJ KIT 1MG (<i>glucagon rdna</i>) | 2 | QL QL= 2 inj/fill |
| GVOKE INJ 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 |
| 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 | | |

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|---|--|---|
| <i>liraglutide soln pen-injector 18MG/3ML, 6MG/ML</i> (VICTOZA Equiv) | 1 | QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide</i>) | 2 | QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| OZEMPIC INJ 2MG/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) |
| 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) |
| BYDUREON PEN INJ 2MG (<i>exenatide</i>) | 2 | QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYETTA INJ 5MCG/0.02ML (<i>exenatide</i>) | 3 | QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |

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| OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 8MG/3ML (<i>semaglutide</i>) | 2 | QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>) | 2 | QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11) |
| 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 50UNIT/ML (<i>insulin lispro protamine & lispro (human)</i>) | 2 | - |
| HUMALOG PEN INJ 100UNIT/ML (<i>insulin lispro</i>) | 2 | - |
| HUMALOG TEMPO PEN 100UNIT/ML (<i>insulin lispro</i>) | 2 | - |
| 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 |

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

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|---|--|
| HUMULIN 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 | - |
| LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro-aabc</i>) | 2 | - |
| LYUMJEV TEMPO PEN 100UNIT/ML (<i>insulin lispro-aabc</i>) | 2 | - |

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|---|---|--|
| 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 (<i>glipizide</i>) | 3 | - |
| GLUCOTROL XL TAB 10MG, 2.5MG, 5MG (<i>glipizide</i>) | 3 | - |

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| 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 | | |
| ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity | | |

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|---|--|---|
| 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 1MG/ML, 2.7MG/0.1ML <i>(nalmefene hcl (antidote))</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> (ZOFRAN Equiv) | 1 | - |
| <i>ondansetron soln 4MG/5ML</i> (ZOFRAN Equiv) | 1 | - |
| <i>ondansetron tab 4MG, 8MG</i> (ZOFRAN Equiv) | 1 | - |
| SANCUSO PATCH 3.1MG/24HR <i>(granisetron)</i> | 4 | QL QL= 4 patches/fill |

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|---|--|---|
| ZOFRAN ODT (<i>ondansetron</i>) | 3 | - |
| ZOFRAN SOLN (<i>ondansetron hcl</i>) | 3 | - |
| ZOFRAN TAB 4MG (<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 | | |

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|---|---|---|
| <i>aprepitant pak</i> (EMEND Equiv) | 1 | QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| EMEND CAP 125MG, 40MG, 80MG | 1 | QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| VARUBI TAB 90MG (<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 | - |

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

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| CARBINOXAMINE SOLN 4MG/5ML (<i>carbinoxamine maleate</i>) | 1 | - |
| <i>carbinoxamine tab 4MG</i> (PALGIC Equiv) | 1 | - |
| <i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv) | 1 | Only 50mg covered |
| <i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv) | M | - |
| 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 | - |

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|--|--|---|
| <i>cyproheptadine tab 4MG</i> | 1 | - |
| ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol | | |
| <i>NEXLETOL TAB 180MG (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 | | |
| <i>NEXLIZET TAB 10MG-180MG (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 | | |
| <i>LOVAZA CAP 1GM-375MG-465MG (omega-3-acid ethyl esters)</i> | 3 | - |
| <i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG (LOVAZA Equiv)</i> | 1 | - |
| BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol | | |
| <i>cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE Equiv)</i> | 1 | - |
| <i>cholestyramine lite powder pack 4GM (QUESTRAN LITE Equiv)</i> | 1 | - |

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| EXC | Plan Exclusion | INF | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program |
| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter |
| 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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

| 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>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv) | 1 | - |
| <i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv) | 1 | - |
| <i>colesevelam pack 3.75GM</i> (WELCHOL Equiv) | 1 | - |
| <i>colesevelam tab 625MG</i> (WELCHOL Equiv) | 1 | - |
| COLESTID GRANULE 5GM (<i>colestipol hcl</i>) | 3 | - |
| COLESTID POWDER PACK 5GM, 5GM/7.5GM (<i>colestipol hcl</i>) | 3 | - |
| COLESTID TAB 1GM (<i>colestipol hcl</i>) | 3 | - |
| <i>colestipol granule 5GM</i> (COLESTID Equiv) | 1 | - |
| <i>colestipol powder packet 5GM</i> (COLESTID Equiv) | 1 | - |
| <i>colestipol tab 1GM</i> (COLESTID Equiv) | 1 | - |
| QUESTRAN LITE POWDER 4GM/DOSE (<i>cholestyramine light</i>) | 3 | - |
| QUESTRAN POWDER 4GM/DOSE (<i>cholestyramine</i>) | 3 | - |
| QUESTRAN POWDER PACK 4GM (<i>cholestyramine</i>) | 3 | - |
| 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 | - |

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

Last Updated 2/3/2025

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|---|---|--|
| FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG <i>(fenofibric acid)</i> | 3 | - |
| <i>gemfibrozil tab 600MG</i> (LOPID Equiv) | 1 | - |
| LOPID TAB 600MG <i>(gemfibrozil)</i> | 3 | - |
| TRICOR TAB 145MG, 48MG <i>(fenofibrate)</i> | 3 | - |
| HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol | | |
| ATORVALIQ SUSP 20MG/5ML <i>(atorvastatin calcium)</i> | 3 | PA Prior Authorization required for members age 9 years and older |
| <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 Prior Authorization required for members age 9 years and older |
| <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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

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

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|---|
| 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 years and older |
| <i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv) | 1 | - |

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

Last Updated 2/3/2025

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|--|---|--|
| EPANED SOLN 1MG/ML (<i>enalapril maleate</i>) | 3 | PA Prior Authorization required for members age 9 years and older |
| <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 years and 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 | | |

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

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|---|
| AVAPRO TAB 150MG, 300MG, 75MG (<i>irbesartan</i>) | 3 | - |
| COZAAR TAB 100MG, 25MG, 50MG (<i>losartan potassium</i>) | 3 | - |
| DIOVAN TAB 160MG, 320MG, 40MG, 80MG (<i>valsartan</i>) | 3 | - |
| <i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv) | 1 | - |
| <i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv) | 1 | - |
| MICARDIS TAB 20MG, 40MG, 80MG (<i>telmisartan</i>) | 3 | - |
| <i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv) | 1 | - |
| <i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv) | 1 | - |
| <i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv) | 1 | - |
| 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 | - |

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

Last Updated 2/3/2025

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|--|---|--|
| <i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv) | 1 | - |
| METHYLDOPA TAB 250MG, 500MG (<i>methyldopa</i>) | 1 | - |
| <i>methyldopa tab 250MG, 500MG</i> | 1 | - |
| MINIPRESS CAP 1MG, 2MG, 5MG (<i>prazosin hcl</i>) | 3 | - |
| <i>prazosin cap 1MG, 2MG, 5MG</i> (MINIPRESS Equiv) | 1 | - |
| <i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv) | 1 | - |
| 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</i> (AVALIDE Equiv) | 1 | - |
| <i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv) | 1 | - |
| <i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv) | 1 | - |
| LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (<i>benazepril & hydrochlorothiazide</i>) | 3 | - |
| LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG (<i>amlodipine besylate-benazepril hcl</i>) | 3 | - |
| <i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i> (LOPRESSOR HCT Equiv) | 1 | - |
| <i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv) | 1 | - |
| 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</i> (DIOVAN HCT Equiv) | 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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| 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 |
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

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|---|---|--|
| LIKMEZ SUSP 500MG/5ML (<i>metronidazole</i>) | 3 | PA Prior Authorization required for members age 9 years and 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 (PROLOPRIM Equiv) (<i>trimethoprim</i>) | 1 | - |
| <i>trimethoprim tab 100MG</i> (PROLOPRIM Equiv) | 1 | - |
| XIFAXAN TAB 200MG 200MG (<i>rifaximin</i>) | 3 | QL QL= 9 tabs/3 days |
| XIFAXAN TAB 550MG 550MG (<i>rifaximin</i>) | 2 | QL QL= 60 tabs/30 days |
| 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 (<i>nitazoxanide</i>) | 1 | PA-QL QL= 6 tabs/3 days |
| <i>nitazoxanide tab 500MG</i> | 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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Last Updated 2/3/2025

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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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Last Updated 2/3/2025

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|---|--|---|
| SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>) | 2 | QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| ZYVOX SUSP 100MG/5ML (<i>linezolid</i>) | 3 | RS Restricted to Infectious Disease Specialist |
| ZYVOX TAB 600MG (<i>linezolid</i>) | 3 | RS Restricted to Infectious Disease Specialist |
| 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 macro</i>) | 3 | - |
| MACRODANTIN CAP 100MG, 50MG (<i>nitrofurantoin macrocrystal</i>) | 3 | - |
| <i>methenamine hippurate tab 1GM</i> (HIPREX Equiv) | 1 | - |
| <i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv) | 1 | - |
| <i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv) | 1 | - |

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

Last Updated 2/3/2025

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|--|--|---|
| ANTIMALARIALS - Drugs to treat malaria (parasitic infections) | | |
| ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections) | | |
| <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 |

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|--|---|--|
| GUANIDINE TAB 125MG (<i>guanidine hcl</i>) | 3 | - |
| MESTINON TAB 60MG (<i>pyridostigmine bromide</i>) | 3 | - |
| MESTINON TIMESPAN TAB 180MG (<i>pyridostigmine bromide</i>) | 3 | - |
| <i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv) | 1 | - |
| <i>pyridostigmine tab 60MG</i> (MESTINON Equiv) | 1 | - |
| <i>pyridostigmine soln 60MG/5ML</i> (MESTINON Equiv) | 1 | - |
| 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 | - |

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|---|---|--|
| RIFADIN CAP (<i>rifampin</i>) | 3 | - |
| <i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv) | 1 | - |
| TRECTOR TAB 250MG (<i>ethionamide</i>) | 3 | RS Restricted to Infectious Disease Specialist |
| 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 |

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| MYLERAN TAB 2MG (<i>busulfan</i>) | 4 | LMSP-ONC |
| <i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv) | 1 | LMSP-ONC |
| ZANOSAR INJ 1GM (<i>streptozocin</i>) | M | M |
| 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 years and older |
| <i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv) | 1 | ONC |
| METHOTREXATE INJ 1000MG/40ML, 1GM/40ML (<i>methotrexate sodium</i>) | EXC | - |
| <i>methotrexate inj 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 Prior Authorization required for members age 9 years and older |
| 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 5MG (<i>axitinib</i>) | 4 | KMSP-ONC-PA-QL-SF QL= 4 tabs/day |
| INLYTA TAB 1MG 1MG (<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 |

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|---|---|---|
| <i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv) | 1 | LMSP-ONC-PA-QL QL= 3 tabs/day |
| <i>gefitinib tab 250MG</i> (IRESSA Equiv) | 1 | LD-ONC-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| GILOTRIF TAB 20MG, 30MG, 40MG (<i>afatinib dimaleate</i>) | 4 | LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| TAGRISSE TAB 40MG, 80MG (<i>osimertinib mesylate</i>) | 4 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>) | 4 | KMSP-ONC-PA-QL-SF QL= 1 tab/day |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer | | |
| ERIVEDGE CAP 150MG (<i>vismodegib</i>) | 4 | LMSP-ONC-PA-QL-SF QL= 1 cap/day |
| ODOMZO CAP 200MG (<i>sonidegib phosphate</i>) | 4 | LMSP-ONC-PA-QL-SF QL= 1 cap/day |
| 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 |

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

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|---|---|
| ARIMIDEX TAB 1MG (<i>anastrozole</i>) | 3 | ONC |
| AROMASIN TAB 25MG (<i>exemestane</i>) | 3 | ONC |
| <i>bicalutamide tab 50MG</i> (CASODEX Equiv) | 1 | ONC |
| CASODEX TAB 50MG (<i>bicalutamide</i>) | 3 | ONC |
| EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>) | 2 | ONC |
| ERLEADA TAB 60MG (<i>apalutamide</i>) | 4 | LMSP-ONC-PA-QL QL= 4 tabs/day |
| ERLEADA TAB 240MG 240MG (<i>apalutamide</i>) | 4 | LMSP-ONC-PA-QL QL= 1 tab/day |
| EULEXIN CAP 125MG (<i>flutamide</i>) | 2 | ONC |
| <i>exemestane tab 25MG</i> (AROMASIN Equiv) | \$0 | ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| FARESTON TAB 60MG (<i>toremifene citrate</i>) | 3 | ONC |
| FEMARA TAB 2.5MG (<i>letrozole</i>) | 3 | ONC |
| 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 30MG (<i>leuprolide acetate (4 month)</i>) | M | M |

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

Last Updated 2/3/2025

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|--|--|--|
| LYSODREN TAB 500MG (<i>mitotane</i>) | 4 | LD-ONC Only available through Walgreens 888-347-3416 |
| <i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv) | 1 | ONC |
| <i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv) | 1 | ONC |
| <i>nilutamide tab 150MG</i> (NILANDRON Equiv) | 1 | LMSP-ONC |
| NUBEQA TAB 300MG (<i>darolutamide</i>) | 4 | MSP-PA-QL-SF QL= 4 tabs/day |
| ORGOVYX TAB 120MG (<i>relugolix</i>) | 4 | LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| ORSERDU TAB 86MG (<i>elacestrant hydrochloride</i>) | 4 | LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| 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 |

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

Last Updated 2/3/2025

| 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>toremifene tab 60MG</i> (FARESTON Equiv) | 1 | ONC |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors | | |
| 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 |

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

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|---|--|
| ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer | | |
| 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 |

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

Last Updated 2/3/2025

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|---|--|--|
| BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>) | 4 | KMSP-ONC-PA-SF |
| BRAFTOVI CAP 75MG 75MG (<i>encorafenib</i>) | 4 | LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| BRUKINSA CAP 80MG (<i>zanubrutinib</i>) | 4 | LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553 |
| CABOMETYX TAB 20MG, 40MG, 60MG (<i>cabozantinib s-malate</i>) | 4 | MSP-ONC-PA-QL-SF QL= 1 tab/day |
| CALQUENCE CAP 100MG (<i>acalabrutinib</i>) | 4 | LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>) | 4 | LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| 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 |

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

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|--|--|--|
| COMETRIQ KIT 20MG (<i>cabozantinib s-malate</i>) | 4 | LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118 |
| COPIKTRA CAP 15MG, 25MG (<i>duvelisib</i>) | 4 | LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>) | 4 | LMSP-ONC-PA-QL QL= 3 tabs/day |
| <i>dasatinib tab 100MG, 140MG, 20MG, 50MG, 70MG, 80MG</i> (SPRYCEL Equiv) | 1 | LMSP-ONC-PA |
| <i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv) | 1 | LMSP-ONC-PA-QL QL= 1 tab/day |
| <i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR DISPERZ Equiv) | 1 | LMSP-ONC-PA-QL QL= 1 tab/day |
| 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 |

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|--|--|---|
| ICLUSIG TAB 10MG, 15MG, 30MG, 45MG (<i>ponatinib hcl</i>) | 4 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144 |
| IDHIFA TAB 100MG, 50MG (<i>enasidenib mesylate</i>) | 4 | MSP-ONC-PA-QL QL= 1 tab/day |
| <i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv) | 1 | LMSP-ONC-PA-QL QL= 3 tabs/day |
| IMBRUVICA CAP 140MG 140MG (<i>ibrutinib</i>) | 4 | LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>) | 4 | LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA SUSP 70MG/ML (<i>ibrutinib</i>) | 4 | LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA TAB 420MG, 560MG 420MG, 560MG (<i>ibrutinib</i>) | 4 | LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>) | 4 | MSP-ONC-PA-QL-SF QL= 2 tabs/day |
| JAYPIRCA TAB 100MG, 50MG (<i>pirtobrutinib</i>) | 4 | LMSP-PA-QL QL= 2 tabs/day |
| KISQALI TAB 200MG (<i>ribociclib succinate</i>) | 4 | LMSP-PA-QL QL= 63 caps/28 days |

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

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

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|--|--|--|
| OGSIVEO TAB 100MG, 50MG (<i>nirogacestat hydrobromide</i>) | 4 | LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| OGSIVEO TAB 50MG 150MG (<i>nirogacestat hydrobromide</i>) | 4 | LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| OJEMDA SUSP 25MG/ML (<i>tovorafenib</i>) | 4 | LD-PA-QL-SF QL= 96ml/28 days; Only available through Onco360 877-662-6633 |
| OJEMDA TAB 100MG (<i>tovorafenib</i>) | 4 | LD-PA-QL QL= 24 tabs/28 days; Only available through 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 |

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

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|---|
| 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 |
| REZLIDHIA CAP 150MG (<i>olutasidenib</i>) | 4 | LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306 |
| ROZLYTREK CAP 100MG, 200MG (<i>entrectinib</i>) | 4 | LMSP-PA-QL QL= 3 caps/day |
| ROZLYTREK PAK 50MG (<i>entrectinib</i>) | 4 | LMSP-PA-QL QL= 6 packs/day |
| RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>) | 4 | LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874 |
| RYDAPT CAP 25MG (<i>midostaurin</i>) | 4 | LMSP-ONC-PA-QL QL= 56 caps/28 days |

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Last Updated 2/3/2025

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

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

Last Updated 2/3/2025

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|--|--|--|
| TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>) | 4 | LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633 |
| TEPMETKO TAB 225MG (<i>tepotinib hcl</i>) | 4 | LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| TIBSOVO TAB 250MG (<i>ivosidenib</i>) | 4 | LD-ONC-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306 |
| TRUQAP TAB 160MG, 200MG (<i>capivasertib</i>) | 4 | LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| 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 |

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

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| VANFLYTA TAB 26.5MG 26.5MG (<i>quizartinib dihydrochloride</i>) | 4 | LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>) | 4 | LMSP-ONC-PA-QL QL= 2 tabs/day |
| VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>) | 4 | LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 |
| VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>) | 4 | LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523 |
| VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>) | 4 | LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523 |
| VONJO CAP 100MG (<i>pacritinib citrate</i>) | 4 | LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| XALKORI CAP 200MG, 250MG (<i>crizotinib</i>) | 4 | KMSP-ONC-PA-QL-SF QL= 2 caps/day |
| XALKORI SPRINKLE CAP 150MG, 20MG, 50MG (<i>crizotinib</i>) | 4 | MSP-PA-QL-SF QL= 4 caps/day |

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

Last Updated 2/3/2025

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|--|--|---|
| XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>) | 4 | LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| ZEJULA CAP 100MG (<i>niraparib tosylate</i>) | 4 | LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZEJULA TAB 100MG, 200MG, 300MG (<i>niraparib tosylate</i>) | 4 | LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZELBORAF TAB 240MG (<i>vemurafenib</i>) | 4 | LMSP-ONC-PA-QL |
| ZOLINZA CAP 100MG (<i>vorinostat</i>) | 4 | LMSP-ONC-PA-SF |
| ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>) | 4 | LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118 |
| ZYKADIA CAP (<i>ceritinib</i>) | 4 | LMSP-ONC-PA-QL-SF QL= 3 caps/day |
| ZYKADIA TAB 150MG (<i>ceritinib</i>) | 4 | LMSP-ONC-PA-QL-SF QL= 3 tabs/day |
| 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 |

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

Last Updated 2/3/2025

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|---|--|--|
| BESREMI INJ 500MCG/ML (<i>ropeginterferon alfa-2b-njft</i>) | 4 | LD-PA-QL QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| <i>bexarotene cap 75MG</i> (TARGRETIN Equiv) | 1 | LMSP-ONC-PA |
| HYDREA CAP 500MG (<i>hydroxyurea</i>) | 3 | ONC |
| <i>hydroxyurea cap 500MG</i> (HYDREA Equiv) | 1 | ONC |
| INTRON-A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT (<i>interferon alfa-2b</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 |
| 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 |
| <i>mesna tab 400MG</i> (MESNEX Equiv) | 1 | LMSP-ONC |
| MITOTIC INHIBITORS - Drugs to treat cancer | | |
| 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 | - |

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

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|--|---|--|
| 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 | - |
| <i>carbidopa/levodopa tab</i> (SINEMET Equiv) | 1 | - |
| MIRAPEX TAB .125MG, .5MG, .75MG, 1MG (<i>pramipexole dihydrochloride</i>) | 3 | - |

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|--|---|--|
| 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 | - |
| XADAGO TAB 100MG, 50MG (<i>safinamide mesylate</i>) | 3 | PA-QL QL= 1 tab/day |
| ZELAPAR ODT 1.25MG (<i>selegiline hcl</i>) | 3 | - |

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|---|---|--|
| 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</i> 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv) | 1 | - |
| INBRIJA INH POWDER 42MG (<i>levodopa</i>) | 3 | PA-QL QL= 10 caps/day |
| STALEVO TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (<i>carbidopa-levodopa-entacapone</i>) | 3 | - |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders | | |
| ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions | | |
| LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (ESKALITH ER Equiv) (<i>lithium carbonate</i>) | 1 | - |

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|--|---|--|
| <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 years 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 | | |
| FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG (<i>iloperidone</i>) | 3 | PA-QL QL= 2 tabs/day |

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

Last Updated 2/3/2025

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|--|---|--|
| 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</i> <i>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 | | |
| <i>haloperidol lactate conc 10MG/5ML, 2MG/ML</i> (HALDOL Equiv) | 1 | - |

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| <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 |
| SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>) | 3 | - |

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| 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 | | |
| ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (<i>aripiprazole</i>) | 3 | - |
| <i>aripiprazole soln 1MG/ML</i> (ABILIFY Equiv) | 1 | PA |

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|---|---|--|
| <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 |
| CIMDUO TAB 300MG (<i>lamivudine-tenofovir disoproxil fumarate</i>) | 4 | QL QL= 1 tab/day |

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|---|---|--|
| COMPLERA TAB 25MG-200MG-300MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>) | 4 | QL QL= 1 tab/day |
| CRIXIVAN CAP 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 | - |
| <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 | - |

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|---|--|---|
| <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 | - |
| <i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv) | 1 | - |
| LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>) | 4 | - |

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| <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 | - |
| PREZISTA TAB 150MG, 75MG (<i>darunavir</i>) | 4 | - |
| PREZISTA TAB 600MG, 800MG (<i>darunavir</i>) | 4 | - |
| RESCRIPTOR TAB (<i>delavirdine mesylate</i>) | 4 | - |

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|--|---|--|
| 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 | - |
| TRIUMEQ PD TAB 5MG-30MG-60MG (<i>abacavir-dolutegravir-lamivudine</i>) | 4 | - |

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| 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 |
| LIVTENCITY TAB 200MG (<i>maribavir</i>) | 4 | LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306 |

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|---|---|--|
| PREVYMIS TAB 240MG, 480MG (<i>letermovir</i>) | 4 | LMSP-PA-QL QL= 1 tab/day; Limit 200 tabs/365 days |
| VALCYTE TAB 450MG (<i>valganciclovir hcl</i>) | 3 | - |
| <i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv) | 1 | - |
| <i>valganciclovir tab 450MG</i> (VALCYTE Equiv) | 1 | - |
| 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 Prior Authorization required for members age 9 years and older |
| 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>) | 2 | LMSP-PA-QL QL= 1 tab/day |
| MAVYRET PAK 20MG-50MG (<i>glecaprevir-pibrentasvir</i>) | 4 | LMSP-PA-QL QL= 5 packs/day |
| MAVYRET TAB 40MG-100MG (<i>glecaprevir-pibrentasvir</i>) | 4 | LMSP-PA-QL QL= 3 tabs/day |
| PEGASYS INJ 180MCG/0.5ML (<i>peginterferon alfa-2a</i>) | 4 | LMSP |

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| MSP | Mandatory Specialty Pharmacy Program | ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter |
| PA | Prior Authorization | OL | Quantity Limit | RDX | Restricted to Diagnosis |
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

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

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|---|--|---|
| 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 |
| 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. | | |

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| THALOMID CAP 100MG, 150MG, 200MG, 50MG (thalidomide) | 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 | - |
| <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 | | |

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|--|--|---|
| <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 | - |
| <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 | - |

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|---|--|---|
| 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/afI)</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> (CORCARD Equiv) | 1 | - |
| <i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv) | 1 | - |
| <i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv) | 1 | - |
| <i>propranolol oral soln 20mg/5ml 20MG/5ML</i> (PROPRANOLOL Equiv) | 1 | - |
| PROPRANOLOL SOLN 40MG/5ML (<i>propranolol hcl</i>) | 1 | - |
| <i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv) | 1 | - |
| <i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv) | 1 | - |
| <i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv) | 1 | - |

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|---|---|--|
| SOTYLIZE SOLN 5MG/ML 5MG/ML (<i>sotalol hcl</i>) | 3 | PA Prior Authorization required for members age 9 years and 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, 300MG, 360MG, 420MG</i> (TIAZAC Equiv) | 1 | - |
| <i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv) | 1 | - |
| <i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv) | 1 | - |
| KATERZIA SUSP 1MG/ML (<i>amlodipine benzoate</i>) | 3 | PA Prior Authorization required for members age 9 years and older |

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|---|---|--|
| <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 Prior Authorization required for members age 9 years and older |
| 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, 200MG, 300MG, 360MG (<i>verapamil hcl</i>) | 3 | - |
| <i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv) | 1 | - |
| VERAPAMIL SR CAP 360mg 360MG (<i>verapamil hcl</i>) | 2 | - |
| <i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv) | 1 | - |
| <i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv) | 1 | - |
| VERELAN CAP 120MG, 180MG, 240MG (<i>verapamil hcl</i>) | 3 | - |
| VERELAN SR CAP 360mg 360MG (<i>verapamil hcl</i>) | 3 | - |
| CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm | | |

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|---|---|--|
| 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 | | |
| <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 | | |

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| <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 |
| <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 | | |

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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 2/3/2025

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

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|---|--|---|
| WINREVAIR INJ 45MG, 60MG (<i>sotatercept-csrk</i>) | 4 | LD-PA 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 | | |
| REVATIO SUSP 10MG/ML (<i>sildenafil citrate (pulmonary hypertension)</i>) | 3 | PA Prior Authorization required for members age 9 years and older |
| REVATIO TAB 20MG (<i>sildenafil citrate (pulmonary hypertension)</i>) | 3 | PA |
| <i>sildenafil susp 10MG/ML</i> (REVATIO Equiv) | 1 | PA Prior Authorization required for members age 9 years and older |

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

Last Updated 2/3/2025

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|--|--|--|
| <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 Prior Authorization required for members age 9 years and older |
| 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 | | |
| 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 |

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

Last Updated 2/3/2025

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|--|---|---|
| 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 (<i>cephalexin</i>) | 3 | - |
| CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections | | |
| CEFACTOR CAP 250MG, 500MG (<i>cefactor</i>) | 1 | - |
| <i>cefactor cap</i> | 1 | - |
| CEFACTOR ER TAB 500MG (<i>cefactor monohydrate</i>) | 3 | - |
| CEFACTOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML (<i>cefactor</i>) | 3 | - |
| <i>cefoxitin inj 10GM, 1GM, 2GM</i> | M | M |
| <i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv) | 1 | - |
| CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections | | |
| <i>cefdinir cap 300MG</i> (OMNICEF Equiv) | 1 | - |

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

Last Updated 2/3/2025

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|---|---|--|
| <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 (CLAFORAN Equiv) (<i>cefotaxime sodium</i>) | M | M |
| <i>cefotaxime inj</i> (CLAFORAN Equiv) | M | M |
| <i>cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv) | 1 | - |
| <i>cefpodoxime proxetil tab 100MG, 200MG</i> (VANTIN Equiv) | 1 | - |
| <i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i> | M | M |
| OMNICEF SUSP (<i>cefdinir</i>) | 3 | - |
| SPECTRACEF TAB (<i>cefditoren pivoxil</i>) | 3 | - |
| SUPRAX CAP (<i>cefixime</i>) | 3 | - |
| SUPRAX CAP 400MG (<i>cefixime</i>) | 3 | - |
| SUPRAX CHEW TAB 100MG, 200MG (<i>cefixime</i>) | 3 | - |
| SUPRAX SUSP 100MG/5ML, 200MG/5ML (<i>cefixime</i>) | 3 | - |
| SUPRAX SUSP 500MG/5ML 500MG/5ML (<i>cefixime</i>) | 3 | - |
| CONTRACEPTIVES - Drugs to prevent pregnancy | | |
| COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy | | |

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Last Updated 2/3/2025

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|---|---|--|
| <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 | - |
| <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 | - |

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|---|--|---|
| <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 | - |
| <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 | - |

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| <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 |
| <i>eluryng vaginal ring .015MG/24HR-.12MG/24HR</i> (NUVARING Equiv) | \$0 | - |
| COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy | | |
| 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 |

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|--|---|---|
| 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>) | EXC | QL-- |
| 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 | | |
| GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions | | |
| ALKINDI SPRINKLE CAP 0.5MG .5MG (<i>hydrocortisone</i>) | 3 | PA-QL QL= 3 caps/day; Prior Authorization required for members age 9 years and older |

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|--|---|---|
| ALKINDI SPRINKLE CAP 1MG 1MG (<i>hydrocortisone</i>) | 3 | PA-QL QL= 3 caps/day; Prior Authorization required for members age 9 years and older |
| <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 | - |
| DEXAMETHASONE SOLN .5MG/5ML (<i>dexamethasone</i>) | 1 | - |

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

Last Updated 2/3/2025

| 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>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 | - |
| <i>KENALOG INJ 40MG/ML (triamcinolone acetonide)</i> | 3 | - |
| <i>MEDROL DOSE PACK 4MG (methylprednisolone)</i> | 3 | - |
| <i>MEDROL TAB 2MG (methylprednisolone)</i> | 2 | - |
| <i>MEDROL TAB 16MG, 32MG, 4MG, 8MG (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 | - |
| <i>ORAPRED ODT TAB 10MG, 15MG, 30MG (prednisolone sodium phosphate)</i> | 3 | - |
| <i>ORAPRED SOLN 6.7MG/5ML (prednisolone sodium phosphate)</i> | 3 | - |
| <i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv) | 1 | - |

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Last Updated 2/3/2025

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|---|--|---|
| PREDNISOLONE ODT TAB 10MG, 15MG, 30MG <i>(prednisolone sodium phosphate)</i> | 2 | - |
| PREDNISOLONE SOLN 25MG/5ML <i>(prednisolone sodium phosphate)</i> | 3 | - |
| <i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 25MG/5ML, 5MG/5ML, 6.7MG/5ML</i> | 1 | - |
| PREDNISONONE SOLN 5MG/5ML <i>(prednisone)</i> | 2 | - |
| <i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv) | 1 | - |
| SOLU-CORTEF INJ 1000MG, 250MG, 500MG <i>(hydrocortisone sod succinate)</i> | 2 | QL QL= 1 vial/fill |
| SOLU-CORTEF INJ 100MG 100MG <i>(hydrocortisone sod succinate)</i> | 2 | QL QL= 2 vials/fill |
| SOLU-MEDROL INJ 1000MG, 500MG <i>(methylprednisolone sod succ)</i> | 3 | - |
| SOLU-MEDROL INJ 2GM 2GM <i>(methylprednisolone sod succ)</i> | 2 | - |
| SOLU-MEDROL PF INJ 1000MG, 125MG, 40MG, 500MG <i>(methylprednisolone sod succ)</i> | 3 | - |
| <i>triamcinolone acetate inj 200MG/5ML, 400MG/10ML, 40MG/ML</i> (KENALOG Equiv) | 1 | - |
| UCERIS TAB 9MG <i>(budesonide)</i> | 3 | PA-QL QL= 1 tab/day |
| MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions | | |

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| <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 |
| GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (<i>guaifenesin-codeine</i>) | 1 | OTC-QL QL= 240ml/fill |

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

Last Updated 2/3/2025

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

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

Last Updated 2/3/2025

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|---|--|---|
| 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 - Prior Authorization required for members age 35 years and older |
| <i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv) | 1 | PA Acne Only - Prior Authorization required for members age 35 years and older |
| <i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv) | 1 | - |

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

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|--|---|--|
| <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 | - |
| <i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-2.5%</i> (DUAC GEL Equiv) | 1 | - |
| DIFFERIN CREAM .1% (<i>adapalene</i>) | 3 | PA |
| DIFFERIN GEL .3% (<i>adapalene</i>) | 3 | PA |

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| 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 | - |
| SUMADAN WASH 9-4.5% 4.5%-9% (<i>sulfacetamide sodium w/ sulfur</i>) | 3 | - |

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|---|--|---|
| <i>tretinoin cream .025%, .05%, .1%</i> | 1 | PA Acne Only - Prior Authorization required for members age 35 years and older |
| <i>tretinoin gel .04%, .1%</i> (RETIN-A GEL Equiv) | 1 | PA Acne Only - Prior Authorization required for members age 35 years and older |
| <i>tretinoin gel 0.08% .08%</i> (RETIN-A MICRO Equiv) | 1 | PA Acne Only - Prior Authorization required for members age 35 years and older |
| 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 | | |

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| <i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv) | 1 | - |
| <i>ciclopirox gel .77%</i> (LOPROX GEL Equiv) | 1 | - |
| <i>ciclopirox nail soln 8%</i> (PENLAC Equiv) | 1 | - |
| <i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv) | 1 | - |
| <i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv) | 1 | - |
| <i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv) | 1 | - |
| <i>econazole cream 1%</i> (SPECTAZOLE Equiv) | 1 | - |
| EXELDERM SOLN (<i>sulconazole nitrate</i>) | 3 | - |
| <i>ketconazole cream 2%</i> (NIZORAL CREAM Equiv) | 1 | - |
| <i>ketconazole shampoo 1%, 2%</i> (NIZORAL SHAMPOO Equiv) | 1 | - |
| LOPROX CREAM .77% (<i>ciclopirox olamine</i>) | 3 | - |
| LOPROX SHAMPOO 1% (<i>ciclopirox</i>) | 3 | - |
| LOTTRISONE CREAM (<i>clotrimazole w/ betamethasone</i>) | 3 | - |
| MENTAX CREAM 1% (<i>butenafine hcl</i>) | 3 | - |
| NAFTIFINE CREAM 1% (<i>naftifine hcl</i>) | 3 | - |
| <i>naftifine cream 2%</i> (NAFTIN Equiv) | 1 | - |
| <i>naftifine gel 1%</i> (NAFTIN Equiv) | 1 | - |
| NAFTIN CREAM 2% (<i>naftifine hcl</i>) | 3 | - |
| NAFTIN GEL 1% (<i>naftifine hcl</i>) | 3 | - |
| NIZORAL A-D SHAMPOO 1% (<i>ketconazole topical</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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

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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 Accredo 800-803-2523 |
| 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 |
| OXSORALEN ULTRA CAP 10MG (<i>methoxsalen rapid</i>) | 3 | LMSP |

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

Last Updated 2/3/2025

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|---|--|---|
| 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 90MG/ML <i>(ustekinumab)</i> | 4 | LMSP-PA-QL QL= 1 inj/84 days |
| TALTZ INJ 80MG/ML <i>(ixekizumab)</i> | 4 | LMSP-PA-QL QL= 1 inj/28 days |
| 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 |
| ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions | | |
| OVACE PLUS CREAM 10% <i>(sulfacetamide sodium)</i> | 3 | - |

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

Last Updated 2/3/2025

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|---|---|--|
| <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>penciclovir</i>) | 3 | - |
| <i>penciclovir 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 | - |
| ALCLOMETASONE OINT .05% (ACLOVATE OINT Equiv) (<i>alclometasone dipropionate</i>) | 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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

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

Last Updated 2/3/2025

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

Last Updated 2/3/2025

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

Last Updated 2/3/2025

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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 300MG/2ML (<i>tralokinumab-ldrm</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 days |
| CIBINQO TAB 100MG, 200MG, 50MG (<i>abrocitinib</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| DUPIXENT INJ 200MG/1.14ML (<i>dupilumab</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| DUPIXENT PEN INJ 300MG/2ML (<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 age 2 years and 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 age 2 years and 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 | - |

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| PODOFILOX SOLN .5% (CONDYLOX Equiv) <i>(podofilox)</i> | 1 | - |
| <i>podofilox soln .5%</i> (CONDYLOX Equiv) | 1 | - |
| SALEX SHAMPOO 2%, 3% <i>(salicylic acid)</i> | 3 | - |
| SALEX SHAMPOO 6% <i>(salicylic acid)</i> | 3 | - |
| 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 4%, 5%</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 | - |

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

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|---|--|
| 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 | - |
| FINACEA GEL 15% (<i>azelaic acid</i>) | 3 | - |
| <i>ivermectin cream 1%</i> (SOOLANTRA Equiv) | 1 | QL QL= 45 grams/30 days |
| 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 | | |
| 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 |

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

Last Updated 2/3/2025

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|---|--|---|
| <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 | | |
| 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 |

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

Last Updated 2/3/2025

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|--|--|---|
| CUE COVID-19 TEST CARTRIDGE (<i>covid-19 at home test</i>) | EXC | OTC |
| CUE HEALTH MONITOR (<i>covid-19 at home test</i>) | EXC | OTC |
| KETO-DIASTIX TEST STRIP (<i>urine glucose-ketones test</i>) | 1 | OTC |
| KETOSTIX (<i>acetone (urine) test</i>) | 1 | OTC |
| ONETOUCH TEST STRIP (<i>glucose blood</i>) | 2 | OTC |
| ONETOUCH VERIO TEST STRIP (<i>glucose blood</i>) | 2 | OTC |
| 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 | - |

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Last Updated 2/3/2025

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|---|---|--|
| METANX CAP (<i>l-methylfolate w/ algae-vitamin b12-vitamin b6</i>) | EXC | - |
| 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 | - |

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

Last Updated 2/3/2025

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| DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure | | |
| <i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv) | 1 | - |
| <i>acetazolamide tab</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 | - |

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

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|---|---|---|
| <i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv) | 1 | - |
| LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| <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 | - |

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

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| THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| CHLOROTHIAZIDE TAB (<i>chlorothiazide</i>) | 1 | - |
| <i>chlorothiazide tab</i> | 1 | - |
| <i>chlorthalidone tab 25MG, 50MG</i> | 1 | - |
| DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>) | 2 | - |
| <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 | - |

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| ATELVIA TAB 35MG (<i>risedronate sodium</i>) | 3 | ST Step Therapy requires trial of alendronate |
| BONIVA TAB 150MG 150MG (<i>ibandronate sodium</i>) | 3 | QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| <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 |

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| CORTICOTROPIN *** | | |
| 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 | | |
| ORLISSA TAB 150MG 150MG (<i>elagolix sodium</i>) | 2 | PA-QL QL= 1 tab/day |
| ORLISSA TAB 200MG 200MG (<i>elagolix sodium</i>) | 2 | PA-QL QL= 2 tabs/day |
| 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 10MG/1.5ML, 5MG/1.5ML (<i>somatropin</i>) | 4 | LMSP-PA |

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| SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG <i>(lonapegsomatropin-tcgd)</i> | 4 | LMSP-PA |
| SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML <i>(somapacitan-beco)</i> | 4 | LMSP-PA |
| 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 AnovoRx 844-288-5007 |
| 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 | - |

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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 2/3/2025

| 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>carglumic acid tab 200MG</i> (CARBAGLU Equiv) | 1 | LD-PA Only available through AnovoRx 844-288-5007 |
| CARNITOR SOLN 1GM/10ML (<i>levocarnitine (metabolic modifiers)</i>) | 3 | - |
| CARNITOR TAB 330MG (<i>levocarnitine (metabolic modifiers)</i>) | 3 | - |
| <i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv) | 4 | LMSP |
| <i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv) | 1 | - |
| HECTOROL CAP (<i>doxercalciferol</i>) | 3 | - |
| <i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv) | 1 | - |
| <i>levocarnitine tab 330MG</i> (CARNITOR Equiv) | 1 | - |
| PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML (<i>pegvaliase-pqpz</i>) | 4 | LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523 |
| <i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv) | 1 | - |
| PHEBURANE ORAL PELLETS 483MG/GM (<i>sodium phenylbutyrate</i>) | 4 | LD Only available through Accredo 800-803-2523 |
| ROCALTROL CAP .25MCG, .5MCG (<i>calcitriol</i>) | 3 | - |
| ROCALTROL SOLN 1MCG/ML (<i>calcitriol</i>) | 3 | - |

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| EXC | Plan Exclusion | INF | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program |
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

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|--|---|--|
| <i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv) | 1 | LMSP-PA |
| <i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv) | 1 | LMSP-PA |
| STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>) | 4 | LD-PA Only available through PantherRx Pharmacy 855-726-8479 |
| XPHOZAH TAB 20MG, 30MG (<i>tenapanor hcl (ckd)</i>) | 4 | MSP-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 (<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 |

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

Last Updated 2/3/2025

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|--|---|--|
| PROGESTERONE RECEPTOR ANTAGONISTS *** | | |
| <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</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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

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|--|--|---|
| ACTIVELLA TAB .5MG-1MG (<i>estradiol & norethindrone acetate</i>) | 3 | - |
| BIJUVA CAP .5MG-100MG, 1MG-100MG (<i>estradiol-progesterone</i>) | 3 | QL QL= 1 cap/day |
| 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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

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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> (CLIMARA Equiv) | 1 | - |
| <i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv) | 1 | - |
| <i>estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv) | 1 | QL QL= 5ml/fill |
| MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG (<i>esterified estrogens</i>) | 3 | - |
| PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG (<i>estrogens, conjugated</i>) | 2 | - |
| VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR (<i>estradiol</i>) | 3 | - |
| 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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

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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 |
| <i>prucalopride succinate tab 1MG, 2MG</i> (MOTTEGRITY Equiv) | 1 | 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 | | |

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

Last Updated 2/3/2025

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|--|--|---|
| CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>) | 4 | LD-PA Only available through Dohmen LSS 844-246-5226 |
| FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis | | |
| OCALIVA TAB 10MG, 5MG (<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 (<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 | - |

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

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|---|---|--|
| REGLAN TAB 10MG, 5MG (<i>metoclopramide hcl</i>) | 3 | - |
| HEPATOTROPICS *** | | |
| REZDIFFRA TAB 100MG, 60MG, 80MG (<i>resmetirom</i>) | 4 | LD-PA-QL QL= 1 tab/day; Only available through Optum 877-445-6874 |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions | | |
| 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 |

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|--|---|--|
| 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 |
| 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 | - |

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

Last Updated 2/3/2025

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|--|---|--|
| 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> (LOTROXON Equiv) | 1 | - |
| LINZESS CAP 145MCG, 290MCG, 72MCG (<i>linaclotide</i>) | 3 | PA-QL QL= 1 cap/day |
| LOTROXON TAB .5MG, 1MG (<i>alosetron hcl</i>) | 3 | - |
| LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections | | |
| 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 | - |

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| MSP | Mandatory Specialty Pharmacy Program | ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter |
| PA | Prior Authorization | OL | Quantity Limit | RDX | Restricted to Diagnosis |
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| PHOSLO CAP (<i>calcium acetate (phosphate binder)</i>) | 3 | - |
| PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>) | 2 | - |
| RENVELA TAB 800MG (<i>sevelamer carbonate</i>) | 3 | - |
| <i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv) | 1 | - |
| <i>sevelamer tab 800MG</i> (RENVELA TAB Equiv) | 1 | - |
| VELPHORO CHEW TAB 500MG (<i>sucroferric oxyhydroxide</i>) | 3 | - |
| 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</i> (POLYCITRA Equiv) | 1 | - |
| <i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv) | 1 | - |

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

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| <i>sodium citrate/citric acid soln</i> 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML (BICITRA Equiv) | 1 | - |
| <i>tricitrates soln</i> 334MG/5ML-500MG/5ML-550MG/5ML (POLYCITRA-LC Equiv) | 1 | - |
| 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 | | |

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

Last Updated 2/3/2025

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|---|--|--|
| 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 | | |
| 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 5MG (<i>finasteride</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 |

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

Last Updated 2/3/2025

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|--|--|---|
| <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 | | |
| <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 years and 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 | | |

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

Last Updated 2/3/2025

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|--|--|---|
| ADVATE, KOVALTRY INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm))</i> | EXC | - |
| ADYNOVATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT, 750UNIT <i>(antihemophilic factor (recombinant) pegylated)</i> | EXC | - |
| AFSTYLA KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(antihemophilic factor (recombinant) single chain)</i> | EXC | - |
| ALPHANATE, HUMATE-P INJ 1000UNIT, 1000UNIT-2400UNIT, 1500UNIT, 2000UNIT, 250UNIT, 250UNIT-600UNIT, 500UNIT, 500UNIT-1200UNIT <i>(antihemophilic factor/von willebrand factor complex (human))</i> | EXC | - |
| ALPHANINE SD INJ 1000UNIT, 1500UNIT, 500UNIT <i>(coagulation factor ix)</i> | EXC | - |
| ALPROLIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(coagulation factor ix (recomb) fc fusion protein (rfixfc))</i> | EXC | - |
| ALTUVIIIIO INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1)</i> | EXC | - |

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

Last Updated 2/3/2025

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|---|--|---|
| BENEFIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>coagulation factor ix (recombinant)</i>) | EXC | - |
| COAGADEX INJ 250UNIT, 500UNIT (<i>coagulation factor x (human)</i>) | EXC | - |
| CORIFACT KIT 1000-1600 UNIT (<i>factor xiii concentrate (human)</i>) | EXC | - |
| ELOCTATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 500UNIT, 6000UNIT, 750UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>) | EXC | - |
| ESPEROCT INJ 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 500UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei</i>) | EXC | - |
| FEIBA INJ 1000UNIT, 2500UNIT, 500UNIT (<i>antiinhibitor coagulant complex</i>) | EXC | - |
| FIBRYGA, RIASTAP INJ (<i>fibrinogen concentrate (human)</i>) | EXC | - |
| HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML (<i>emicizumab-kxwh</i>) | 4 | LMSP-PA |
| HEMOFIL M, KOATE INJ 1000UNIT, 1700UNIT, 250UNIT, 500UNIT (<i>antihemophilic factor (human)</i>) | EXC | - |

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

Last Updated 2/3/2025

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|--|---|--|
| IDELVION INJ 1000UNIT, 2000UNIT, 250UNIT, 3500UNIT, 500UNIT (<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>) | EXC | - |
| IXINITY INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>coagulation factor ix (recombinant)</i>) | EXC | - |
| JIVI INJ 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 500UNIT (<i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>) | EXC | - |
| KOGENATE FS INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>) | EXC | - |
| NOVOEIGHT INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>) | EXC | - |
| NOVOSEVEN RT INJ 1MG, 2MG, 5MG, 8MG (<i>coagulation factor viia (recombinant)</i>) | EXC | - |
| NUWIQ INJ 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>) | EXC | - |

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

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|---|---|--|
| NUWIQ KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))</i> | EXC | - |
| OBIZUR INJ 500UNIT <i>(antihemophilic factor (recombinant porcine) (rpfviii))</i> | EXC | - |
| PROFILNINE INJ 1000UNIT, 1500UNIT, 500UNIT <i>(factor ix complex)</i> | EXC | - |
| REBINYN INJ 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT <i>(coagulation factor ix (recombinant) glycopegylated)</i> | EXC | - |
| RECOMBINATE INJ 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT <i>(antihemophilic factor (recombinant) (rfviii))</i> | EXC | - |
| RIXUBIS INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(coagulation factor ix (recombinant))</i> | EXC | - |
| SEVENFACT INJ 1MG, 5MG <i>(coagulation factor viia (recombinant)-jncw)</i> | EXC | - |
| TRETEN INJ 2500UNIT <i>(coagulation factor xiii a-subunit (recombinant))</i> | EXC | - |
| VONVENDI INJ 1300UNIT, 650UNIT <i>(von willebrand factor (recombinant))</i> | EXC | - |

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|---|---|---|
| WILATE INJ 1000UNIT, 500UNIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>) | EXC | - |
| XYNTHA INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>) | EXC | - |
| 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 |
| 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 |
| VOYDEYA TAB 100MG (<i>danicopan</i>) | 4 | LD-PA-QL QL= 6 tabs/day; Only available through Onco360 877-662-6633 |
| VOYDEYA TAB THERAPY PACK (<i>danicopan</i>) | 4 | LD-PA-QL QL= 6 tabs/day; Only available through Onco360 877-662-6633 |

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|---|---|--|
| ZILBRYSQ INJ 16.6MG/0.416ML (<i>ziluoplan sodium</i>) | 4 | LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479 |
| ZILBRYSQ INJ 23MG 23MG/0.574ML (<i>ziluoplan 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>ziluoplan 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 | | |
| 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 | - |

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|--|--|---|
| 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 sulfite</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 sulfite</i>) | 4 | LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| PYRUKYND TAPER PACK 5MG (<i>mitapivat sulfite</i>) | 4 | LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| HEMATOPOIETIC AGENTS - Drugs to treat blood disorders | | |
| AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders | | |
| CERDELGA CAP 84MG (<i>eliglustat tartrate</i>) | 4 | LMSP-PA-QL QL= 2 caps/day |

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

Last Updated 2/3/2025

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|---|--|---|
| CEREZYME INJ 400UNIT (<i>imiglucerase</i>) | M | M |
| <i>miglustat cap 100MG</i> (ZAVESCA Equiv) | 1 | LD-PA-QL QL= 3 caps/day; Only available through Accredo 800-803-2523 |
| AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders | | |
| DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea (sickle cell disease)</i>) | 2 | - |
| OXBRYTA TAB 300MG, 500MG (<i>voxelotor</i>) | 4 | LD-PA-QL |
| 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 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 | \$0 copay for female members only; All other members covered at generic copay |
| <i>folic acid tab 400mcg 400MCG</i> | \$0 | OTC Covered for female members only |

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

Last Updated 2/3/2025

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|--|---|--|
| <i>folic acid tab 800mcg 800MCG</i> | \$0 | OTC Covered for female members 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/ML, 480MCG/1.6ML (<i>filgrastim-aafi</i>) | 4 | LMSP |
| NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>) | 4 | LMSP |
| PROMACTA POWDER 12.5MG, 25MG (<i>eltrombopag olamine</i>) | 4 | LMSP-PA-QL QL= 1 packet/day |
| PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG (<i>eltrombopag olamine</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| PROMACTA TAB 50MG 50MG (<i>eltrombopag olamine</i>) | 4 | LMSP-PA-QL QL= 2 tabs/day |
| PROMACTA TAB 75MG 75MG (<i>eltrombopag olamine</i>) | 4 | LMSP-PA-QL QL= 2 tabs/day |
| RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa-epbx</i>) | 4 | LMSP |
| ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>) | 4 | LMSP |
| HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders | | |

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Last Updated 2/3/2025

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

Last Updated 2/3/2025

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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 | - |
| STEM CELL MOBILIZERS - Drugs to treat blood disorders | | |
| XOLREMDI CAP 100MG (<i>mavorixafor</i>) | 4 | LD-PA-QL QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479 |
| 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 |

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

Last Updated 2/3/2025

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|---|---|--|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia | | |
| ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia | | |
| <i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv) | 1 | Only 50mg covered |
| 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 10MG, 5MG (<i>zolpidem tartrate</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 | - |

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

Last Updated 2/3/2025

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|---|--|--|
| RESTORIL CAP 30MG 30MG (<i>temazepam</i>) | 3 | - |
| RESTORIL CAP 7.5MG 7.5MG (<i>temazepam</i>) | 3 | - |
| <i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv) | 1 | - |
| <i>temazepam cap 22.5mg 22.5MG</i> (RESTORIL Equiv) | 1 | - |
| <i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv) | 1 | - |
| <i>temazepam cap 7.5mg 7.5MG</i> (RESTORIL Equiv) | 1 | - |
| <i>triazolam tab .125MG, .25MG</i> (HALCION Equiv) | 1 | - |
| <i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv) | 1 | QL QL= 1 cap/day |
| <i>zolpidem ER tab 12.5MG, 6.25MG</i> (AMBIEN CR Equiv) | 1 | QL QL= 1 tab/day |
| 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 sulfate</i>) | \$0 | \$0 copay for members age 45-75 years; All other members covered at generic copay |

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| GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) | \$0 | QL \$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year |
| NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) | \$0 | QL \$0 copay for members age 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 \$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year |
| <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

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|---|--|---|
| <i>lactulose soln</i> | 1 | - |
| MIRALAX 17GM/SCOOP (<i>polyethylene glycol 3350</i>) | EXC | OTC |
| <i>polyethylene glycol 3350 powder 17GM/SCOOP</i> (MIRALAX Equiv) | EXC | OTC |
| 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 - 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 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|---|
| 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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|------------------------|--------------------------------------|-------------------------------|--|--------------------------------|---|
| EXC | Plan Exclusion | INF | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program |
| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter |
| PA | Prior Authorization | OL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| 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 |
| TEMPO SMART BUTTON <i>(blood glucose monitoring supplies)</i> | 2 | QL QL= 1 button/8 months |
| 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 | - |
| 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>(spacer/aerosol-holding chambers)</i> | 2 | OTC |
| AEROCHAMBER SUPPLIES <i>(spacer/aerosol-holding chamber supplies - bags)</i> | 2 | - |
| PEAK FLOW METER <i>(peak flow meter)</i> | 1 | OTC |

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| MIGRAINE PRODUCTS - Drugs to treat migraine headaches | | |
| 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 (<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 6MG/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 | \$0 copay for members age 5 years and younger; All other members covered at generic copay |
| SODIUM FLUORIDE TAB .5MG, 1MG (<i>sodium fluoride</i>) | \$0 | \$0 copay for members age 5 years and younger; All other members covered at generic copay |
| <i>sodium fluoride tab .25MG, .5MG, 1MG, 2.2MG</i> | \$0 | \$0 copay for members age 5 years and 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</i> (K-PHOS NEUTRAL Equiv) | 1 | - |
| <i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv) | 1 | - |
| POTASSIUM - Drugs to treat electrolyte disorders | | |
| K-TAB 8MEQ (<i>potassium chloride</i>) | 3 | - |

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| K-TAB 10MEQ, 20MEQ (<i>potassium chloride</i>) | 3 | - |
| <i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv) | 1 | - |
| <i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv) | 1 | - |
| <i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv) | 1 | - |
| <i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv) | 1 | - |
| <i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv) | 1 | - |
| <i>potassium chloride soln 10%, 20%</i> | 1 | - |
| POTASSIUM CHLORIDE TAB ER 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 | - |
| <i>trientine cap 250MG</i> (SYPRINE Equiv) | 1 | LMSP-PA |

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| 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 |
| 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 |

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| <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 |
| 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 | | |

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|---|--|---|
| FIRST MOUTHWASH BLM <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 .12%</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 | - |
| PREVIDENT SOLN .02%, .022%, .2% (<i>sodium fluoride (dental)</i>) | 2 | - |
| <i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv) | \$0 | \$0 copay for members age 5 years and younger; All other members covered at generic copay |
| <i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv) | 1 | - |
| <i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv) | 1 | - |

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

Last Updated 2/3/2025

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|--|--|---|
| <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 | - |
| 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 | - |
| <i>v-c forte cap</i> (V-C FORTE Equiv) | 1 | - |
| PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency | | |

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

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|--|--|---|
| 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/FLOURIDE CHEW 0.25MG (<i>pediatric multivitamins w/fl</i>) | 1 | - |
| MULTIVITAMIN/FLOURIDE CHEW 1MG (<i>pediatric multivitamins w/fl</i>) | 1 | - |
| MULTIVITAMIN/FLUORIDE CHEW TAB (<i>pediatric multivitamins w/fl</i>) | 1 | - |
| <i>pediatric multiple vitamins/fluoride soln</i> | 1 | - |
| TRI-VITAMIN FLUORIDE DROPS (<i>pediatric vitamins acid w/ fluoride</i>) | 1 | - |
| 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 | - |

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|---|--|---|
| NEONATAL 19 TAB (<i>prenatal vitamin-folic acid</i>) | 3 | - |
| NEONATAL FE TAB (<i>prenatal multivitamins w/ iron-folic acid</i>) | 3 | - |
| PRENATABS RX TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) | 3 | - |
| PRENATAL 19 CHEW TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) | 3 | - |
| PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) | 3 | - |
| PRENATAL VITAMINS (NON-PREFERRED) (<i>prenatal mv & min w/fe polysaccharide complex-fa-dha</i>) | 3 | - |
| VITAFOL STRIPS (<i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i>) | 3 | - |
| VP-PNV-DHA CAP (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) | 3 | - |
| 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 years and older |
| BACLOFEN ORAL SOLN 5 MG/5ML 5MG/5ML (<i>baclofen</i>) | 3 | PA Prior Authorization required for members age 9 years and older |

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|--|--|---|
| BACLOFEN SUSP 25MG/5ML (BACLOFEN Equiv) <i>(baclofen)</i> | 1 | PA Prior Authorization required for members age 9 years and older |
| <i>baclofen susp 25MG/5ML</i> (BACLOFEN Equiv) | 1 | PA Prior Authorization required for members age 9 years and older |
| <i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv) | 1 | - |
| <i>carisoprodol tab 350MG</i> (SOMA Equiv) | 1 | QL QL=120 tabs/30 days |
| <i>chlorzoxazone tab 500mg 500MG</i> | 1 | - |
| <i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv) | 1 | - |
| <i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv) | 1 | - |
| FLEQSUVY SUSP 1MG/ML, 5MG/ML (<i>baclofen</i>) | 3 | PA Prior Authorization required for members age 9 years and older |
| LYVISPAH GRANULE PACKET 10MG, 20MG, 5MG <i>(baclofen)</i> | 3 | PA Prior Authorization required for members age 9 years and older |
| <i>metaxalone tab 400MG, 800MG</i> (SKELAXIN Equiv) | 1 | - |
| METAXALONE TAB 400MG (<i>metaxalone</i>) | 3 | - |
| <i>methocarbamol tab 500MG, 750MG</i> (ROBAXIN Equiv) | 1 | - |
| ROBAXIN TAB 750MG (<i>methocarbamol</i>) | 3 | - |
| SKELAXIN TAB 800MG (<i>metaxalone</i>) | 3 | - |

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|---|--|--|
| SOMA TAB 350MG (<i>carisoprodol</i>) | 3 | QL QL=120 tabs/30 days |
| <i>tizanidine tab</i> (ZANAFLEX Equiv) | 1 | - |
| ZANAFLEX TAB 4MG (<i>tizanidine hcl</i>) | 3 | - |
| 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 |
| SOHONOS CAP 10MG 10MG (<i>palovarotene</i>) | 4 | LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 1MG 1MG (<i>palovarotene</i>) | 4 | LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 2.5MG 2.5MG (<i>palovarotene</i>) | 4 | LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 5MG 5MG (<i>palovarotene</i>) | 4 | LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828 |

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|--|---|--|
| 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 | | |
| BECONASE AQ NASAL SPRAY 42MCG/SPRAY (<i>beclomethasone diprop monohyd</i>) | 3 | QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone |
| <i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv) | 1 | QL QL= 2 bottles/fill |
| NASACORT OTC NASAL SPRAY 55MCG/ACT (<i>triamcinolone acetonide (nasal)</i>) | 3 | OTC-QL QL= 2 bottles/fill |
| <i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv) | 1 | OTC-QL QL= 2 bottles/fill |
| ZETONNA NASAL SPRAY 37MCG/ACT (<i>ciclesonide (nasal)</i>) | 3 | QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone |

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| 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 *** | | |
| 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 |

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|---|---|--|
| 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 | | |
| 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% (BETAGAN Equiv) (<i>levobunolol hcl</i>) | 1 | - |
| <i>levobunolol ophth soln</i> (BETAGAN Equiv) | 1 | - |

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| <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 | - |
| 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 | - |

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| 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 | - |
| <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 | - |

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| EXC | Plan Exclusion | INF | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program |
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| PA | Prior Authorization | OL | Quantity Limit | RDX | Restricted to Diagnosis |
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| 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 | - |
| <i>bacitracin/neomycin/polymyxin b ophth oint</i> <i>3.5MG/GM-400UNIT/GM-10000UNIT/GM,</i> <i>5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv) | 1 | - |
| <i>bacitracin/polymyxin b ophth oint</i> <i>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 | - |

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

Last Updated 2/3/2025

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|--|--|---|
| <i>gatifloxacin ophth soln .5%</i> (ZYMAXID Equiv) | 1 | ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |
| GENTAK OPHTH OINT .3% (<i>gentamicin sulfate (ophth)</i>) | 1 | - |
| <i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv) | 1 | - |
| <i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv) | 1 | - |
| LEVOFLOXACIN OPHTH SOLN 0.5% .5% (<i>levofloxacin (ophth)</i>) | 1 | - |
| <i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv) | 1 | - |
| NATACYN OPHTH SUSP 5% (<i>natamycin</i>) | 2 | QL QL= 15ml/fill |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-gramicidin</i>) | 1 | - |
| NEOSPORIN OPHTH SOLN (<i>neomycin-polymyxin-gramicidin</i>) | 3 | - |
| OCUFLOX OPHTH SOLN .3% (<i>ofloxacin (ophth)</i>) | 3 | - |
| <i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv) | 1 | - |
| <i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv) | 1 | - |

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

Last Updated 2/3/2025

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|---|---|---|
| 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 | - |
| XDEMVY OPHTH SOLN .25% (<i>lotilaner</i>) | 4 | LD-PA-QL QL= 1 bottle/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416 |
| ZIRGAN OPHTH GEL .15% (<i>ganciclovir ophthalmic</i>) | 2 | - |
| ZYMAXID OPHTH SOLN .5% (<i>gatifloxacin (ophth)</i>) | 3 | ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |
| 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 |

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

Last Updated 2/3/2025

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

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

Last Updated 2/3/2025

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|--|--|---|
| FML S.O.P. OPHTH OINT .1% (<i>fluorometholone (ophth)</i>) | 3 | - |
| LOTEMAX OPHTH OINT .5% (<i>loteprednol etabonate</i>) | 2 | - |
| LOTEMAX OPHTH SUSP .5% (<i>loteprednol etabonate</i>) | 3 | - |
| <i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv) | 1 | - |
| <i>loteprednol ophth susp .2%, .5%</i> (LOTEMAX, ALREX Equiv) | 1 | - |
| MAXIDEX OPHTH SOLN .1%, 9% (<i>dexamethasone (ophth)</i>) | 2 | - |
| MAXITROL OPHTH OINT .1%-3.5MG/GM-10000UNIT/GM (<i>neomycin-polymy-dexameth</i>) | 3 | - |
| MAXITROL OPHTH SUSP .1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymy-dexameth</i>) | 3 | - |
| <i>neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv) | 1 | - |
| <i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv) | 1 | - |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-hc (ophth)</i>) | 1 | - |

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

Last Updated 2/3/2025

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|--|--|---|
| 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 | - |
| <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 | - |

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

Last Updated 2/3/2025

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|--|--|---|
| <i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv) | 1 | - |
| <i>ZYLET OPHTH SUSP .3%-.5% (loteprednol etabonate-tobramycin)</i> | 2 | QL QL= 5ml/fill (10ml bottle is Not Covered) |
| OPHTHALMICS - MISC. - Miscellaneous eye agents | | |
| <i>ACULAR (LS) OPHTH SOLN .4%, .5% (ketorolac tromethamine (ophth))</i> | 3 | - |
| <i>ACUVAIL OPHTH SOLN .45% (ketorolac tromethamine (ophth))</i> | 3 | - |
| <i>ALOCRILOPHTH SOLN 2% (nedocromil sodium (ophth))</i> | 2 | - |
| <i>ALOMIDOPHTH SOLN .1% (lodoxamide tromethamine)</i> | 2 | - |
| <i>azelastine ophth soln .05%</i> (OPTIVAR Equiv) | 1 | - |
| <i>AZOPT OPHTH SUSP 1% (brinzolamide)</i> | 3 | - |
| <i>bepotastine ophth soln 1.5%</i> (BEPREVE Equiv) | 1 | - |
| <i>BEPREVE OPHTH SOLN 1.5% (bepotastine besilate)</i> | 3 | - |
| <i>brinzolamide ophth susp 1%</i> (AZOPT Equiv) | 1 | - |
| <i>bromfenac ophth soln .09%</i> (BROMDAY Equiv) | 1 | - |
| <i>BROMFENAC OPHTH SOLN 0.09%</i> (TWICE DAILY) (<i>bromfenac sodium (ophth)</i>) | 1 | - |
| <i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv) | 1 | - |

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|--|--|--|
| <i>cromolyn ophth soln 4%</i> (CROLOM Equiv) | 1 | - |
| CROMOLYN SODIUM OPHTH SOLN 4% (<i>cromolyn sodium (ophth)</i>) | 1 | - |
| CYSTADROPS SOLN .37% (<i>cysteamine hcl</i>) | 4 | LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTARAN OPHTH SOLN .44% (<i>cysteamine hcl</i>) | 4 | LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416 |
| <i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv) | 1 | - |
| <i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv) | 1 | - |
| ELESTAT OPHTH SOLN (<i>epinastine hcl (ophth)</i>) | 3 | - |
| EMADINE OPHTH SOLN (<i>emedastine difumarate</i>) | 3 | - |
| <i>epinastine ophth soln .05%</i> (ELESTAT Equiv) | 1 | - |
| FLURBIPROFEN OPHTH SOLN .03% (<i>flurbiprofen sodium</i>) | 2 | - |
| ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>) | 2 | - |
| <i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv) | 1 | - |
| <i>ketotifen ophth soln .035%</i> (ZADITOR Equiv) | 1 | OTC OTC covered only |

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|---|---|--|
| LASTACAFT OPHTH SOLN .25% (<i>alcaftadine</i>) | 3 | QL QL= 3ml/30 days |
| NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>) | 2 | - |
| <i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv) | 1 | OTC |
| <i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv) | 1 | OTC-QL QL= 2.5ml/30 days |
| PATANOL OPHTH SOLN .1% (<i>olopatadine hcl</i>) | 3 | - |
| PROLENSA OPHTH SOLN .07% (<i>bromfenac sodium (ophth)</i>) | 3 | - |
| TRUSOPT OPHTH SOLN 2% (<i>dorzolamide hcl</i>) | 3 | - |
| UPNEEQ SOLN .1% (<i>oxymetazoline hcl (blepharoptosis)</i>) | EXC | - |
| 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 |

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|---|---|--|
| 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 | - |
| 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 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv) | 1 | - |
| <i>neomycin/polymixin/hydrocortisone otic susp 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv) | 1 | - |

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

Last Updated 2/3/2025

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

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Last Updated 2/3/2025

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|---|---|--|
| 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 |
| 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 | - |

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

Last Updated 2/3/2025

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|---|--|---|
| <i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv) | 1 | - |
| PFIZERPEN G INJ 20000000UNIT, 5000000UNIT (<i>penicillin g potassium</i>) | M | M |
| <i>pfizerpen g inj 20000000UNIT, 5000000UNIT</i> | M | M |
| PENICILLIN COMBINATIONS - Drugs to treat bacterial infections | | |
| AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG (<i>amoxicillin & pot clavulanate</i>) | 3 | - |
| <i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv) | 1 | - |
| <i>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv) | 1 | - |
| <i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i> | M | M |
| 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 | - |

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

Last Updated 2/3/2025

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|--|---|--|
| 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 |
| 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 | - |

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

Last Updated 2/3/2025

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|---|---|---|
| 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 | | |
| <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 |

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

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

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

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|---|--|---|
| 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 |
| 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 | | |

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|---|--|---|
| AUSTEDO XR TAB 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG (<i>deutetrabenazine</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| INGREZZA CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>) | 4 | LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585 |
| INGREZZA PACK 40-80MG (<i>valbenazine tosylate</i>) | 4 | LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585 |
| INGREZZA SPRINKLE CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>) | 4 | LD-PA-QL QL= 1 cap/day; Only available through PantheRx 855-726-8479 |
| <i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv) | 1 | LMSP |
| 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 |

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|---|--|---|
| GILENYA CAP 0.25MG .25MG (<i>fingolimod hcl</i>) | 4 | LMSP-QL QL= 1 cap/day |
| <i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv) | 1 | LMSP |
| KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</i>) | 4 | LMSP |
| MAVENCLAD THERAPY PAK 10MG (<i>cladribine (multiple sclerosis)</i>) | 4 | LMSP |
| 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 sulfat</i> e) | 2 | PA-QL QL= 2 caps/day |

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| 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 | - |
| 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 | | |

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

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| 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 | | |
| 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>elexacaftor-tezacaftor-ivacaftor</i>) | 4 | KMSP-PA-QL QL= 84 tabs/28 days |
| TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>) | 4 | LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416 |
| PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis | | |

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

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|--|---|--|
| ESBRIET CAP 267MG (<i>pirfenidone</i>) | 4 | LMSP-PA-QL-SF QL= 9 caps/day |
| ESBRIET TAB 267MG 267MG (<i>pirfenidone</i>) | 4 | LMSP-PA-QL-SF QL= 9 tabs/day |
| ESBRIET TAB 801MG 801MG (<i>pirfenidone</i>) | 4 | LMSP-PA-QL-SF QL= 3 tabs/day |
| OFEV CAP 100MG, 150MG (<i>nintedanib esylate</i>) | 4 | LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| <i>pirfenidone cap 267MG</i> (ESBRIET Equiv) | 1 | LMSP-PA-QL QL= 9 caps/day |
| <i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv) | 1 | LMSP-PA-QL QL= 9 tabs/day |
| <i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv) | 1 | LMSP-PA-QL QL= 3 tabs/day |
| 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 | - |

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Last Updated 2/3/2025

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|---|--|---|
| <i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv) | 1 | - |
| <i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv) | 1 | - |
| <i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv) | 1 | - |
| <i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv) | 1 | - |
| <i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv) | 1 | - |
| <i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv) | 1 | - |
| MINOCIN CAP 100MG (<i>minocycline hcl</i>) | 3 | - |
| <i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv) | 1 | - |
| MONODOX CAP (<i>doxycycline (monohydrate)</i>) | 3 | - |
| <i>tetracycline cap 250MG, 500MG</i> | 1 | - |
| VIBRAMYCIN CAP 100MG (<i>doxycycline hyclate</i>) | 3 | - |
| VIBRAMYCIN SUSP 25MG/5ML (<i>doxycycline (monohydrate)</i>) | 3 | - |
| 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 | - |

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|---|---|--|
| <i>propylthiouracil tab 50MG</i> | 1 | - |
| TAPAZOLE TAB (<i>methimazole</i>) | 3 | - |
| THYROID HORMONES - Drugs to regulate thyroid hormones | | |
| 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 | - |

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

Last Updated 2/3/2025

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|---|---|--|
| TIROSINT-SOL 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML <i>(levothyroxine sodium)</i> | 3 | PA-QL QL= 1ml/day; Prior Authorization required for members age 9 years and older |
| TOXOIDS - Drugs to prevent infection | | |
| TOXOID COMBINATIONS - Drugs to prevent infection | | |
| ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML <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 | - |

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

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|--|---|--|
| <i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv) | 1 | - |
| <i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv) | 1 | - |
| <i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv) | 1 | - |
| <i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv) | 1 | - |
| <i>hyoscyamine tab .125MG</i> (LEVSIN Equiv) | 1 | - |
| LEVBID TAB .375MG (<i>hyoscyamine sulfate</i>) | 3 | - |
| LEVSIN SL TAB .125MG (<i>hyoscyamine sulfate</i>) | 3 | - |
| LEVSIN TAB .125MG (<i>hyoscyamine sulfate</i>) | 3 | - |
| <i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv) | 1 | - |
| ROBINUL TAB 1MG, 2MG (<i>glycopyrrolate</i>) | 3 | - |
| SYMAX DUOTAB .375MG (<i>hyoscyamine sulfate</i>) | 3 | - |
| 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 150MG</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 | | |

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|---|---|--|
| ACIPHEX TAB 20MG (<i>rabeprazole sodium</i>) | 3 | - |
| <i>esomeprazole cap 20MG, 40MG</i> (NEXIUM Equiv) | 1 | OTC |
| <i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv) | 1 | OTC |
| <i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv) | 1 | - |
| <i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv) | 1 | - |
| PREVACID CAP 30MG (<i>lansoprazole</i>) | 3 | OTC |
| PREVACID OTC CAP 15MG (<i>lansoprazole</i>) | 3 | OTC |
| <i>rabeprazole EC tab 20MG</i> (ACIPHEX Equiv) | 1 | - |
| 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 |

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|--|---|--|
| URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms | | |
| 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>trospium chloride SR cap 60MG</i> (SANCTURA XR Equiv) | 1 | PA |
| <i>trospium tab 20MG</i> (SANCTURA Equiv) | 1 | - |
| VESICARE TAB 10MG, 5MG (<i>solifenacin succinate</i>) | 3 | - |

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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 dose/lifetime; Covered for members age 19 years and older |

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

Last Updated 2/3/2025

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|---|--|
| 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 |
| DENGVAXIA SUSP (<i>dengue virus vaccine live tetravalent</i>) | \$0 | VAC |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 5MCG/0.5ML (<i>hepatitis b vaccine (recomb)</i>) | \$0 | VAC Covered for members age 19 years or older |
| FLUAD INJ (<i>influenza virus vaccine types a & 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 |
| HAVRIX INJ, VAQTA INJ 1440ELU/ML, 25UNIT/0.5ML, 50UNIT/ML, 720ELU/0.5ML (<i>hepatitis a vaccine</i>) | \$0 | VAC |

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

Last Updated 2/3/2025

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|---|--|---|
| HEPLISAV-B INJ (<i>hepatitis b vaccine recombinant adjuvanted</i>) | \$0 | VAC Covered for members age 19 years or older |
| IMOVAX INJ 2.5UNIT/ML (<i>rabies virus vaccine, hdc</i>) | \$0 | VAC Covered for members age 19 years or older |
| IXCHIQ INJ (<i>chikungunya virus vaccine live</i>) | EXC | VAC |
| 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 and 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 |

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

Last Updated 2/3/2025

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|--|--|---|
| 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 | | |
| 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 (<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 |

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

Last Updated 2/3/2025

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|---|---|--|
| 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 |
| <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 | - |

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

Last Updated 2/3/2025

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|--|---|--|
| FEMRING .05MG/24HR, .1MG/24HR (<i>estradiol acetate vaginal</i>) | 3 | 3 copays per Rx |
| PREMARIN VAGINAL CREAM .625MG/GM (<i>estrogens, conjugated vaginal</i>) | 2 | - |
| VAGIFEM TAB 10MCG (<i>estradiol vaginal</i>) | 3 | QL QL= 8 tabs/28 days (18 tabs on first fill) |
| 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 |
| NEFFY SPRAY (<i>epinephrine</i>) | 2 | QL QL= 2 doses/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 | | |

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| 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 | | |
| 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 | - |

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

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ALPHABETICAL LISTING OF DRUGS

| A | | | | | |
|----------------------------|-----|----------------------------|-----|-----------------------|---|
| abacavir soln | 107 | ACCUPRIL TAB | 67 | ADALIMUMAB-AATY 20 | 7 |
| abacavir tab | 107 | acebutolol cap | 117 | MG/0.2 ML PFS (2 | |
| abacavir/lamivudine tab | 107 | acetaminophen/codeine tab | 16 | SYRINGE) KIT | |
| abacavir/lamivudine/zidovu | 107 | acetazolamide ER cap | 156 | ADALIMUMAB-AATY 40 | 7 |
| dine tab | | acetazolamide tab | 156 | MG/0.4 ML PEN (1 PEN) | |
| ABILIFY TAB | 106 | acetic acid otic soln | 222 | KIT | |
| abiraterone tab 250mg | 83 | acetic acid/hydrocortisone | 223 | ADALIMUMAB-AATY 40 | 7 |
| acamprosate calcium DR | 227 | otic soln | | MG/0.4 ML PEN (2 PEN) | |
| tab | | acetylcysteine soln | 137 | KIT | |
| acarbose tab | 48 | ACIPHEX TAB | 239 | ADALIMUMAB-AATY 40 | 7 |
| ACCOLATE TAB | 27 | acitretin cap | 143 | MG/0.4 ML PFS (2 | |
| ACCU-CHEK AVIVA | 192 | ACTHAR GEL INJ | 160 | SYRINGE) KIT | |
| PLUS METER | | ACTIGALL CAP | 168 | ADALIMUMAB-AATY 80 | 7 |
| ACCU-CHEK AVIVA | 153 | ACTIMMUNE INJ | 98 | MG/0.8 ML PEN (1 PEN) | |
| PLUS TEST STRIP | | ACTIVELLA TAB | 165 | KIT | |
| ACCU-CHEK GUIDE | 192 | ACTONEL TAB | 158 | ADALIMUMAB-ADAZ | 7 |
| CARE METER | | ACTOS TAB | 55 | INJ | |
| ACCU-CHEK GUIDE ME | 192 | ACULAR (LS) OPHTH | 219 | ADALIMUMAB-ADAZ | 7 |
| KIT | | SOLN | | PFS INJ | |
| ACCU-CHEK GUIDE | 153 | ACUVAIL OPHTH SOLN | 219 | ADALIMUMAB-FKJP | 7 |
| TEST STRIP | | acyclovir cap | 114 | AUTO-INJECTOR KIT | |
| ACCU-CHEK NANO | 192 | acyclovir oint | 145 | ADALIMUMAB-FKJP | 7 |
| METER | | acyclovir susp | 114 | AUTO-INJECTOR KIT | |
| ACCU-CHEK | 153 | acyclovir tab | 114 | 40MG/0.8ML | |
| SMARTVIEW TEST STRI | | ADACEL/BOOSTRIX INJ | 237 | ADALIMUMAB-FKJP | 8 |
| ACCU-CHEK TEST STRII | 153 | ADALAT CC TAB | 119 | PFS KIT 20 MG/0.4ML | |
| | | ADALIMUMAB FKJP KIT | 6 | ADALIMUMAB-FKJP | 8 |
| | | INJ 20MG/0.4ML | | PFS KIT 40 MG/0.8ML | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---|-----|--------------------------------|-----|-----------------------------|-----|
| adapalene cream | 137 | ALBUTEROL | 29 | ALKINDI SPRINKLE CAI | 132 |
| adapalene gel | 137 | NEBULIZER SOLN | | 1MG | |
| adapalene/benzoyl peroxide gel 0.1-2.5% | 137 | albuterol sulfate syrup | 29 | ALLEGRA ODT | 62 |
| adapalene/benzoyl peroxide gel 0.3-2.5% | 138 | albuterol sulfate tab | 29 | allopurinol tab | 175 |
| ADBRY INJ | 149 | albuterol/ipratropium neb soln | 29 | ALOCRILOPHTH SOLN | 219 |
| adefovir dipivoxil tab | 113 | ALCAINE OPHTH SOLN | 216 | ALOGLIPTIN TAB | 51 |
| ADEMPAS TAB | 125 | alclometasone cream | 145 | ALOGLIPTIN-METFORMIN TAB | 48 |
| ADIPEX-P CAP | 2 | ALCLOMETASONE OINT | 145 | ALOGLIPTIN-PIOGLITAZONE TAB | 48 |
| ADIPEX-P TAB | 2 | ALCOHOL SWABS | 195 | ALOMIDE OPHTH SOLN | 219 |
| ADVAIR HFA INHALER | 29 | ALDACTAZIDE TAB | 156 | ALORA PATCH | 165 |
| ADVATE, KOVALTRY INJ | 176 | ALDACTAZIDE TAB 50-50MG | 156 | alose tron tab | 171 |
| ADYNOVATE INJ | 176 | ALDACTONE TAB | 157 | ALPHAGAN P OPHTH SOLN 0.15% | 212 |
| AEROCHAMBER | 195 | ALDARA CREAM | 150 | ALPHANATE, HUMATE-I INJ | 176 |
| AEROCHAMBER SUPPLIES | 195 | ALECENSA CAP | 87 | ALPHANINE SD INJ | 176 |
| AFLURIA INJ, FLUZONE INJ | 242 | alendronate sodium oral soln | 158 | alprazolam tab | 24 |
| AFSTYLA KIT | 176 | alendronate tab | 158 | ALPROLIX INJ | 176 |
| AGRYLIN CAP | 181 | ALENDRONATE TAB 40MG | 158 | ALREX OPHTH SUSP 0.2% | 216 |
| AIMOVIG INJ | 196 | alfuzosin SR tab | 174 | ALTACE CAP | 67 |
| AJOVY INJ | 196 | ALINIA TAB | 75 | ALTUVIHO INJ | 176 |
| AKYNZEO CAP | 59 | aliskiren tab | 73 | ALUNBRIG TAB 30MG | 87 |
| albendazole tab | 21 | ALKERAN TAB | 80 | ALUNBRIG TAB 90MG, 180MG | 87 |
| ALBENZA TAB | 21 | ALKINDI SPRINKLE CAI 0.5MG | 131 | ALVESCO INHALER | 28 |
| albuterol HFA inhaler | 29 | | | | |
| albuterol neb soln | 29 | | | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------|-----|-----------------------------|-----|---------------------------|-----|
| amantadine cap | 100 | amnesteem cap, claravis | 138 | ANDROGEL 1% 50MG, | 19 |
| amantadine syrup | 100 | cap, isotretinoin cap, | | TESTIM GEL 1% | |
| amantadine tab | 100 | myorisan cap, zenatane cap | | ANDROGEL 1.62% | 19 |
| AMARYL TAB | 55 | amoxapine tab | 47 | 1.25GM | |
| AMBIEN CR TAB | 187 | amoxicillin cap | 224 | ANDROGEL 1.62% | 19 |
| AMBIEN TAB | 187 | AMOXICILLIN CHEW | 224 | 2.5GM | |
| ambrisentan tab | 124 | TAB | | ANDROGEL PUMP | 19 |
| amethyst tab | 128 | amoxicillin susp | 224 | 1.62% | |
| AMICAR SOLN | 186 | amoxicillin tab | 224 | ANNOVERA RING | 130 |
| AMICAR TAB | 186 | AMOXICILLIN/CLAVUL | 225 | ANORO ELLIPTA | 29 |
| amikacin inj | 5 | ANATE ER TAB | | INHALER | |
| amiloride tab | 157 | amoxicillin/clavulanate | 225 | ANTABUSE TAB | 227 |
| AMILORIDE/HCTZ TAB | 156 | susp | | ANUSOL-HC CREAM | 21 |
| amiloride/hydrochlorothia | 156 | amoxicillin/clavulanate tab | 225 | ANZEMET TAB | 58 |
| zide tab | | 500-125mg, 875-125mg | | APAP/CODEINE SOLN | 17 |
| aminocaproic acid soln | 186 | amphetamine/dextroamphe | 1 | APRACLONIDINE | 212 |
| aminocaproic acid tab | 186 | tamine ER cap | | OPHTH SOLN | |
| amidarone tab | 25 | amphetamine/dextroamphe | 1 | aprepitant pak | 60 |
| amitriptyline tab | 47 | tamine tab | | APTIVUS CAP | 107 |
| amlodipine tab | 119 | ampicillin cap | 224 | APTIVUS SOLN | 107 |
| amlodipine/atorvastatin tab | 121 | ampicillin/sulbactam inj | 225 | aranelle tab | 128 |
| amlodipine/benazepril cap | 70 | ANAFRANIL CAP | 47 | arformoterol tartrate neb | 29 |
| amlodipine/olmesartan tab | 70 | anagrelide cap | 181 | soln | |
| amlodipine/valsartan tab | 70 | ANASPAZ ODT | 237 | ARICEPT TAB | 227 |
| ammonium lactate cream | 149 | anastrozole tab | 83 | ARICEPT TAB 23MG | 228 |
| ammonium lactate lotion | 149 | ANCOBON CAP | 60 | ARIMIDEX TAB | 84 |
| | | ANDRODERM PATCH | 19 | aripiprazole soln | 106 |
| | | ANDROGEL 1% 25MG | 19 | aripiprazole tab | 107 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------|-----|-----------------------------|-----|--------------------------|-----|
| ARIXTRA INJ | 33 | atropine ophth soln | 211 | azelastine ophth soln | 219 |
| armodafinil tab | 4 | ATROPINE SUL SOLN | 211 | AZILECT TAB | 101 |
| ARMOUR THYROID | 236 | 1% OPHTH | | azithromycin susp | 190 |
| TAB, NATURE THROID | | ATROPINE SULFATE | 211 | azithromycin tab | 190 |
| TAB | | OPHTH OINT | | AZOPT OPHTH SUSP | 219 |
| ARNUITY ELLIPTA | 28 | ATROVENT HFA | 26 | AZOR TAB | 70 |
| INHALER | | INHALER | | AZULFIDINE EN TAB | 170 |
| AROMASIN TAB | 84 | AUGMENTIN ES-600 | 225 | AZULFIDINE TAB | 170 |
| ARTHROTEC TAB | 9 | SUSP | | | |
| asenapine maleate SL tab | 105 | AUGMENTIN SUSP | 225 | B | |
| ASMANEX HFA | 28 | AUGMENTIN TAB | 226 | BACITRACIN OPHTH | 213 |
| INHALER | | AUGTYRO CAP | 87 | OINT | |
| ASMANEX INHALER | 28 | AUGTYRO CAP 160MG | 87 | bacitracin/neomycin/poly | 213 |
| aspirin chew tab 81mg | 12 | AURYXIA TAB | 171 | myxin b ophth oint | |
| aspirin ec tab 81mg | 12 | AUSTEDO XR TAB | 230 | bacitracin/polymyxin b | 213 |
| ASTAMED MYO CAP | 154 | AVALIDE TAB | 70 | ophth oint | |
| atazanavir cap | 107 | avanafil tab | 122 | bacitracin/polymyxin/neo | 216 |
| ATELVIA TAB | 159 | AVAPRO TAB | 69 | mycin/hydrocortisone | |
| atenolol tab | 117 | AVELOX TAB | 166 | ophth oint | |
| atenolol/chlorthalidone tab | 70 | aviane tab | 128 | BACLOFEN ORAL SOLN | 205 |
| atomoxetine cap | 3 | AVODART CAP | 174 | 10 MG/5ML | |
| ATORVALIQ SUSP | 65 | AVONEX INJ | 230 | BACLOFEN ORAL SOLN | 205 |
| atorvastatin tab | 65 | AYGESTIN TAB | 226 | 5 MG/5ML | |
| atovaquone susp | 75 | AYVAKIT TAB | 86 | BACLOFEN SUSP | 206 |
| atovaquone/proguanil tab | 78 | AZASITE SOLN | 213 | baclofen tab | 206 |
| ATRALIN GEL, RETIN-A | 138 | azathioprine tab | 116 | BACTRIM DS TAB | 74 |
| GEL | | azelaic acid gel | 152 | BALCOLTRA TAB | 128 |
| atropine ophth oint | 211 | azelastine nasal spray 0.1% | 208 | balsalazide cap | 170 |
| | | | | BALVERSA TAB 3MG | 87 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|----------------------------|-----|-------------------------|-----|----------------------------|-----|
| BALVERSA TAB 4MG | 87 | benztropine tab | 100 | bethanechol tab | 241 |
| BALVERSA TAB 5MG | 87 | bepotastine ophth soln | 219 | bexarotene cap | 99 |
| BANZEL SUSP | 35 | BEPREVE OPHTH SOLN | 219 | bexarotene gel | 142 |
| BAQSIMI NASAL | 50 | BESREMI INJ | 99 | BEXSERO INJ | 241 |
| POWDER | | BETAGAN OPHTH SOLN | 210 | BIAXIN TAB | 190 |
| BARACLUDE SOLN | 113 | betamethasone augmented | 145 | bicalutamide tab | 84 |
| BARACLUDE TAB | 113 | cream | | BIJUVA CAP | 165 |
| B-D AUTOSHIELD DUO | 195 | BETAMETHASONE | 145 | BIKTARVY TAB | 107 |
| PEN NEEDLE | | AUGMENTED GEL | | BILTRICIDE TAB | 22 |
| B-D INSULIN SYRINGE | 195 | betamethasone augmented | 145 | bimatoprost ophth soln | 150 |
| U-500 | | lotion | | bisoprolol tab | 117 |
| BECONASE AQ NASAL | 208 | betamethasone augmented | 146 | bisoprolol/hydrochlorothia | 71 |
| SPRAY | | ointment | | zide tab | |
| benazepril tab | 67 | betamethasone | 146 | BLEPH-10 OPHTH SOLN | 213 |
| benazepril/hydrochlorothia | 71 | dipropionate cream | | BLEPHAMIDE S.O.P. | 216 |
| zide tab | | betamethasone | 146 | OPHTH OINT | |
| BENEFIX INJ | 177 | dipropionate lotion | | BONIVA TAB 150MG | 159 |
| BENICAR HCT TAB | 71 | betamethasone | 146 | bosentan tab | 124 |
| BENLYSTA | 201 | dipropionate oint | | BOSULIF CAP | 87 |
| AUTO-INJECTOR | | betamethasone valerate | 146 | BOSULIF TAB | 88 |
| BENLYSTA INJ | 201 | cream | | BRAFTOVI CAP 75MG | 88 |
| BENTYL CAP | 237 | betamethasone valerate | 146 | BREO ELLIPTA | 30 |
| BENTYL SYRUP | 237 | lotion | | INHALER | |
| BENZAACLIN GEL | 138 | betamethasone valerate | 146 | BREO ELLIPTA | 30 |
| BENZAMYCIN GEL | 138 | ointment | | INHALER 50-25 | |
| BENZNIDAZOLE TAB | 22 | BETAPACE AF TAB | 118 | MCG/ACT | |
| benzonatate cap 100mg, | 135 | BETAPACE TAB | 118 | BREZTRI AEROSPHERE | 30 |
| 200mg | | BETASERON INJ | 230 | INHALER | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--|-----|----------------------------------|-----|------------------------|-----|
| BRILINTA TAB | 181 | bumetanide tab | 157 | cabergoline tab | 164 |
| brimonidine ophth soln 0.15% | 212 | buprenorphine patch | 18 | CABLIVI INJ KIT | 182 |
| brimonidine ophth soln 0.2% | 212 | buprenorphine SL tab | 18 | CABOMETYX TAB | 88 |
| brimonidine tartrate gel | 152 | buprenorphine/naloxone film | 18 | CADUET TAB | 121 |
| brimonidine tartrate ophth soln 0.1% | 212 | buprenorphine/naloxone SL tab | 18 | CALAN SR TAB | 119 |
| brimonidine/timolol ophth soln | 210 | bupropion ER tab | 43 | calcipotriene cream | 143 |
| brinzolamide ophth susp | 219 | bupropion SR tab | 232 | calcipotriene oint | 143 |
| bromfenac ophth soln | 219 | bupropion tab | 43 | calcipotriene soln | 143 |
| BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) | 219 | bupropion XL tab | 43 | calcitonin nasal spray | 159 |
| bromfenac sodium ophth soln 0.07% | 219 | bupropion tab | 43 | calcitriol cap | 161 |
| bromocriptine cap | 100 | bupropion XL tab | 43 | CALCITRIOL OINT | 143 |
| bromocriptine tab | 100 | buspirone tab | 23 | calcitriol soln | 161 |
| BROVANA NEB SOLN | 30 | busulfan inj | 80 | calcium acetate cap | 171 |
| BROVEX PEB LIQUID | 135 | BUSULFEX INJ | 80 | CALIBRATION LIQUID | 192 |
| BRUKINSA CAP | 88 | butorphanol nasal spray | 18 | CALQUENCE CAP | 88 |
| budesonide ER tab | 132 | BUTRANS PATCH | 18 | CALQUENCE TAB | 88 |
| budesonide inh susp | 28 | BYDUREON BCISE | 52 | CAMZYOS CAP | 121 |
| budesonide rectal foam | 21 | AUTO INJ | | capecitabine tab | 81 |
| budesonide SR cap | 132 | BYDUREON INJ | 52 | CAPRELSA TAB | 88 |
| budesonide/formoterol inhaler | 30 | BYDUREON PEN INJ | 52 | CAPRELSA TAB 300MG | 88 |
| | | BYETTA INJ | 52 | captopril tab | 67 |
| | | BYLVAY CAP 1200MCG | 169 | CAPTOPRIL/HYDROCHL | 71 |
| | | BYLVAY CAP 400MCG | 169 | OROTHIAZIDE TAB | |
| | | BYLVAY SPRINKLE CAP 200MCG | 169 | CAPVAXIVE INJ | 241 |
| | | BYLVAY SPRINKLE CAP 600MCG | 169 | CARAFATE SUSP | 239 |
| | | | | CARAFATE TAB | 238 |
| | | | | carbamazepine chew tab | 35 |
| | | | | carbamazepine ER cap | 35 |

C

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|---------------------------|-----|-------------------------|-----|
| carbamazepine ER tab | 35 | CEFACTOR SUSP | 126 | chlordiazepoxide cap | 24 |
| carbamazepine susp | 35 | cefazolin inj | 126 | CHLORDIAZEPOXIDE/A | 229 |
| carbamazepine tab | 35 | CEFAZOLIN INJ | 126 | MITRIPTYLINE TAB | |
| CARBATROL CAP | 35 | cefdinir cap | 126 | chlorhexidine gluconate | 202 |
| carbidopa tab | 99 | cefdinir susp | 127 | soln | |
| carbidopa/levodopa ER tab | 100 | CEFDITOREN TAB | 127 | chloroquine tab | 78 |
| CARBIDOPA/LEVODOPA | 100 | cefixime cap | 127 | chlorothiazide tab | 158 |
| ODT | | cefixime susp | 127 | chlorpromazine tab | 106 |
| carbidopa/levodopa tab | 100 | CEFOTAXIME INJ | 127 | chlorthalidone tab | 158 |
| carbidopa-levodopa-entaca | 102 | cefoxitin inj | 126 | chlorzoxazone tab 500mg | 206 |
| pone tab | | cefpodoxime proxetil susp | 127 | CHOLBAM CAP | 168 |
| CARBINOXAMINE SOLN | 61 | cefpodoxime proxetil tab | 127 | cholestyramine lite | 63 |
| carbinoxamine tab | 62 | ceftriaxone inj | 127 | powder | |
| CARDIZEM CD CAP | 119 | cefuroxime tab | 126 | cholestyramine lite | 63 |
| CARDIZEM TAB | 119 | CELEBREX CAP | 9 | powder pack | |
| CARDURA TAB | 69 | celecoxib cap | 9 | cholestyramine powder | 64 |
| carglumic acid tab | 162 | CELEXA TAB | 45 | cholestyramine powder | 64 |
| carisoprodol tab | 206 | CELONTIN CAP | 42 | pack | |
| CARISPIR SUSP | 157 | CENTANY OINT | 140 | CIBINQO TAB | 149 |
| CARNITOR SOLN | 162 | cephalexin cap | 126 | ciclopirox cream | 141 |
| CARNITOR TAB | 162 | cephalexin susp | 126 | ciclopirox gel | 141 |
| carvedilol tab | 117 | CERDELGA CAP | 182 | ciclopirox nail soln | 141 |
| CASODEX TAB | 84 | CEREZYME INJ | 183 | ciclopirox shampoo | 141 |
| CATAPRES-TTS PATCH | 69 | CERVICAL CAP | 191 | ciclopirox topical susp | 141 |
| CAVERJECT INJ | 122 | CESAMET CAP | 59 | cilostazol tab | 182 |
| CAYSTON INH SOLN | 76 | cesia tab | 128 | CILOXAN OPHTH OINT | 213 |
| cefaclor cap | 126 | cevimeline cap | 203 | CILOXAN OPHTH SOLN | 213 |
| CEFACTOR ER TAB | 126 | CHEMET CAP | 57 | CIMDUO TAB | 107 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------------------|-----|---------------------------------------|-----|--------------------------------------|-----|
| cimetidine tab | 238 | CLEOCIN SOLN | 76 | clobetasol propionate gel | 146 |
| CIMZIA INJ | 170 | CLEOCIN VAGINAL | 246 | clobetasol propionate oint | 146 |
| cinacalcet tab | 162 | CREAM | | clobetasol propionate soln | 146 |
| CINRYZE INJ | 180 | CLEOCIN VAGINAL | 246 | clobetasol shampoo | 146 |
| CIPRO HC OTIC SUSP | 222 | SUPP | | clobetasol spray | 146 |
| CIPRO SUSP | 166 | CLEOCIN-T LOTION | 138 | CLOBEX LOTION | 146 |
| CIPRO TAB | 167 | CLEOCIN-T PAD | 138 | CLOBEX SHAMPOO | 146 |
| CIPRODEX OTIC SUSP | 222 | CLEOCIN-T SOLN | 138 | CLOBEX SPRAY | 146 |
| CIPROFLOXACIN | 167 | CLIMARA PATCH | 166 | clomipramine cap | 47 |
| 100MG TAB | | clindamycin cap | 76 | clonazepam ODT | 34 |
| ciprofloxacin hcl otic soln | 222 | clindamycin gel | 138 | clonazepam tab | 34 |
| ciprofloxacin ophth soln | 213 | clindamycin lotion | 138 | clonidine ER tab | 3 |
| ciprofloxacin susp | 167 | clindamycin pad | 138 | clonidine patch | 69 |
| ciprofloxacin tab | 167 | clindamycin soln | 76 | clonidine tab | 69 |
| ciprofloxacin/dexamethasone otic susp | 222 | clindamycin topical soln | 138 | clopidogrel tab 75mg | 182 |
| citalopram soln | 45 | clindamycin vaginal cream | 246 | clotrimazole troches | 202 |
| citalopram tab | 45 | clindamycin/benzoyl peroxide gel | 138 | clotrimazole/betamethasone cream | 141 |
| CITRULLINE PACKET | 210 | CLINDESSE VAGINAL | 245 | clozapine tab | 105 |
| CLARINEX SYRUP | 62 | CREAM | | CLOZARIL TAB | 105 |
| CLARINEX TAB | 62 | clobazam susp | 34 | COAGADEX INJ | 177 |
| CLARINEX-D TAB | 135 | clobazam tab | 34 | CODEINE SULFATE TAB 12 15MG | |
| clarithromycin ER tab | 190 | clobetasol foam | 146 | CODEINE SULFATE TAB 12 60MG | |
| CLARITHROMYCIN SUSP | 190 | clobetasol lotion | 146 | codeine sulfate tablet 13 15mg, 30mg | |
| clarithromycin tab | 190 | clobetasol propionate cream | 146 | COLAZAL CAP | 170 |
| CLARITIN CHEW TAB | 62 | clobetasol propionate emollient cream | 146 | | |
| CLEOCIN CAP | 76 | | | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|----------------------|-----|---------------------------|-----|
| colchicine tab | 175 | CONTRACEPTIVE GEL | 245 | CRINONE GEL | 247 |
| colchicine/probenecid tab | 175 | CONTRACEPTIVE SUPP | 245 | CRIXIVAN CAP | 108 |
| colesevelam pack | 64 | CONTRACEPTIVE TAB | 2 | cromolyn conc | 168 |
| colesevelam tab | 64 | COPIKTRA CAP | 89 | cromolyn neb soln | 26 |
| COLESTID GRANULE | 64 | CORDARONE TAB | 25 | cromolyn ophth soln | 220 |
| COLESTID POWDER | 64 | COREG TAB | 117 | CROMOLYN SODIUM | 220 |
| PACK | | CORGARD TAB | 118 | OPHTH SOLN | |
| COLESTID TAB | 64 | CORIFACT KIT | 177 | cryselle tab | 128 |
| colestipol granule | 64 | CORLANOR TAB | 125 | CUE COVID-19 TEST | 154 |
| colestipol powder packet | 64 | CORTEF TAB | 132 | CARTRIDGE | |
| colestipol tab | 64 | CORTENEMA | 21 | CUE HEALTH MONITOR | 154 |
| COLY-MYCIN S OTIC | 222 | CORTISPORIN CREAM | 140 | CUVPOSA SOLN | 239 |
| SUSP | | CORTISPORIN OINT | 140 | cyanocobalamin inj | 183 |
| COMBIGAN OPHTH | 210 | COSOPT OPHTH SOLN | 210 | cyanocobalamin nasal | 183 |
| SOLN | | COTELLIC TAB | 89 | spray 500 mcg/0.1ml | |
| COMBIPATCH | 165 | COUMADIN TAB | 33 | cyclobenzaprine tab 10mg | 206 |
| COMBIVENT RESPIMAT | 30 | COVID-19 TEST | 153 | cyclobenzaprine tab 5mg | 206 |
| INHALER | | COVID-19 VACCINE INJ | 242 | CYCLOGYL OPHTH | 211 |
| COMETRIQ KIT | 89 | 5-11Y (PFIZER) | | SOLN | |
| COMIRNATY INJ | 242 | COVID-19 VACCINE INJ | 242 | CYCLOMYDRIL OPHTH | 211 |
| COMIRNATY INJ | 242 | 6M-11Y (MODERNA) | | SOLN | |
| 30MCG/0.3ML | | COVID-19 VACCINE INJ | 243 | cyclopentolate ophth soln | 211 |
| COMPLERA TAB | 108 | 6M-4Y (PFIZER) | | cyclophosphamide cap | 80 |
| COMTAN TAB | 100 | COZAAR TAB | 69 | CYCLOPHOSPHAMIDE | 80 |
| CONCEPT DHA CAP | 204 | CREATINE PACKET | 210 | TAB | |
| CONCEPTROL GEL | 245 | 5000MG | | CYCLOSET TAB | 51 |
| CONTRACEPTIVE FILM | 245 | CREON CAP | 155 | cyclosporine cap | 116 |
| CONTRACEPTIVE FOAM | 245 | CRESTOR TAB | 65 | cyclosporine modified cap | 116 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------------|-----|--|-----|------------------------------------|-----|
| cyclosporine modified soln | 116 | DDAVP NASAL SPRAY | 163 | DERMA-SMOOTH/FS OIL | 147 |
| cyclosporine ophthalmic emulsion | 215 | DDAVP TAB | 163 | DERMOTIC OIL | 223 |
| cyproheptadine syrup | 62 | deferasirox granules packet | 57 | DESCOVY TAB | 108 |
| cyproheptadine tab | 63 | deferasirox tab | 57 | desipramine tab | 47 |
| CYSTADROPS SOLN | 220 | deferasirox tab for oral susp | 57 | DESLORATADINE ODT | 62 |
| CYSTAGON CAP | 173 | deferiprone tab | 57 | desloratadine tab | 62 |
| CYSTARAN OPHTH SOLN | 220 | DELESTROGEN INJ | 166 | desmopressin acetate nasal spray | 163 |
| CYTOMEL TAB | 236 | DELSTRIGO TAB | 108 | desmopressin acetate tab | 163 |
| CYTOTEC TAB | 239 | demeclocycline tab | 234 | desoximetasone cream | 147 |
| CYTRA K CRYSTALS | 172 | DENAVIR CREAM | 145 | desoximetasone oint | 147 |
| CYTRA-3 SYRUP | 172 | DENG VAXIA SUSP | 243 | desvenlafaxine ER tab | 46 |
| D | | DEPAKENE CAP | 42 | DETROL LA CAP | 240 |
| dabigatran etexilate mesylate cap | 34 | DEPAKENE SYRUP | 42 | DETROL TAB | 240 |
| dalfampridine ER tab | 230 | DEPAKOTE ER TAB | 42 | DEXAMETHASONE CONC | 132 |
| DALIRESP TAB | 27 | DEPAKOTE SPRINKLE CAP | 42 | dexamethasone elixir | 132 |
| danazol cap | 19 | DEPAKOTE TAB | 42 | DEXAMETHASONE OPHTH SOLN | 216 |
| DANTRIUM CAP | 207 | DEPEN TITRATAB | 199 | DEXAMETHASONE SODIUM PHOSPHATE INJ | 132 |
| dantrolene cap | 207 | DEPLIN CAP | 154 | DEXAMETHASONE SOLN | 132 |
| dapsone tab | 76 | DEPO-MEDROL INJ | 132 | DEXAMETHASONE SOLN | 132 |
| darifenacin SR tab | 240 | DEPO-MEDROL INJ, METHYLPREDNISOLON E ACE INJ | 132 | dexamethasone tab | 133 |
| darunavir tab | 108 | DEPO-PROVERA INJ | 131 | DEXCOM G6 RECEIVER | 192 |
| dasatinib tab | 89 | DEPO-PROVERA SC INJ 104MG | 131 | DEXCOM G6 SENSOR | 192 |
| DAYBUE SOLN | 209 | | | | |
| DDAVP NASAL SOLN | 163 | | | | |

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ALPHABETICAL LISTING OF DRUGS

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|------------------------|-----|--------------------------|-----|----------------------------|-----|
| DEXCOM G6 | 192 | diazoxide susp | 50 | dihydroergotamine | 196 |
| TRANSMITTER | | DIBENZYLINE CAP | 68 | mesylate inj | |
| DEXCOM G7 RECEIVER | 192 | diclofenac gel | 142 | DILANTIN CAP 100MG | 41 |
| DEXCOM G7 SENSOR | 192 | diclofenac gel 1% | 142 | DILANTIN CAP 30MG | 41 |
| DEXEDRINE CAP | 1 | diclofenac potassium tab | 9 | DILANTIN INFATABS | 41 |
| dexmethylphenidate ER | 4 | diclofenac sodium EC tab | 9 | DILANTIN SUSP | 41 |
| cap | | diclofenac sodium ophth | 220 | DILAUDID TAB 2MG | 13 |
| dexmethylphenidate tab | 4 | soln | | DILAUDID TAB 4MG | 13 |
| dextroamphetamine ER | 1 | diclofenac sodium XR tab | 9 | DILAUDID TAB 8MG | 13 |
| cap | | diclofenac/misoprostol | 9 | diltiazem ER cap | 119 |
| dextroamphetamine soln | 1 | DR tab | | diltiazem tab | 119 |
| dextroamphetamine tab | 1 | dicloxacillin cap | 226 | dimethyl fumarate DR cap | 230 |
| DIACOMIT CAP | 35 | dicyclomine cap | 237 | dimethyl fumarate DR | 230 |
| DIACOMIT POWDER | 36 | dicyclomine soln | 237 | starter pack | |
| PACK | | dicyclomine tab | 237 | DIOVAN HCT TAB | 71 |
| DIALYVITE TAB | 203 | didanosine DR cap | 108 | DIOVAN TAB | 69 |
| DIALYVITE/ZINC TAB | 203 | DIFFERIN CREAM | 138 | DIPENTUM CAP | 170 |
| DIAPHRAGM | 191 | DIFFERIN GEL | 138 | diphenhydramine cap | 62 |
| DIASTAT ACDL GEL | 34 | DIFICID SUSP | 191 | 50mg | |
| DIASTAT RECTAL GEL, | 34 | DIFICID TAB | 191 | diphenhydramine inj | 62 |
| DIAZEPAM RECTAL GEL | | DIFLUCAN SUSP | 60 | DIPHENOXYLATE/ATRO | 56 |
| diazepam conc | 24 | DIFLUCAN TAB | 61 | PINE LIQUID | |
| DIAZEPAM GEL | 34 | difluprednate ophth | 216 | diphenoxylate/atropine tab | 56 |
| diazepam oral soln | 24 | emulsion | | DIPROLENE AF CREAM | 147 |
| 5mg/5ml | | digoxin soln | 121 | DIPROLENE OINT | 147 |
| diazepam rectal gel | 34 | DIGOXIN SOLN | 121 | dipyridamole tab | 182 |
| diazepam tab 2mg, 10mg | 24 | 0.05MG/ML | | disopyramide cap | 25 |
| diazepam tab 5mg | 24 | digoxin tab | 121 | disulfiram tab | 227 |

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ALPHABETICAL LISTING OF DRUGS

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|---------------------------|-----|-----------------------------|-----|-------------------------|----------------------|-----|
| DITROPAN XL TAB | 240 | D-PENAMINE TAB | 115 | EFFIENT TAB | 182 | |
| DIURIL SUSP | 158 | DRISDOL CAP | 248 | EFUDEX CREAM | 142 | |
| divalproex ER tab | 42 | DRITHO-SCALP CREAM | 143 | EGRIFTA INJ | 160 | |
| divalproex sodium DR tab | 43 | dronabinol cap | 59 | ELDEPYRL CAP | 101 | |
| divalproex sprinkle cap | 43 | drosiprenone/ethinyl | 128 | ELESTAT OPHTH SOLN | 220 | |
| dofetilide cap | 25 | estradiol/levomefolate tab | | ELIDEL CREAM | 150 | |
| donepezil ODT | 228 | DROXIA CAP | 183 | ELIGEN B12 TAB | 154 | |
| donepezil tab | 228 | DRYSOL SOLN | 151 | ELIMITE CREAM | 152 | |
| donepezil tab 23mg | 228 | DUAC GEL | 139 | ELIQUIS TAB, ELIQUIS | 33 | |
| DOPTELET TAB | 184 | DULERA INHALER | 30 | STARTER PACK | | |
| dorzolamide ophth soln | 220 | duloxetine EC cap | 46 | ELIXOPHYLLIN ELIXIR | 32 | |
| dorzolamide/timolol ophth | 210 | DUPIXENT INJ | 149 | ELLA TAB | 130 | |
| soln | | DUPIXENT PEN INJ | 149 | ELMIRON CAP | 174 | |
| DOVATO TAB | 108 | DUREZOL OPHTH | 216 | ELOCON CREAM | 147 | |
| DOVONEX CREAM | 143 | EMULSION | | ELOCON OINT | 147 | |
| doxazosin tab | 69 | dutasteride cap | 174 | ELOCTATE INJ | 177 | |
| doxepin cap | 47 | <hr/> | | | eluryng vaginal ring | 130 |
| doxepin conc | 47 | E | | EMADINE OPHTH SOLN | 220 | |
| doxercalciferol cap | 162 | econazole cream | 141 | EMCYT CAP | 84 | |
| doxycycline hyclate cap | 235 | EDECIN TAB | 157 | EMEND CAP | 60 | |
| doxycycline hyclate tab | 235 | EDEX INJ | 122 | EMGALITY INJ | 196 | |
| doxycycline monohydrate | 235 | EDURANT TAB | 108 | EMGALITY INJ | 196 | |
| cap 100mg | | EFAVIRENZ CAP | 108 | 100MG/ML | | |
| doxycycline monohydrate | 235 | efavirenz tab | 108 | EMPAVELI INJ | 180 | |
| cap 50mg | | efavirenz/emtricitabine/ten | 108 | EMSAM PATCH | 44 | |
| doxycycline monohydrate | 235 | ofovir df tab | | emtricitabine cap | 108 | |
| tab | | efavirenz/lamivudine/tenof | 108 | emtricitabine/tenofovir | 108 | |
| doxycycline susp | 235 | ovir df (lo) tab | | disoproxil fumarate tab | | |
| | | EFFEXOR XR CAP | 47 | | | |

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ALPHABETICAL LISTING OF DRUGS

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|-----------------------------------|-----|-------------------------|-----|-----------------------------|-----|
| EMTRIVA SOLN | 108 | EPIVIR HBV SOLN | 113 | erythromycin/benzoyl | 139 |
| EMVERM TAB | 22 | eplerenone tab | 73 | peroxide gel | |
| ENABLEX TAB | 240 | EPRONTIA SOLN | 36 | ESBRIET CAP | 234 |
| enalapril maleate oral soln | 67 | EQUETRO CAP | 103 | ESBRIET TAB 267MG | 234 |
| enalapril tab | 67 | ERGOLOID MESYLATES | 232 | ESBRIET TAB 801MG | 234 |
| enalapril/hydrochlorothiazide tab | 71 | TAB | | ESCAVITE CHEW TAB | 204 |
| ENBREL INJ 25MG | 12 | ergotamine | 196 | escitalopram soln | 45 |
| ENBREL INJ 50MG | 12 | tartrate/caffeine tab | | escitalopram tab | 45 |
| ENBREL MINI INJ | 12 | ERGOTAMINE W/ | 196 | esomeprazole cap | 239 |
| ENBREL SURECLICK | 12 | CAFFEINE | | ESPEROCT INJ | 177 |
| INJ 50MG | | ERIVEDGE CAP | 83 | estazolam tab | 187 |
| ENDOMETRIN INSERT | 247 | ERLEADA TAB | 84 | ESTRACE TAB | 166 |
| ENGERIX-B INJ, | 243 | ERLEADA TAB 240MG | 84 | ESTRACE VAGINAL | 246 |
| RECOMBIVAX-HB INJ | | erlotinib tab | 82 | CREAM | |
| enoxaparin inj | 33 | erlotinib tab 25mg | 83 | estradiol cream | 246 |
| enpresse tab | 128 | ertapenem inj | 75 | estradiol patch | 166 |
| ENSPRYNG INJ | 200 | ERY PAD | 139 | estradiol tab | 166 |
| entacapone tab | 100 | ERYTHROMYCIN CAP | 190 | estradiol vaginal tab, | 246 |
| entecavir tab | 113 | DR | | yuvafem vaginal tab | |
| ENTYVIO SC INJ | 170 | ERYTHROMYCIN EC | 191 | estradiol valerate inj | 166 |
| EPANED SOLN | 68 | CAP | | estradiol/norethindrone tab | 165 |
| EPIDIOLEX SOLN | 36 | erythromycin | 191 | ESTRING | 246 |
| EPIDUO GEL 0.1-2.5% | 139 | ethylsuccinate susp | | eszopiclone tab | 187 |
| EPIFOAM AEROSOL | 147 | erythromycin gel | 139 | ethacrynic tab | 157 |
| epinastine ophth soln | 220 | erythromycin ophth oint | 213 | ethambutol tab | 79 |
| epinephrine pen inj | 247 | erythromycin pad | 139 | ethosuximide cap | 42 |
| 0.15mg, 0.3mg | | erythromycin soln | 139 | ethosuximide soln | 42 |
| | | erythromycin tab | 191 | etodolac cap | 9 |

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| etodolac ER tab | 9 | FANAPT TITRATION | 104 | FERREX 28 TAB | 185 |
| etodolac tab | 9 | PACK | | FERRIPROX SOLN | 57 |
| ETOPOSIDE CAP | 99 | FARESTON TAB | 84 | fesoterodine fumarate ER | 240 |
| etravirine tab | 109 | FARXIGA TAB | 55 | tab | |
| EULEXIN CAP | 84 | FASENRA PEN INJ | 26 | FIBRYGA, RIASTAP INJ | 177 |
| everolimus tab | 89 | febuxostat tab | 175 | FILSPARI TAB | 174 |
| everolimus tab | 200 | FEIBA INJ | 177 | FINACEA GEL | 152 |
| (ZORTRESS equiv) | | felbamate susp | 40 | finasteride tab | 150 |
| everolimus tab for oral | 89 | felbamate tab | 40 | fingolimod hcl cap 0.5mg | 230 |
| susp | | FELBATOL SUSP | 40 | FINTEPLA SOLN | 36 |
| EVISTA TAB | 161 | FELBATOL TAB | 40 | FIRDAPSE TAB | 78 |
| EVOTAZ TAB | 109 | FELDENE CAP | 9 | FIRST | 73 |
| EVOXAC CAP | 203 | felodipine ER tab | 119 | METRONIDAZOLE SUSP | |
| EVRYSDI SOLN | 209 | FEM PH GEL | 245 | FIRST MOUTHWASH | 202 |
| EXELDERM SOLN | 141 | FEMALE CONDOMS | 191 | BLM | |
| EXELON PATCH | 228 | FEMARA TAB | 84 | FIRVANQ SOLN | 75 |
| exemestane tab | 84 | FEMHRT TAB | 165 | 25MG/ML | |
| EXFORGE TAB | 71 | FEMLYV TAB | 128 | FIRVANQ SOLN | 75 |
| EZALLOR SPRINKLE | 65 | FEMRING | 247 | 50MG/ML | |
| CAP | | fenofibrate cap 67mg, | 64 | FLAGYL TAB | 73 |
| ezetimibe tab | 66 | 134mg, 200mg | | FLAREX OPHTH SUSP | 216 |
| F | | fenofibrate tab 48mg, | 64 | flecainide tab | 25 |
| FALESSA TAB | 154 | 54mg, 145mg, 160mg | | FLEQSUVY SUSP | 206 |
| famciclovir tab | 114 | fenofibric acid DR cap | 64 | FLOLIPID SUSP | 65 |
| famotidine susp | 238 | FENOFIBRIC TAB, | 65 | FLOMAX CAP | 174 |
| famotidine tab | 238 | FIBRICOR TAB | | FLORIVA PLUS DROPS | 204 |
| FANAPT TAB | 103 | fantanyl patch | 13 | FLUAD INJ | 243 |
| | | ferrex 150 forte cap | 185 | FLUBLOK INJ | 243 |

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| | | | | | |
|----------------------------|-----|-----------------------------|-----|-------------------------|-----|
| FLUCELVAX INJ | 243 | fluorouracil cream | 142 | FLUTICASONE-SALMET | 31 |
| fluconazole susp | 61 | FLUOROURACIL | 143 | EROL INHALER 55-14 | |
| fluconazole tab | 61 | CREAM 0.5% | | MCG/ACT | |
| flucytosine cap | 60 | FLUOROURACIL SOLN | 143 | fluvastatin ER tab | 65 |
| fludrocortisone tab | 135 | fluoxetine cap | 45 | fluvoxamine ER cap | 45 |
| FLULAVAL INJ, FLUARD | 243 | fluoxetine soln | 45 | fluvoxamine tab | 45 |
| INJ | | FLUOXETINE TAB 60MG | 45 | FLUZONE HIGH DOSE | 243 |
| FLUMADINE TAB | 115 | fluphenazine tab | 106 | PF INJ | |
| FLUMIST NASAL | 243 | FLURBIPROFEN OPHTH | 220 | FML FORTE OPHTH | 216 |
| fluocinolone acetonide | 147 | SOLN | | SUSP | |
| cream | | FLURBIPROFEN TAB | 10 | FML LIQUIFLIM OPHTH | 216 |
| fluocinolone acetonide oil | 147 | FLUTAMIDE CAP | 84 | SUSP | |
| fluocinolone acetonide | 147 | FLUTICASONE DISKUS | 28 | FML S.O.P. OPHTH OINT | 217 |
| ointment | | INHALER | | FOCALIN TAB | 4 |
| fluocinolone acetonide | 147 | FLUTICASONE HFA | 28 | FOCALIN XR CAP | 4 |
| soln | | INHALER | | FOLBEE PLUS CZ TAB | 203 |
| fluocinolone otic oil | 223 | fluticasone nasal spray | 208 | folbee tab | 185 |
| fluocinonide cream 0.05% | 147 | fluticasone propionate | 148 | folic acid tab 1mg | 183 |
| fluocinonide cream 0.1% | 147 | cream | | folic acid tab 400mcg | 183 |
| fluocinonide emollient | 147 | fluticasone propionate oint | 148 | folic acid tab 800mcg | 184 |
| cream | | fluticasone/salmeterol | 31 | FOLTANX TAB | 154 |
| FLUOCINONIDE GEL | 147 | inhaler, wixela inhaler | | fondaparinux inj | 33 |
| fluocinonide oint | 147 | FLUTICASONE-SALMET | 31 | formoterol fumarate neb | 31 |
| fluocinonide soln | 147 | EROL INHALER 113-14 | | soln | |
| FLUORIDEX | 202 | MCG/ACT | | FOSAMAX TAB | 159 |
| SENSITIVITY PASTE | | FLUTICASONE-SALMET | 31 | fosamprenavir tab | 109 |
| fluorometholone ophth | 216 | EROL INHALER 232-14 | | foscarnet sodium inj | 112 |
| soln | | MCG/ACT | | FOSCAVIR INJ | 112 |

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| fosinopril tab | 68 | FUROSEMIDE SOLN | 157 | GILOTRIF TAB | 83 |
| fosinopril/hydrochlorothiazide tab | 71 | furosemide tab | 157 | glatiramer inj | 231 |
| FOSRENOL CHEW TAB | 171 | G | | | |
| FOSRENOL POWDER PACK | 171 | gabapentin cap | 36 | GLEOSTINE/LOMUSTIN E CAP | 80 |
| FOTIVDA CAP | 89 | gabapentin soln | 36 | glimepiride tab | 55 |
| FRAGMIN INJ | 33 | gabapentin tab 600mg | 36 | glipizide ER tab | 55 |
| FREESTYLE LIBRE 2 RECEIVER | 192 | gabapentin tab 800mg | 36 | glipizide tab | 55 |
| FREESTYLE LIBRE 2 SENSOR | 192 | GABITRIL TAB | 41 | glipizide/metformin tab | 49 |
| FREESTYLE LIBRE 2-PLUS SENSOR | 193 | galantamine ER cap | 228 | GLOPERBA SOLN | 175 |
| FREESTYLE LIBRE 3 READER | 193 | galantamine tab | 228 | GLUCAGEN HYPOKIT INJ | 50 |
| FREESTYLE LIBRE 3 SENSOR | 193 | GALZIN CAP | 199 | GLUCAGON (RDNA) FOR INJ KIT | 50 |
| FREESTYLE LIBRE 3-PLUS SENSOR | 193 | GAMASTAN INJ | 223 | GLUCAGON EMR INJ | 51 |
| FREESTYLE LIBRE RECEIVER | 193 | GAMMAGARD INJ | 223 | GLUCAGON INJ KIT | 51 |
| FREESTYLE LIBRE SENSOR (14-DAY) | 193 | GASTROCROM CONC | 168 | GLUCOPHAGE TAB | 50 |
| FRUZAQLA CAP 1MG | 81 | gatifloxacin ophth soln | 214 | GLUCOPHAGE XR TAB | 50 |
| FRUZAQLA CAP 5MG | 82 | GAVILYTE-C SOLN | 188 | GLUCOTROL TAB | 55 |
| FULPHILA INJ | 184 | GAVRETO CAP | 89 | GLUCOTROL XL TAB | 55 |
| FUROSCIX KIT | 157 | gefitinib tab | 83 | GLYBURID MCR TAB | 56 |
| | | gemfibrozil tab | 65 | glyburide tab | 56 |
| | | GENOTROPIN INJ | 160 | glyburide/metformin tab | 49 |
| | | GENTAK OPHTH OINT | 214 | glycopyrrolate oral soln | 239 |
| | | gentamicin ophth soln | 214 | glycopyrrolate tab | 237 |
| | | gentamicin sulfate cream | 140 | GLYGEST PAK | 154 |
| | | gentamicin sulfate oint | 140 | GLYNASE TAB | 56 |
| | | GENVOYA TAB | 109 | GOLYTELY SOLN | 189 |
| | | GEODON CAP | 103 | granisetron tab | 58 |
| | | gianvi tab, ocella tab | 128 | | |
| | | GILENYA CAP 0.25MG | 231 | | |

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|------------------------------|-----|-------------------------------------|-----|---|-----|
| GRANISOL SOLN | 58 | halobetasol propionate | 148 | HUMULIN R INJ | 54 |
| griseofulvin micro tab | 60 | oint | | HUMULIN R INJ U-500 | 54 |
| griseofulvin susp | 60 | haloperidol lactate conc | 104 | HUMULIN R U-500 | 54 |
| griseofulvin tab | 60 | haloperidol tab | 105 | KWIKPEN INJ | |
| GRIS-PEG TAB | 60 | HAVRIX INJ, VAQTA INJ | 243 | HYCAMTIN CAP | 80 |
| guaifenesin/codeine soln | 135 | HECTOROL CAP | 162 | HYCODAN SYRUP | 135 |
| GUAIFENESIN/CODEINE SYRUP | 135 | HEMLIBRA INJ | 177 | HYD POL/CPM SUSP | 136 |
| guanfacine ER tab | 3 | HEMOFIL M, KOATE INJ | 177 | hydralazine tab | 73 |
| guanfacine IR tab | 70 | HEPLISAV-B INJ | 244 | HYDREA CAP | 99 |
| GUANIDINE TAB | 79 | HEXALEN CAP | 80 | hydrochlorothiazide cap | 158 |
| GVOKE INJ | 51 | HIPREX TAB | 77 | hydrochlorothiazide tab | 158 |
| GVOKE INJ KIT | 51 | HIZENTRA INJ | 223 | hydrocodone/acetaminoph en soln | 17 |
| GVOKE PFS INJ | 51 | HOMATROPINE OPHTH SOLN | 211 | hydrocodone/acetaminoph en soln 10-325 mg/15ml | 17 |
| H | | HUMALOG JR | 53 | hydrocodone/acetaminoph en tab | 17 |
| HADLIMA INJ | 8 | KWIKPEN INJ | | hydrocodone/acetaminoph en tab 2.5-325mg | 17 |
| (adalimumab-bwwd) | | HUMALOG KWIKPEN INJ | 53 | hydrocodone/chlorpheniramine CR susp | 136 |
| HADLIMA INJ | 8 | HUMALOG MIX INJ | 53 | hydrocodone/chlorpheniramine/pseudoephedrine liquid | 136 |
| 40MG/0.8ML | | HUMALOG MIX | 53 | hydrocodone/homatropine syrup | 135 |
| (adalimumab-bwwd) | | KWIKPEN, INSULIN LISPRO MIX KWIKPEN | | hydrocortisone cream | 148 |
| HADLIMA PUSH INJ | 8 | HUMALOG PEN INJ | 53 | hydrocortisone enema | 21 |
| (adalimumab-bwwd) | | HUMALOG TEMPO PEN | 53 | | |
| HADLIMA PUSH INJ | 8 | HUMULIN MIX INJ | 53 | | |
| 40MG/0.8ML | | HUMULIN MIX PEN INJ | 53 | | |
| (adalimumab-bwwd) | | HUMULIN N INJ | 54 | | |
| HALCION TAB | 187 | HUMULIN N PEN INJ | 54 | | |
| halobetasol propionate cream | 148 | | | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|----------------------------|-----|--------------------------|-----|---------------------|-----|
| hydrocortisone lotion | 148 | HYZAAR TAB | 71 | INCRUSE ELLIPTA | 26 |
| HYDROCORTISONE | 148 | I | | INHALER | |
| LOTION 2.5% | | ibandronate tab 150mg | 159 | indapamide tab | 158 |
| hydrocortisone oint | 148 | ibuprofen susp (Rx ONLY) | 10 | INDERAL LA CAP | 118 |
| hydrocortisone succinate | 133 | ibuprofen tab | 10 | indomethacin cap | 10 |
| inj 1000mg | | icatibant inj | 180 | indomethacin CR cap | 10 |
| hydrocortisone tab | 133 | ICLUSIG TAB | 90 | INFANT FORMULA | 155 |
| hydromorphone tab 2mg | 13 | IDELVION INJ | 178 | LIQUID | |
| hydromorphone tab 4mg | 13 | IDHIFA TAB | 90 | INFANT FORMULA | 155 |
| hydromorphone tab 8mg | 13 | ILEVRO OPHTH SUSP | 220 | POWDER | |
| hydroquinone cream | 151 | imatinib tab | 90 | INGREZZA CAP | 230 |
| hydroxychloroquine tab | 78 | IMBRUVICA CAP 140MG | 90 | INGREZZA PACK | 230 |
| hydroxyprogesterone inj | 226 | IMBRUVICA CAP 70MG | 90 | 40-80MG | |
| hydroxyurea cap | 99 | IMBRUVICA SUSP | 90 | INGREZZA SPRINKLE | 230 |
| hydroxyzine pamoate cap | 23 | IMBRUVICA TAB | 90 | CAP | |
| HYDROXYZINE | 23 | 420MG, 560MG | | INLYTA TAB | 82 |
| PAMOATE CAP 100MG | | IMCIVREE INJ | 2 | INLYTA TAB 1MG | 82 |
| hydroxyzine syrup | 23 | imipramine pamoate cap | 47 | INQOVI TAB | 86 |
| hydroxyzine tab | 24 | imipramine tab | 47 | INSPRA TAB | 73 |
| HYFTOR GEL | 150 | imiquimod cream | 150 | INSULIN GLARGINE | 54 |
| hyoscyamine sulfate CR | 238 | IMITREX INJ | 197 | SOLN PEN-INJ | |
| tab | | IMITREX TAB | 197 | INSULIN LISPRO INJ | 54 |
| hyoscyamine sulfate elixir | 238 | IMOVAX INJ | 244 | INSULIN LISPRO JR | 54 |
| hyoscyamine sulfate ODT | 238 | IMPAVIDO CAP | 73 | KWIKPEN INJ | |
| hyoscyamine sulfate SL tab | 238 | IMURAN TAB | 116 | INSULIN LISPRO | 54 |
| hyoscyamine tab | 238 | INBRIJA INH POWDER | 102 | KWIKPEN INJ | |
| HYPER-SAL NEB SOLN | 137 | INCRELEX INJ | 161 | INTELENCE TAB 25MG | 109 |
| HYQVIA INJ | 223 | | | INTRON-A INJ | 99 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|----------------------------|-----|---------------------------|-----|------------------------|-----|
| INTUNIV TAB | 3 | isosorbide dinitrate tab | 22 | JULUCA TAB | 109 |
| INVANZ INJ | 75 | isosorbide dinitrate tab | 22 | JYLAMVO SOLN, | 81 |
| INVEGA TAB | 104 | 40mg | | XATMEP SOLN | |
| INVIRASE CAP | 109 | isosorbide mononitrate ER | 22 | JYNARQUE PAK | 164 |
| INVIRASE TAB | 109 | tab | | JYNARQUE TAB | 164 |
| IOPIDINE OPHTH SOLN | 212 | ISOSORBIDE | 22 | <hr/> | |
| ipratropium nasal spray | 208 | MONONITRATE TAB | | K | |
| ipratropium neb soln | 26 | isoxsuprine tab | 122 | KALYDECO PAK | 233 |
| irbesartan tab | 69 | itraconazole cap | 61 | KALYDECO TAB | 233 |
| irbesartan/hydrochlorothia | 72 | itraconazole soln | 61 | KAPVAY TAB | 3 |
| zide tab | | ivabradine hcl tab | 125 | KATERZIA SUSP | 119 |
| IRON | 185 | ivermectin cream | 152 | KEFLEX CAP | 126 |
| POLYSACCH/THREONIC | | ivermectin tab | 22 | kelnor tab | 128 |
| ACID/B12/FA CAP | | IWILFIN TAB | 99 | KENALOG INJ | 133 |
| ISENTRESS (HD) TAB | 109 | IXCHIQ INJ | 244 | KEPPRA SOLN | 36 |
| ISENTRESS CHEW TAB | 109 | IXIARO INJ | 244 | KEPPRA TAB | 36 |
| ISENTRESS POWDER | 109 | IXINITY INJ | 178 | KEPPRA XR TAB | 37 |
| PACK | | <hr/> | | KESIMPTA INJ | 231 |
| isibloom tab, enskyce tab, | 128 | J | | ketoconazole cream | 141 |
| apri tab | | JAKAFI TAB | 90 | ketoconazole shampoo | 141 |
| isoniazid syrup | 79 | JANUMET TAB | 49 | ketoconazole tab | 61 |
| isoniazid tab | 79 | JANUMET XR TAB | 49 | KETO-DIASTIX TEST | 154 |
| ISOPTO CARBACHOL | 212 | JANUVIA TAB | 51 | STRIP | |
| OPHTH SOLN | | JARDIANCE TAB | 55 | ketorolac inj 15mg/ml | 10 |
| ISOPTO CARPINE | 212 | JAYPIRCA TAB | 90 | ketorolac inj 30mg/ml | 10 |
| OPHTH SOLN | | jinteli tab | 165 | ketorolac inj 60mg/2ml | 10 |
| ISORDIL TITRADOSE | 22 | JIVI INJ | 178 | ketorolac ophth soln | 220 |
| TAB | | JOENJA TAB | 200 | ketorolac tab | 10 |
| | | jolessa tab, amethia tab | 128 | KETOSTIX | 154 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|---------------------------|-----|-------------------------|-----|
| ketotifen ophth soln | 220 | LAMICTAL ODT KIT, | 37 | LEDIPASVIR/SOFOSBUV | 113 |
| KEVZARA INJ | 9 | LAMICTAL XR KIT | | IR TAB | |
| KINERET INJ | 8 | LAMICTAL STARTER KI | 37 | leflunomide tab | 11 |
| KISQALI PAK | 86 | LAMICTAL TAB | 37 | lenalidomide cap | 200 |
| KISQALI TAB | 90 | LAMICTAL XR TAB | 37 | LENVIMA CAP | 82 |
| KLARON LOTION | 139 | LAMISIL TAB | 60 | LESCOL XL TAB | 65 |
| KLONOPIN TAB | 34 | lamivudine soln | 109 | letrozole tab | 84 |
| KLOXXADO NASAL | 57 | lamivudine tab | 109 | leucovorin tab | 99 |
| SPRAY | | lamivudine tab 100mg | 113 | LEVALBUTEROL | 31 |
| KOGENATE FS INJ | 178 | lamivudine/zidovudine tab | 109 | INHALER, XOPENEX | |
| KOSELUGO CAP | 91 | lamotrigine chew tab | 37 | HFA INHALER | |
| KOSELUGO CAP 10MG | 91 | lamotrigine ER tab | 37 | levalbuterol neb soln | 31 |
| K-PHOS NEUTRAL TAB | 198 | lamotrigine starter kit | 37 | LEVAQUIN TAB | 167 |
| K-PHOS TAB | 198 | lamotrigine tab | 37 | LEVBID TAB | 238 |
| KRAZATI TAB | 91 | LAMPIT TAB | 75 | levetiracetam ER tab | 37 |
| KRINTAFEL TAB | 78 | LANCET DEVICE | 193 | levetiracetam soln | 37 |
| K-TAB | 198 | LANCET KIT | 193 | levetiracetam tab | 38 |
| L | | LANCETS | 193 | levobunolol ophth soln | 210 |
| labetalol tab | 117 | LANOXIN TAB | 121 | levocarnitine soln | 162 |
| LAC-HYDRIN CREAM | 149 | lansoprazole cap | 239 | levocarnitine tab | 162 |
| LAC-HYDRIN LOTION | 149 | lanthanum carbonate chew | 171 | levofloxacin ophth soln | 214 |
| lacosamide oral solution | 37 | tab | | LEVOFLOXACIN OPHTH | 214 |
| lacosamide tab | 37 | lapatinib ditosylate tab | 91 | SOLN 0.5% | |
| LACTIC ACID LOTION | 149 | LASIX TAB | 157 | levofloxacin soln | 167 |
| lactulose soln | 171 | LASTACAFT OPHTH | 221 | levofloxacin tab | 167 |
| LAGEVRIO CAP (EUA) | 115 | SOLN | | levonorgestrel tab | 130 |
| LAGEVRIO CAP 200MG | 115 | latanoprost ophth soln | 221 | levonorgestrel-ethinyl | 129 |
| LAMICTAL CHEW TAB | 37 | LATUDA TAB | 103 | estradiol-fe tab | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|----------------------------|-----|-----------------------------|-----|---------------------------|-----|
| levothyroxine tab | 236 | lisdexamfetamine | 1 | LOPID TAB | 65 |
| LEVSIN SL TAB | 238 | dimesylate cap | | lopinavir/ritonavir soln | 110 |
| LEVSIN TAB | 238 | lisdexamfetamine | 1 | lopinavir/ritonavir tab | 110 |
| LEXAPRO TAB | 45 | dimesylate chew tab | | LOPRESSOR TAB | 117 |
| LEXIVA SUSP | 109 | lisinopril tab | 68 | LOPROX CREAM | 141 |
| l-glutamine powder packet | 183 | lisinopril/hydrochlorothiaz | 72 | LOPROX SHAMPOO | 141 |
| lidocaine cream 3% | 151 | ide tab | | loratadine cap | 62 |
| lidocaine gel | 151 | LITFULO CAP | 150 | lorazepam conc | 24 |
| lidocaine oint | 151 | LITHIUM CARBONATE | 102 | lorazepam tab | 24 |
| lidocaine patch | 151 | CAP | | LORBRENA TAB 100MG | 91 |
| lidocaine patch 5% | 151 | lithium carbonate ER tab | 103 | LORBRENA TAB 25MG | 91 |
| lidocaine soln | 151 | lithium carbonate tab | 103 | LORTAB | 17 |
| lidocaine viscous soln | 202 | lithium oral solution | 103 | LORTAB ELIXIR | 17 |
| lidocaine/hydrocortisone | 21 | LITHOBID TAB | 103 | losartan tab | 69 |
| cream | | LITHOSTAT TAB | 174 | losartan/hydrochlorothiaz | 72 |
| lidocaine/prilocaine cream | 151 | LIVALO TAB | 66 | de tab | |
| LIDODERM PATCH | 151 | LIVMARLI SOLN | 169 | LOTEMAX OPHTH OINT | 217 |
| LIKMEZ SUSP | 74 | LIVMARLI SOLN | 170 | LOTEMAX OPHTH SUSP | 217 |
| LINDANE SHAMPOO | 152 | 19MG/ML | | LOTENSIN HCT TAB | 72 |
| linezolid susp | 76 | LIVTENCITY TAB | 112 | LOTENSIN TAB | 68 |
| linezolid tab | 76 | L-METHYLFOLATE TAB | 154 | loteprednol etabonate | 217 |
| LINZESS CAP | 171 | LO LOESTRIN TAB | 129 | ophth gel | |
| liothyronine tab | 236 | LODOSYN TAB | 100 | loteprednol ophth susp | 217 |
| LIPITOR TAB | 65 | loestrin tab | 129 | LOTREL CAP | 72 |
| LIQUIGEN | 209 | lohist liquid | 136 | LOTRISONE CREAM | 141 |
| liraglutide soln | 52 | LOKELMA PAK | 201 | LOTRONEX TAB | 171 |
| pen-injector | | LOMOTIL TAB | 56 | lovastatin tab | 66 |
| | | LONSURF TAB | 86 | LOVAZA CAP | 63 |

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ALPHABETICAL LISTING OF DRUGS

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|---------------------|-----|---------------------|-----|-------------------------|-----|
| LOVENOX INJ | 33 | MACROBID CAP | 77 | MEDROL TAB | 133 |
| loxapine cap | 105 | MACRODANTIN CAP | 77 | medroxyprogesterone inj | 131 |
| lubiprostone cap | 168 | MALARONE TAB | 78 | medroxyprogesterone tab | 226 |
| LUMAKRAS TAB | 91 | malathion lotion | 152 | mefenamic acid cap | 10 |
| LUMAKRAS TAB 240MG | 91 | MALE CONDOMS | 191 | mefloquine tab | 78 |
| LUMAKRAS TAB 320MG | 91 | MAPROTILINE TAB | 43 | megestrol susp | 85 |
| LUMIGAN OPHTH SOLN | 221 | maraviroc tab | 110 | megestrol tab | 85 |
| LUMRYZ PACK | 227 | MARINOL CAP | 59 | MEKINIST SOLN | 92 |
| LUMRYZ STARTER | 227 | MARPLAN TAB | 44 | MEKINIST TAB 0.5MG | 92 |
| PACK | | MATULANE CAP | 99 | MEKINIST TAB 2MG | 92 |
| LUNESTA TAB | 187 | MAVENCLAD THERAPY | 231 | MEKTOVI TAB | 92 |
| LUPKYNIS CAP | 200 | PAK | | meloxicam tab | 10 |
| LUPRON DEPOT INJ | 84 | MAVYRET PAK | 113 | MELPHALAN TAB | 80 |
| LUPRON DEPOT-PED | 161 | MAVYRET TAB | 113 | memantine ER cap | 228 |
| INJ | | MAXALT MLT TAB | 197 | memantine sol | 228 |
| lurasidone hcl tab | 103 | MAXALT TAB | 197 | memantine tab | 228 |
| LUVIRA CAP | 154 | MAXIDEX OPHTH SOLN | 217 | MENEST TAB | 166 |
| LYNPARZA TAB | 92 | MAXITROL OPHTH OIN | 217 | MENTAX CREAM | 141 |
| LYSODREN TAB | 85 | MAXITROL OPHTH | 217 | MEPHYTON TAB | 248 |
| LYSTEDA TAB | 186 | SUSP | | MEPRON SUSP | 75 |
| LYTGOBI THERAPY | 92 | MAXZIDE TAB | 156 | mercaptapurine tab | 81 |
| PACK | | MAYZENT TAB | 231 | meropenem inj | 75 |
| LYUMJEV INJ | 54 | MAYZENT TAB STARTEI | 231 | mesalamine DR tab | 170 |
| LYUMJEV KWIKPEN INJ | 54 | PACK | | mesalamine enema | 170 |
| LYUMJEV TEMPO PEN | 54 | MCT OIL | 210 | mesalamine ER cap | 170 |
| LYVISPAH GRANULE | 206 | meclizine chew tab | 59 | mesalamine supp | 170 |
| PACKET | | meclizine tab | 59 | mesna tab | 99 |
| | | MEDROL DOSE PACK | 133 | MESTINON TAB | 79 |

M

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|---------------------------|-----|-------------------------------------|-----|---------------------------|-----|
| MESTINON TIMESPAN TAB | 79 | methylergonovine tab | 223 | METROLOTION | 152 |
| METANX CAP | 155 | METHYLIN SOLN | 4 | metronidazole cream | 152 |
| metaxalone tab | 206 | methylphenidate CD cap | 4 | metronidazole gel | 152 |
| METAXALONE TAB 400MG | 206 | methylphenidate chew tab | 4 | metronidazole gel 0.75% | 152 |
| metformin ER tab | 50 | methylphenidate ER cap | 4 | metronidazole lotion | 152 |
| metformin soln | 50 | METHYLPHENIDATE ER TAB | 4 | metronidazole tab | 74 |
| metformin tab | 50 | TAB | | metronidazole vaginal gel | 246 |
| methadone conc | 13 | methylphenidate soln | 5 | mexiletine hcl cap | 25 |
| METHADONE SOLN 10MG/5ML | 14 | methylphenidate tab | 5 | MICARDIS TAB | 69 |
| METHADONE SOLN 5MG/5ML | 14 | methylprednisolone | 133 | MICONAZOLE 3 SUPP 200MG | 246 |
| methadone tab | 14 | acetate inj | | midazolam inj | 187 |
| methadone tab 10mg | 14 | methylprednisolone dose pack | 133 | midodrine tab | 247 |
| METHADOSE CONC | 15 | methylprednisolone tab | 133 | mifepristone tab | 51 |
| methazolamide tab | 156 | methylprenisolone sod succinate inj | 133 | mifepristone tab 200mg | 164 |
| methenamine hippurate tab | 77 | methyltestosterone cap | 19 | MIFIPREX TAB | 164 |
| methimazole tab | 235 | metoclopramide soln | 168 | MIGLITOL TAB | 48 |
| METHITEST TAB | 19 | metoclopramide tab | 168 | miglustat cap | 183 |
| methocarbamol tab | 206 | metolazone tab | 158 | MINIPRESS CAP | 70 |
| METHOTREXATE INJ | 81 | metoprolol ER tab | 117 | MINOCIN CAP | 235 |
| methotrexate tab | 81 | metoprolol tab | 117 | minocycline cap | 235 |
| METHOXSALLEN CAP | 143 | metoprolol/hydrochlorothi azide tab | 72 | minoxidil tab | 73 |
| methscopolamine tab | 238 | METROCREAM | 152 | MIRALAX | 190 |
| methsuximide cap | 42 | METROGEL 1% | 152 | MIRAPEX TAB | 100 |
| METHYLDOPA TAB | 70 | METROGEL VAGINAL GEL | 246 | MIRENA IUD | 131 |
| | | | | mirtazapine ODT | 43 |
| | | | | mirtazapine tab | 43 |
| | | | | MIRVASO GEL | 152 |

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|----------------------------|-----|---------------------------|-----|---------------------------|-----|
| misoprostol tab | 239 | moxifloxacin ophth soln | 214 | mycophenolate mofetil | 116 |
| MOBIC TAB | 10 | moxifloxacin tab | 167 | susp | |
| modafinil tab | 5 | MULTAQ TAB | 25 | mycophenolate mofetil tab | 116 |
| mometasone cream | 148 | MULTIGEN FOLIC TAB | 185 | MYDRIACYL OPHTH | 212 |
| mometasone oint | 148 | MULTIGEN PLUS TAB | 185 | SOLN | |
| mometasone soln | 148 | MULTIGEN TAB | 185 | MYFEMBREE TAB | 165 |
| MONODOX CAP | 235 | MULTIVITAMIN | 204 | MYLERAN TAB | 81 |
| montelukast chew tab | 27 | FLUORIDE DROPS | | MYNATAL-Z TAB | 204 |
| montelukast granule pack | 27 | 0.25MG/ML | | MYRBETRIQ TAB | 241 |
| montelukast tab | 27 | MULTIVITAMIN | 204 | MYSOLINE TAB | 38 |
| morphine sulfate ER tab | 15 | FLUORIDE DROPS | | N | |
| MORPHINE SULFATE | 15 | 0.5MG/ML | | nabumetone tab | 10 |
| ORAL SOLN 10 MG/5ML | | multivitamin tab | 185 | nadolol tab | 118 |
| MORPHINE SULFATE | 15 | MULTIVITAMIN/FLOURI | 204 | nafcillin inj | 226 |
| ORAL SOLN | | DE CHEW 0.25MG | | NAFTIFINE CREAM | 141 |
| 100MG/5ML | | MULTIVITAMIN/FLOURI | 204 | naftifine gel | 141 |
| morphine sulfate oral soln | 15 | DE CHEW 1MG | | NAFTIN CREAM | 141 |
| 10mg/5ml | | MULTIVITAMIN/FLUORI | 204 | NAFTIN GEL | 141 |
| morphine sulfate soln | 15 | DE CHEW TAB | | naloxone hcl nasal spray | 57 |
| MORPHINE SULFATE | 15 | multivitamin/minerals tab | 203 | NALOXONE HCL SOLN | 58 |
| SOLN 20MG/5ML | | mupirocin oint | 140 | 0.4MG/ML | |
| MORPHINE SULFATE | 15 | MUSE SUPP | 122 | naloxone inj | 57 |
| TAB | | MYAMBUTOL TAB | 79 | naloxone prefilled inj | 58 |
| MOTEGRITY TAB | 167 | MYCOBUTIN CAP | 79 | naltrexone tab | 57 |
| MOTOFEN TAB | 56 | mycophenolate DR tab | 116 | NAMENDA TAB | 228 |
| MOTRIN SUSP | 10 | mycophenolate mofetil | 116 | NAPROSYN EC TAB | 10 |
| MOUNJARO INJ | 52 | cap | | NAPROSYN TAB | 11 |
| MOVANTI TAB | 171 | | | naproxen EC tab | 11 |

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|--------------------------|-----|-------------------------|-----|--------------------|-----|
| naproxen tab | 11 | neomycin/polymyxin/dexa | 217 | niacin cap | 248 |
| NARCAN NASAL SPRAY | 58 | methasone ophth soln | | niacin CR tab | 248 |
| NARDIL TAB 15MG | 44 | NEOMYCIN/POLYMYXI | 217 | niacin ER tab | 66 |
| NASACORT OTC NASAL | 208 | N/HYDROCORTISONE | | niacin tab | 248 |
| SPRAY | | OPHTH SOLN | | NIACIN TR CAP | 248 |
| NASCOBAL SPRAY | 183 | NEONATAL 19 TAB | 205 | NIACIN TR TAB | 248 |
| NATACYN OPHTH SUSP | 214 | NEONATAL FE TAB | 205 | niacinamide tab | 248 |
| NATAZIA TAB | 129 | NEOSPORIN OPHTH | 214 | nicotine gum | 232 |
| nateglinide tab | 55 | SOLN | | NICOTINE KIT | 232 |
| NATPARA INJ | 159 | NEPHROCAP | 203 | nicotine lozenge | 232 |
| NATROBA SUSP | 152 | NEPHRON FA TAB | 186 | nicotine patch | 232 |
| NAYZILAM SPRAY | 35 | NEPTAZANE TAB | 156 | NICOTROL INHALER | 232 |
| nebivolol hcl tab | 117 | NERLYNX TAB | 92 | NICOTROL NASAL | 232 |
| NEBUSAL NEB SOLN | 137 | NEUPRO PATCH | 101 | SPRAY | |
| NEFAZODONE TAB | 46 | NEURONTIN CAP | 38 | nifedipine cap | 120 |
| nefazodone tab 50mg, | 46 | NEURONTIN SOLN | 38 | nifedipine ER tab | 120 |
| 250mg | | NEURONTIN TAB | 38 | nilutamide tab | 85 |
| NEFFY SPRAY | 247 | 600MG | | nimodipine cap | 120 |
| neomycin tab | 5 | NEURONTIN TAB | 38 | NINLARO CAP | 92 |
| NEOMYCIN/POLYMIXIN | 214 | 800MG | | nitazoxanide tab | 75 |
| /GRAMICIDIN OPHTH | | NEVANAC OPHTH SUSP | 221 | NITRO-BID OINT | 23 |
| SOLN | | NEVIRAPINE ER TAB | 110 | NITRO-DUR PATCH | 23 |
| neomycin/polymixin/hydro | 222 | NEVIRAPINE SUSP | 110 | NITRO-DUR PATCH | 23 |
| coritisono otic soln | | nevirapine tab | 110 | 0.3MG/HR, 0.8MG/HR | |
| neomycin/polymixin/hydro | 222 | NEXLETOL TAB | 63 | nitrofurantoin | 77 |
| coritisono otic susp | | NEXLIZET TAB | 63 | macrocrystals cap | |
| neomycin/polymyxin/dexa | 217 | NEXPLANON IMPLANT | 131 | nitrofurantoin | 77 |
| methasone ophth oint | | NEXTSTELLIS TAB | 129 | monohydrate cap | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|------------------------------|-----|--------------------|-----|-----------------------------|-----|
| nitroglycerin lingual spray | 23 | NORVASC TAB | 120 | nystatin susp | 202 |
| nitroglycerin patch | 23 | NORVIR CAP | 110 | nystatin tab | 60 |
| nitroglycerin SL tab | 23 | NORVIR POWDER PACK | 110 | nystatin topical powder | 142 |
| NITROLINGUAL PUMP | 23 | NORVIR SOLN | 110 | nystatin/triamcinolone | 142 |
| SPRAY | | NORVIR TAB | 110 | cream | |
| NITROSTAT SL TAB | 23 | NOVAVAX INJ | 244 | nystatin/triamcinolone oint | 142 |
| NIVESTYM INJ | 184 | NOVOEIGHT INJ | 178 | NYVEPRIA INJ | 184 |
| NIZATIDINE CAP | 238 | NOVOSEVEN RT INJ | 178 | <hr/> | |
| NIZORAL A-D | 141 | NOXAFIL PAK | 61 | O | |
| SHAMPOO | | NOXAFIL SUSP | 61 | OBIZUR INJ | 179 |
| NIZORAL SHAMPOO | 142 | NOXAFIL TAB | 61 | OCALIVA TAB | 168 |
| norethindrone ace-ethinyl | 129 | np thyroid tab | 236 | octreotide inj | 164 |
| estradiol-fe cap | | NUBEQA TAB | 85 | OCTREOTIDE INJ | 164 |
| norethindrone | 129 | NUCALA INJ | 26 | 100MCG | |
| acetate/ethinyl estradiol FE | | NUCORT LOTION | 148 | OCUFLOX OPHTH SOLN | 214 |
| chew tab | | NUCYNTA TAB | 15 | ODEFSEY TAB | 110 |
| norethindrone | 129 | NUEDEXTA CAP | 231 | ODOMZO CAP | 83 |
| acetate/ethinyl estradiol | | NULYTELY SOLN | 189 | OFEV CAP | 234 |
| tab | | NUTRITIONAL | 155 | ofloxacin ophth soln | 214 |
| norethindrone tab | 131 | SUPPLEMENT LIQUID | | ofloxacin otic soln | 222 |
| norethindrone/ethinyl | 129 | NUTRITIONAL | 155 | ofloxacin tab | 167 |
| estradiol FE tab | | SUPPLEMENT POWDER | | OGSIVEO TAB | 93 |
| NORLIQVA ORAL SOLN | 120 | NUVIGIL TAB | 5 | OGSIVEO TAB 50MG | 93 |
| NORPACE CAP | 25 | NUWIQ INJ | 178 | OJEMDA SUSP | 93 |
| NORPRAMIN TAB | 48 | NUWIQ KIT | 179 | OJEMDA TAB | 93 |
| nortrel tab | 129 | nystatin cream | 142 | OJJAARA TAB | 93 |
| nortriptyline cap | 48 | nystatin oint | 142 | olanzapine ODT | 105 |
| nortriptyline oral soln | 48 | nystatin powder | 60 | olanzapine tab | 105 |
| | | | | olanzapine/fluoxetine cap | 229 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--|-----|---------------------|-----|----------------------|-----|
| OLLIZAC POWDER | 155 | OMNIPOD GO KIT | 194 | OPVEE NASAL SPRAY | 58 |
| olmesartan tab | 69 | OMNIPOD STARTER KIT | 194 | ORACIT SOLN | 172 |
| olmesartan/hydrochlorothi azide tab | 72 | OMNITROPE INJ | 160 | ORAP TAB | 232 |
| olopatadine ophth soln | 221 | ondansetron ODT | 58 | ORAPRED ODT TAB | 133 |
| 0.1% | | ondansetron soln | 58 | ORAPRED SOLN | 133 |
| olopatadine ophth soln | 221 | ondansetron tab | 58 | ORENCIA CLICK INJ | 11 |
| 0.2% | | ONETOUCH DELICA | 194 | ORENCIA SC INJ | 11 |
| OLUMIANT TAB | 6 | LANCETS | | 125MG/ML | |
| OLUX FOAM | 148 | ONETOUCH DELICA | 194 | ORENCIA SC INJ | 11 |
| omega-3-acid ethyl esters | 63 | PLUS LANCETS | | 50MG/0.4ML | |
| cap | | ONETOUCH DELICA | 194 | ORENCIA SC INJ | 11 |
| omeprazole DR cap | 239 | ULTRASOFT LANCETS | | 87.5MG/0.7ML | |
| omeprazole tab | 239 | ONETOUCH METER | 194 | ORENITRAM TAB | 123 |
| OMNICEF SUSP | 127 | ONETOUCH TEST STRIP | 154 | ORGOVYX TAB | 85 |
| OMNIPOD 5 G6 INTRO | 193 | ONETOUCH VERIO | 194 | ORIAHNN CAP | 165 |
| KIT | | FLEX METER | | ORILISSA TAB 150MG | 160 |
| OMNIPOD 5 G6 PODS | 193 | ONETOUCH VERIO IQ | 194 | ORILISSA TAB 200MG | 160 |
| MISC | | METER | | ORKAMBI GRANULES | 233 |
| OMNIPOD 5 G7 KIT | 193 | ONETOUCH VERIO | 194 | PACKET | |
| INTRO | | METER | | ORKAMBI TAB | 233 |
| OMNIPOD 5 G7 MIS | 193 | ONETOUCH VERIO | 195 | ORSERDU TAB | 85 |
| PODS | | REFLECT METER | | ORSERDU TAB 345MG | 85 |
| OMNIPOD 5 INTRO KIT | 194 | ONETOUCH VERIO TEST | 154 | oseltamivir cap | 115 |
| OMNIPOD 5 PACK PODS | 194 | STRIP | | oseltamivir cap 30mg | 115 |
| OMNIPOD DASH INTRO | 194 | ONFI SUSP | 35 | oseltamivir susp | 115 |
| KIT | | ONFI TAB | 35 | OTEZLA STARTER PACK | 11 |
| OMNIPOD DASH PODS | 194 | OPILL TAB | 131 | OTEZLA TAB | 11 |
| | | OPSUMIT TAB | 124 | OVACE PLUS CREAM | 144 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|-----------------------------|-----|-----------------------|-----|
| OVIDE LOTION | 152 | PARNATE TAB | 44 | PENICILLIN G | 224 |
| oxacillin inj | 226 | paroxetine ER tab | 45 | PROCAINE INJ | |
| OXBRYTA TAB | 183 | paroxetine oral susp | 45 | PENICILLIN G SODIUM | 224 |
| oxcarbazepine susp | 38 | paroxetine tab | 45 | INJ | |
| oxcarbazepine tab | 38 | PATANOL OPHTH SOLN | 221 | PENICILLIN VK SOLN | 224 |
| oxiconazole nitrate cream | 142 | PAXIL CR TAB | 46 | penicillin vk tab | 225 |
| OXSORALEN ULTRA | 143 | PAXIL ORAL SUSP | 46 | pentamidine neb soln | 74 |
| CAP | | PAXIL TAB | 46 | pentoxifylline ER tab | 181 |
| oxybutynin ER tab | 240 | PAXLOVID TAB | 112 | PEPCID SUSP | 238 |
| oxybutynin syrup | 240 | 150-100MG | | PEPCID TAB | 238 |
| oxybutynin tab | 240 | PAXLOVID TAB | 112 | PERCOCET TAB | 18 |
| oxycodone soln | 16 | 300-100MG | | PERFOROMIST NEB | 31 |
| oxycodone tab | 16 | pazopanib tab | 93 | SOLN | |
| oxycodone/acetaminophen | 17 | PCE TAB | 191 | PERIDEX SOLN | 202 |
| tab | | PEAK FLOW METER | 195 | permethrin cream | 153 |
| OXYCODONE/ASPIRIN | 17 | pediatric multiple | 204 | perphenazine tab | 106 |
| TAB | | vitamins/fluoride soln | | PERPHENAZINE/ | 229 |
| OXYTROL PATCH (OTC) | 240 | pediatric multiple | 204 | AMITRIPTYLINE TAB | |
| OZEMPIC INJ | 52 | vitamins/fluoride/iron soln | | PFIZERPEN G INJ | 225 |
| <hr/> | | | | | |
| P | | peg 3350 soln (100 gram | 189 | PHEBURANE ORAL | 162 |
| paliperidone ER tab | 104 | Moviprep equiv) | | PELLETS | |
| PALYNZIQ INJ | 162 | peg 3350/electrolytes soln | 189 | phenazopyridine tab | 174 |
| PAMELOR CAP | 48 | PEGASYS INJ | 113 | PHENELZINE SULFATE | 44 |
| pantoprazole EC tab | 239 | PEG-INTRON INJ | 114 | TAB | |
| PARAGARD IUD | 130 | PEMAZYRE TAB | 93 | phenelzine tab | 44 |
| paricalcitol cap | 162 | penciclovir cream | 145 | phenobarbital elixir | 187 |
| PARLODEL CAP | 101 | penicillamine tab | 199 | phenobarbital tab | 187 |
| PARLODEL TAB | 101 | | | phenoxybenzamine cap | 68 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------|-----|---------------------------|-----|---------------------------|-----|
| phentermine cap | 2 | PLAQUENIL TAB | 78 | potassium chloride micro | 199 |
| phentermine tab | 2 | PLAVIX TAB 75MG | 182 | tab | |
| phenylephrine ophth soln | 212 | PLEGRIDY INJ | 231 | potassium chloride powder | 199 |
| phenytoin cap | 42 | PLEGRIDY PEN INJ | 231 | packet | |
| phenytoin chew tab | 42 | PNEUMOVAX INJ | 241 | potassium chloride soln | 199 |
| phenytoin susp | 42 | PODIAPN CAP | 155 | POTASSIUM CHLORIDE | 199 |
| PHEXXI GEL | 245 | PODOCON SOLN | 150 | TAB ER | |
| phlexy-10 tab | 210 | PODOFILOX SOLN | 151 | potassium citrate CR tab | 172 |
| PHOSLO CAP | 172 | polyethylene glycol 3350 | 190 | potassium citrate/citric | 172 |
| PHOSLYRA SOLN | 172 | powder | | acid powder pack | |
| phospha 250 neutral tab | 198 | POLYETHYLENE | 226 | potassium citrate/citric | 172 |
| phytonadione tab | 248 | GLYCOL 8000 | | acid soln | |
| PICATO GEL | 143 | GRANULES | | potassium phosphate | 198 |
| PIFELTRO TAB | 110 | polymyxin b/trimethoprim | 214 | monobasic tab | |
| pilocarpine ophth soln | 212 | ophth soln | | PRADAXA CAP | 34 |
| pilocarpine tab | 203 | POLYTRIM OPHTH | 215 | pramipexole tab | 101 |
| pimecrolimus cream | 150 | SOLN | | pramoxine/hydrocortisone | 21 |
| PIMOZIDE TAB | 232 | POMALYST CAP | 86 | cream | |
| pindolol tab | 118 | posaconazole DR tab | 61 | prasugrel tab | 182 |
| pioglitazone tab | 55 | posaconazole susp | 61 | pravastatin tab | 66 |
| piperacillin/tazobactam inj | 226 | POTABA CAP | 248 | praziquantel tab | 22 |
| PIQRAY TAB | 93 | POTABA POWDER | 249 | prazosin cap | 70 |
| pirfenidone cap | 234 | PACKET | | PRECOSE TAB | 48 |
| pirfenidone tab 267mg | 234 | potassium bicarbonate | 199 | PRED FORTE OPHTH | 218 |
| pirfenidone tab 801mg | 234 | effer tab | | SUSP | |
| piroxicam cap | 11 | potassium chloride ER cap | 199 | PRED MILD OPHTH | 218 |
| pitavastatin calcium tab | 66 | potassium chloride ER tab | 199 | SOLN | |
| PLAN B TAB | 131 | | | PRED-G OPHTH SOLN | 218 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--|-----|---|-----|-------------------------------|-----|
| prednisolone acetate ophth susp | 218 | PRENATAL VITAMINS (NON-PREFERRED) | 205 | progesterone cap | 226 |
| prednisolone ODT | 133 | PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | 248 | PROGESTERONE SUPP | 247 |
| PREDNISOLONE ODT TAB | 134 | PRETOMANID TAB | 79 | PROGLYCEM SUSP | 51 |
| PREDNISOLONE OPHTH SUSP | 218 | PREVACID CAP | 239 | PROLENSA OPHTH SOLN | 221 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | 218 | PREVACID OTC CAP | 239 | PROMACTA POWDER | 184 |
| prednisolone soln | 134 | PREVIDENT SOLN | 202 | PROMACTA TAB | 184 |
| PREDNISONE SOLN | 134 | PREVNAR 13 INJ | 241 | 12.5MG, 25MG | |
| prednisone tab | 134 | PREVNAR 20 INJ | 241 | PROMACTA TAB 50MG | 184 |
| PREFEST TAB | 165 | PREVYMIS TAB | 113 | PROMACTA TAB 75MG | 184 |
| pregabalin cap | 38 | PREZCOBIX TAB | 110 | promethazine DM syrup | 136 |
| pregabalin cap 225mg | 38 | PREZISTA SUSP | 110 | promethazine supp | 62 |
| pregabalin cap 300mg | 38 | PREZISTA TAB | 110 | promethazine syrup | 62 |
| pregabalin soln | 38 | PRIFTIN TAB | 79 | promethazine tab | 62 |
| PREHEVBRIO SUSP | 244 | primaquine tab | 78 | promethazine VC syrup | 136 |
| PREMARIN TAB | 166 | primidone tab | 38 | PROMETHAZINE | 136 |
| PREMARIN VAGINAL CREAM | 247 | PRIMSOL SOLN | 74 | VC/CODEINE SYRUP | |
| PREMPHASE TAB, PREMPRO TAB | 165 | PRINIVIL TAB, ZESTRIL TAB | 68 | promethazine/codeine syrup | 136 |
| PRENATABS RX TAB | 205 | PRISTIQ TAB | 47 | PROMETHEGAN SUPP | 62 |
| PRENATAL 19 CHEW TAB | 205 | probenecid tab | 175 | PROMETRIUM CAP | 226 |
| PRENATAL 19 TAB | 205 | prochlorperazine supp | 106 | propafenone ER cap | 25 |
| | | prochlorperazine tab | 106 | propafenone tab | 25 |
| | | PROCTOCORT CREAM | 148 | proparacaine ophth soln | 216 |
| | | proctosol HC cream | 21 | propranolol ER cap | 118 |
| | | PROFILNINE INJ | 179 | propranolol oral soln | 118 |
| | | | | 20mg/5ml | |
| | | | | PROPRANOLOL SOLN | 118 |

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|----------------------------|-----|----------------------------|-----|---------------------|-----|
| propranolol tab | 118 | QUESTRAN POWDER | 64 | REMERON TAB | 43 |
| propylthiouracil tab | 236 | PACK | | renaphro cap | 203 |
| PROSCAR TAB | 174 | quetiapine tab | 105 | RENOVA CREAM | 140 |
| pro-stat liquid | 210 | quetiapine XR tab | 105 | REVELA TAB | 172 |
| PROTOPIC OINT | 150 | quinapril tab | 68 | repaglinide tab | 55 |
| protriptyline tab | 48 | quinidine gluconate CR tab | 25 | REPATHA INJ | 67 |
| PROVERA TAB | 227 | quinidine sulfate tab | 25 | REPATHA PUSHTRONEX | 67 |
| PROVIGIL TAB | 5 | QVAR REDIHALER | 29 | INJ | |
| PROZAC CAP | 46 | R | | REQUIP TAB | 101 |
| prucalopride succinate tab | 167 | RABAVERT INJ | 244 | RESCRIPTOR TAB | 110 |
| PULMICORT INH SUSP | 29 | rabeprazole EC tab | 239 | RESTORIL CAP 15MG | 187 |
| PULMOZYME INH SOLN | 233 | RADICAVA ORS | 209 | RESTORIL CAP 22.5MG | 187 |
| PURIXAN SUSP | 81 | STARTER KIT | | RESTORIL CAP 30MG | 188 |
| pyrazinamide tab | 79 | RADICAVA ORS SUSP | 209 | RESTORIL CAP 7.5MG | 188 |
| pyridostigmine CR tab | 79 | raloxifene tab | 161 | RETACRIT INJ | 184 |
| pyridostigmine tab | 79 | ramelteon tab | 188 | RETEVMO CAP | 94 |
| pyridstigmine soln | 79 | ramipril cap | 68 | RETEVMO CAP 40MG | 94 |
| pyrimethamine tab | 78 | RANEXA TAB | 22 | RETEVMO TAB | 94 |
| PYRUKYND TAB | 182 | ranolazine tab | 22 | RETEVMO TAB 40MG | 94 |
| PYRUKYND TAPER | 182 | rasagiline tab | 101 | RETIN-A CREAM | 139 |
| PACK | | RAZADYNE ER CAP | 228 | REVATIO SUSP | 124 |
| Q | | RAZADYNE TAB | 229 | REVATIO TAB | 124 |
| QBRELIS SOLN | 68 | REBINYN INJ | 179 | REVLIMID CAP | 200 |
| QINLOCK TAB | 94 | RECOMBINATE INJ | 179 | REYATAZ POWDER | 111 |
| QSYMIA CAP | 2 | REGLAN TAB | 169 | PACK | |
| QUESTRAN LITE | 64 | REGANEX GEL | 153 | REYVOW TAB | 197 |
| POWDER | | RELENZA DISKHALER | 115 | REZDIFFRA TAB | 169 |
| QUESTRAN POWDER | 64 | REMERON SOLUTAB | 43 | REZLIDHIA CAP | 94 |

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| REZUROCK TAB | 200 | RITALIN TAB | 5 | RYDAPT CAP | 94 |
| RHEUMATREX TAB | 6 | ritonavir tab | 111 | RYTHMOL SR CAP | 25 |
| RHOFADE CREAM | 152 | rivastigmine cap | 229 | <hr/> | |
| ribavirin cap | 114 | rivastigmine patch | 229 | S | |
| RIBAVIRIN TAB | 114 | RIVFLOZA INJ | 173 | SALAGEN TAB | 203 |
| rifabutin cap | 79 | RIVFLOZA VIAL | 173 | SALEX SHAMPOO | 151 |
| RIFADIN CAP | 80 | RIVIVE, REXTOVY | 58 | salsalate tab | 12 |
| RIFAMATE CAP | 79 | SPRAY | | SANCUSO PATCH | 58 |
| rifampin cap | 80 | RIXUBIS INJ | 179 | SANDIMMUNE SOLN | 116 |
| RIFATER TAB | 79 | rizatriptan ODT | 197 | 100MG/ML | |
| RIFLOZA INJ 160MG | 173 | rizatriptan tab | 197 | SANTYL OINT | 149 |
| riluzole tab | 209 | ROBAXIN TAB | 206 | SAPHRIS SL TAB | 105 |
| RIMANTADINE TAB | 115 | ROBINUL TAB | 238 | sapropterin | 163 |
| RINVOQ ER TAB | 6 | ROCALTROL CAP | 162 | dihydrochloride powder | |
| RINVOQ ORAL SOLN | 6 | ROCALTROL SOLN | 162 | packet | |
| RIOMET SOLN | 50 | roflumilast tab | 27 | sapropterin | 163 |
| risedronate DR tab | 159 | ropinirole ER tab | 101 | dihydrochloride soluble | |
| risedronate tab | 159 | ropinirole tab | 101 | tab | |
| RISPERDAL M ODT | 104 | rosuvastatin tab | 66 | SAVELLA PAK | 229 |
| RISPERDAL SOLN | 104 | ROXICODONE TAB | 16 | SAVELLA TAB | 229 |
| RISPERDAL TAB | 104 | ROZEREM TAB | 188 | SAXENDA INJ | 2 |
| risperidone microspheres | 104 | ROZLYTREK CAP | 94 | SCSEMBLIX TAB | 95 |
| inj | | ROZLYTREK PAK | 94 | SCSEMBLIX TAB 100 MG | 95 |
| risperidone ODT | 104 | RUBRACA TAB | 94 | scopolamine patch | 59 |
| risperidone soln | 104 | rufinamide susp | 39 | selegiline cap | 101 |
| risperidone tab | 104 | rufinamide tab | 39 | selegiline tab | 101 |
| RITALIN LA CAP, | 5 | RUKOBIA ER TAB | 111 | selenium sulfide lotion | 145 |
| APTENSIO XR CAP | | RYBELSUS TAB | 53 | selenium sulfide shampoo | 145 |
| | | | | SELZENTRY SOLN | 111 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|----------------------------|-----|--------------------------|-----|
| SELZENTRY TAB | 111 | simvastatin tab | 66 | sodium fluoride paste | 202 |
| SEMGLEE INJ, INSULIN | 55 | SINEMET CR TAB | 101 | sodium fluoride rinse | 203 |
| GLARGINE-YFGN INJ | | SINEMET TAB | 101 | sodium fluoride soln | 198 |
| SEMGLEE PEN, INSULIN | 55 | SINGULAIR CHEW TAB | 27 | sodium fluoride tab | 198 |
| GLARGINE-YFGN PEN | | SINGULAIR GRANULE | 27 | SODIUM OXYBATE | 227 |
| SEMPREX-D CAP | 136 | PACK | | SOLN | |
| SEROQUEL TAB | 105 | SINGULAIR TAB | 27 | sodium polystyrene | 117 |
| SEROQUEL XR TAB | 106 | sirolimus soln | 201 | powder | |
| sertraline conc | 46 | sirolimus tab | 116 | sodium polystyrene susp | 117 |
| sertraline tab | 46 | SIVEXTRO TAB | 76 | sodium sulfacetamide | 139 |
| sevelamer powder pak | 172 | SKELAXIN TAB | 206 | lotion | |
| sevelamer tab | 172 | SKYCLARYS CAP | 209 | sodium | 139 |
| SEVENFACT INJ | 179 | SKYRIZI INJ 150MG/ML | 144 | sulfacetamide/sulfur | |
| SFROWASA ENEMA | 170 | SKYRIZI INJ 180 | 170 | cleanser 10-5% | |
| SHINGRIX INJ | 244 | MG/1.2ML | | sodium | 139 |
| SIGNIFOR INJ | 164 | SKYRIZI INJ | 170 | sulfacetamide/sulfur | |
| sildenafil susp | 124 | 360MG/2.4ML | | cleanser 9-4.5% | |
| sildenafil tab | 122 | SKYTROFA INJ | 161 | sodium | 139 |
| sildenafil tab 20mg | 125 | SLO-NIACIN TAB | 249 | sulfacetamide/sulfur | |
| SILVADENE CREAM | 145 | SLYND TAB | 131 | emulsion 10-5% | |
| silver sulfadiazine cream | 145 | smz/tmp (DS) tab | 74 | sodium/magnesium/potassi | 189 |
| SIMBRINZA OPHTH | 213 | smz/tmp susp | 74 | um soln | |
| SUSP | | SOD CHLORIDE INJ | 199 | SOFOSBUVIR/VELPATAS | 114 |
| SIMLANDI INJ | 8 | sodium chloride neb soln | 137 | VIR TAB | |
| (adalimumab-ryvk) | | sodium citrate/citric acid | 173 | SOGROYA INJ | 161 |
| SIMPONI | 8 | soln | | SOHONOS CAP 1.5MG | 207 |
| AUTO-INJECTOR 100MG | | sodium fluoride cream | 202 | SOHONOS CAP 10MG | 207 |
| SIMPONI INJ 100MG | 8 | sodium fluoride gel | 202 | SOHONOS CAP 1MG | 207 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|------------------------|-----|---------------------------|-----|----------------------|-----|
| SOHONOS CAP 2.5MG | 207 | spironolactone/hydrochlor | 156 | SULFACETAMIDE/PRED | 218 |
| SOHONOS CAP 5MG | 207 | othiazide tab | | NISOLONE OPHTH | |
| solifenacin tab | 240 | SPORANOX CAP | 61 | SOLN | |
| SOLU-CORTEF INJ | 134 | SPORANOX SOLN | 61 | sulfadiazine tab | 234 |
| SOLU-CORTEF INJ | 134 | sprintec 28 tab | 129 | SULFAMYLON CREAM | 145 |
| 100MG | | SPS | 201 | sulfasalazine EC tab | 170 |
| SOLU-MEDROL INJ | 134 | STALEVO TAB | 102 | sulfasalazine tab | 170 |
| SOLU-MEDROL INJ | 134 | STAVUDINE CAP | 111 | sulindac tab | 11 |
| 2GM | | STELARA INJ | 144 | SUMADAN WASH | 139 |
| SOLU-MEDROL PF INJ | 134 | STENDRA TAB | 122 | 9-4.5% | |
| SOMA TAB | 207 | STIMATE NASAL SOLN | 163 | SUMATRIPTAN INJ | 197 |
| SOMAVERT INJ | 160 | STIOLTO INHALER | 32 | SUMATRIPTAN INJ | 197 |
| sorafenib tosylate tab | 95 | STIVARGA TAB | 95 | 6MG/0.5ML | |
| sotalol AF tab | 118 | STRENSIQ INJ | 163 | sumatriptan tab | 197 |
| sotalol tab | 118 | STRIBILD TAB | 111 | sunitinib malate cap | 95 |
| SOTYLIZE SOLN | 119 | STRIVERDI RESPIMAT | 32 | SUNOSI TAB | 3 |
| 5MG/ML | | INHALER | | SUPRAX CAP | 127 |
| SPECTRACEF TAB | 127 | STROMECTOL TAB | 22 | SUPRAX CHEW TAB | 127 |
| SPEVIGO INJ | 144 | SUBOXONE SL FILM | 19 | SUPRAX SUSP | 127 |
| SPIKEVAX INJ | 244 | sucalfate susp | 239 | SUPRAX SUSP | 127 |
| SPIKEVAX INJ | 244 | sucalfate tab | 238 | 500MG/5ML | |
| 50MCG/0.5ML | | SUFLAVE SOLN | 189 | SURMONTIL CAP | 48 |
| SPINOSAD SUSP | 153 | sulfacetamide sodium | 215 | SYMAX DUOTAB | 238 |
| SPIRIVA RESPIMAT | 27 | ophth soln | | SYMBYAX CAP | 229 |
| INHALER 1.25MCG/ACT | | sulfacetamide | 218 | SYMDEKO TAB | 233 |
| spironolactone susp | 157 | sodium/prednisolone | | SYMPROIC TAB | 171 |
| spironolactone tab | 157 | ophth soln | | SYMTUZA TAB | 111 |
| | | | | SYNAREL NASAL SOLN | 161 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|------------------------|-----|----------------------------|-----|
| SYNJARDY TAB | 49 | TAMIFLU CAP | 115 | temozolomide cap | 81 |
| SYNJARDY XR TAB | 49 | TAMIFLU CAP 30MG | 115 | TEMPO SMART BUTTON | 195 |
| 10-1000MG, 25-1000MG | | tamoxifen tab | 85 | tenofovir disoproxil | 111 |
| SYNJARDY XR TAB | 49 | tamsulosin cap | 174 | fumarate tab | |
| 5-1000MG, | | TAPAZOLE TAB | 236 | TENORETIC TAB | 72 |
| 12.5-1000MG | | TASIGNA CAP | 95 | TENORMIN TAB | 118 |
| SYNTHROID TAB | 236 | TASMAR TAB | 100 | TEPMETKO TAB | 96 |
| <hr/> | | | | | |
| T | | tavaborole soln | 142 | TERAZOL CREAM | 246 |
| TABLOID TAB | 81 | TAVNEOS CAP | 180 | terazosin cap | 70 |
| TABRECTA TAB | 95 | tazarotene cream 0.05% | 144 | terbinafine tab | 60 |
| tacrolimus cap | 116 | tazarotene cream 0.1% | 144 | terbutaline sulfate tab | 32 |
| tacrolimus oint | 150 | TAZORAC CREAM | 144 | terconazole cream | 246 |
| tadalafil tab | 122 | TAZVERIK TAB | 96 | TERCONAZOLE CREAM | 246 |
| tadalafil tab (PAH) | 125 | TECHLITE INSULIN | 195 | 0.8% | |
| tadalafil tab 2.5mg, 5mg | 122 | SYRINGE | | terconazole supp | 246 |
| TADLIQ SUSP | 125 | TECHLITE PEN NEEDLE | 195 | teriflunomide tab | 231 |
| TAFINLAR CAP | 95 | TEGRETOL SUSP | 39 | TERIPARATIDE INJ | 159 |
| TAFINLAR TAB | 95 | TEGRETOL TAB | 39 | 620MCG/2.48ML | |
| TAGRISSO TAB | 83 | TEGRETOL XR TAB | 39 | TESSALON CAP | 135 |
| TAKHZYRO INJ | 181 | TEKTURNA HCT TAB | 72 | testosterone cypionate inj | 19 |
| TAKHZYRO INJ | 181 | TEKTURNA TAB | 73 | TESTOSTERONE | 20 |
| 150MG/ML | | telmisartan tab | 69 | ENANTHATE INJ | |
| TALTZ INJ | 144 | temazepam cap 15mg | 188 | 200MG/ML | |
| TALTZ INJ 20MG/0.25ML | 144 | temazepam cap 22.5mg | 188 | TESTOSTERONE GEL 1% | 20 |
| TALTZ INJ 40 MG/0.5ML | 144 | temazepam cap 30mg | 188 | 25MG | |
| TALZENNA CAP 0.25MG | 95 | temazepam cap 7.5mg | 188 | testosterone gel 1% 50mg | 20 |
| TALZENNA CAP 0.5MG, | 95 | TEMOVATE CREAM | 148 | testosterone gel 1% pump | 20 |
| 0.75MG, 1MG | | TEMOVATE OINT | 148 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|----------------------------------|-----|---|-----|-------------------------------|-----|
| testosterone gel 1.62% 1.25gm | 20 | timolol maleate ophth gel | 211 | TODAY SPONGE | 246 |
| testosterone gel 1.62% 2.5gm | 20 | timolol maleate ophth soln | 211 | TOFRANIL TAB | 48 |
| TESTOSTERONE GEL PUMP 1% | 20 | timolol maleate tab | 119 | TOLAZAMIDE TAB | 56 |
| testosterone gel pump 1.62% | 20 | TIMOPTIC OPHTH SOLN | 211 | TOLBUTAMIDE TAB | 56 |
| testosterone soln | 20 | TIMOPTIC-XE OPHTH GEL | 211 | tolcapone tab | 100 |
| TETANUS/DIPHThERIA | 237 | TINDAMAX TAB | 74 | tolterodine SR cap | 240 |
| TOXOID INJ | | tinidazole tab | 74 | tolterodine tab | 240 |
| tetrabenazine tab | 230 | tiopronin tab | 174 | TOPAMAX SPRINKLE CAP | 39 |
| tetracycline cap | 235 | tiopronin tab delayed release | 175 | TOPAMAX TAB | 39 |
| TEZSPIRE INJ | 26 | TIROSINT-SOL | 237 | TOPICORT CREAM | 148 |
| THALOMID CAP | 116 | TIVICAY PD TAB | 111 | TOPICORT OINT | 148 |
| THEO-24 CAP | 32 | TIVICAY TAB | 111 | topiramate sprinkle cap | 39 |
| theophylline ER tab | 32 | tizanidine tab | 207 | topiramate tab | 39 |
| theophylline soln | 32 | TOBI PODHALER | 5 | TOPROL XL TAB | 118 |
| theophylline tab er | 32 | TOBRADEX OPHTH OINT | 218 | toremifene tab | 86 |
| thioridazine tab | 106 | TOBRADEX OPHTH SOLN | 218 | torsemide tab | 157 |
| thiothixene cap | 107 | TOBRADEX ST OPHTH | 218 | TOVIAZ TAB | 240 |
| THYROLAR TAB | 236 | SUSP | | TRACLEER TAB 32MG | 124 |
| tiagabine tab | 41 | tobramycin neb soln | 6 | tramadol ER tab | 16 |
| TIAZAC CAP | 120 | tobramycin ophth soln | 215 | TRAMADOL HCL ER TAI | 16 |
| TIBSOVO TAB | 96 | tobramycin/dexamethason e ophth soln | 219 | tramadol tab | 16 |
| TICOVAC INJ | 244 | TOBEX OPHTH OINT | 215 | tramadol/acetaminophen tab | 18 |
| TIGAN CAP | 59 | TOBEX OPHTH SOLN | 215 | tranexamic acid tab | 186 |
| TIKOSYN CAP | 26 | | | TRANSDERM-SCOP PATCH | 59 |
| | | | | tranylcypramine tab | 44 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|------------------------|-----|--------------------------|-----|
| TRAVATAN Z DROPS | 221 | tricon cap | 186 | trospium chloride SR cap | 240 |
| travoprost ophth soln | 221 | TRICOR TAB | 65 | trospium tab | 240 |
| trazodone tab | 46 | trientine cap | 199 | TRUEPLUS INSULIN | 195 |
| TRECTOR TAB | 80 | trifluoperazine tab | 106 | SYRINGE | |
| TRELEGY ELLIPTA | 32 | TRIFLURIDINE OPHTH | 215 | TRUEPLUS PEN | 195 |
| INHALER | | SOLN | | NEEDLE | |
| TREMFYA INJ | 144 | trihexyphenidyl elixir | 102 | TRULANCE TAB | 167 |
| TREMFYA INJ | 144 | TRIHXYPHENIDYL | 102 | TRULICITY INJ | 52 |
| 200MG/2ML | | SOLN | | TRUMENBA INJ | 242 |
| tretinoin cap | 80 | trihexyphenidyl tab | 100 | TRUQAP TAB | 96 |
| tretinoin cream | 140 | TRIKAFTA TAB | 233 | TRUQAP THERAPY | 96 |
| tretinoin gel | 140 | TRIKAFTA THERAPY | 233 | PACK | |
| tretinoin gel 0.08% | 140 | PACK | | TRUSOPT OPHTH SOLN | 221 |
| TRETEN INJ | 179 | tri-legest tab | 129 | TUKYSA TAB | 82 |
| triamcinolone acetate inj | 134 | TRILEPTAL SUSP | 39 | TURALIO CAP | 96 |
| triamcinolone cream | 148 | TRILEPTAL TAB | 39 | tussigon tab | 135 |
| triamcinolone in orabase | 203 | TRI-LUMA CREAM | 151 | TWIRLA PATCH | 130 |
| paste | | trimethobenzamide cap | 59 | TYBLUME TAB | 130 |
| triamcinolone lotion | 148 | TRIMETHOPRIM TAB | 74 | TYENNE INJ | 9 |
| triamcinolone oint | 149 | trimipramine cap | 48 | TYLENOL/CODEINE TAF | 18 |
| triamcinolone OTC nasal | 208 | TRINTELLIX TAB | 46 | TYMLOS INJ | 159 |
| spray | | tri-sprintec tab | 130 | TYPHIM VI INJ | 242 |
| triamterene/hydrochloroth | 156 | TRIUMEQ PD TAB | 111 | TYVASO DPI POWDER | 123 |
| iazide cap | | TRIUMEQ TAB | 112 | TYVASO DPI POWDER | 123 |
| triamterene/hydrochloroth | 157 | TRI-VITAMIN FLUORIDE | 204 | MAINTENANCE KIT | |
| iazide tab | | DROPS | | 32-48MCG | |
| triazolam tab | 188 | TRIZIVIR TAB | 112 | | |
| tricitrates soln | 173 | tropicamide ophth soln | 212 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------|-----|-----------------------------|-----|--------------------|-----|
| TYVASO DPI POWDER | 123 | VALCHLOR GEL | 143 | VASOTEC TAB | 68 |
| TITRATION KIT | | VALCYTE TAB | 113 | VAXCHORA SUSP | 242 |
| 16-32-48MCG | | valganciclovir soln | 113 | VAXNEUVANCE INJ | 242 |
| TYVASO DPI POWDER | 123 | valganciclovir tab | 113 | v-c forte cap | 203 |
| TITRATION KIT | | VALIUM TAB 2MG, | 24 | VELIVET PAK | 130 |
| 16-32MCG | | 10MG | | VELPHORO CHEW TAB | 172 |
| TYVASO INH SOLN 0.6 | 123 | VALIUM TAB 5MG | 24 | VEMLIDY TAB | 114 |
| MG/ML | | valproic acid cap | 43 | VENCLEXTA STARTER | 82 |
| <hr/> | | | | | |
| U | | valproic acid syrup | 43 | PACK | |
| UBRELVY TAB | 196 | valsartan tab | 69 | VENCLEXTA TAB | 82 |
| UCERIS RECTAL FOAM | 21 | valsartan/hydrochlorothiazi | 72 | VENELEX OINT | 153 |
| UCERIS TAB | 134 | de tab | | venlafaxine ER cap | 47 |
| ULORIC TAB | 175 | VALTOCO NASAL SPRAY | 35 | venlafaxine tab | 47 |
| ULTRAM TAB | 16 | VALTREX TAB | 114 | VENTAVIS INH SOLN | 123 |
| ULTRAVATE CREAM | 149 | VANCOCIN CAP | 75 | VENTOLIN HFA | 32 |
| ULTRAVATE OINT | 149 | vancomycin cap | 76 | INHALER | |
| UPNEEQ SOLN | 221 | VANFLYTA TAB | 96 | VERAPAMIL ER CAP, | 120 |
| UPTRAVI TAB | 125 | VANFLYTA TAB 26.5MG | 97 | VERELAN CAP | |
| URECHOLINE TAB | 241 | VANIQA CREAM | 150 | verapamil SR cap | 120 |
| UROCIT-K TAB | 173 | vardenafil ODT | 122 | VERAPAMIL SR CAP | 120 |
| UROXATRAL TAB | 174 | vardenafil tab | 122 | 360mg | |
| URSO FORTE TAB | 168 | VARENICLINE TAB | 232 | verapamil SR tab | 120 |
| ursodiol cap | 168 | varenicline tartrate tab | 232 | verapamil tab | 120 |
| ursodiol tab | 168 | varenicline tartrate tab | 232 | VERELAN CAP | 120 |
| <hr/> | | | | | |
| V | | starter pack | | VERELAN SR CAP | 120 |
| VAGIFEM TAB | 247 | VARIVAX INJ | 245 | 360mg | |
| valacyclovir tab | 114 | VARUBI TAB | 60 | VERZENIO TAB | 97 |
| | | VASERETIC TAB | 73 | VESICARE TAB | 240 |

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|-------------------------|-----|-------------------|-----|---------------------|-----|
| VFEND SUSP | 61 | VITRAKVI SOLN | 97 | WEGOVY INJ | 2 |
| VFEND TAB | 61 | VIVELLE-DOT PATCH | 166 | 1.7MG/0.75ML | |
| V-GO INJ KIT | 195 | VIVOTIF CAP | 242 | WEGOVY INJ | 3 |
| VIBRAMYCIN CAP | 235 | VIZIMPRO TAB | 83 | 2.4MG/0.75ML | |
| VIBRAMYCIN SUSP | 235 | VOGELXO GEL PUMP | 20 | WELIREG TAB | 86 |
| VIBRAMYCIN SYRUP | 235 | 1% | | WELLBUTRIN SR TAB | 44 |
| VIDEX SOLN | 112 | VOLTAREN GEL | 142 | WELLBUTRIN XL TAB | 44 |
| vigabatrin powder pack | 41 | VONJO CAP | 97 | WILATE INJ | 180 |
| vigabatrin tab | 41 | VONVENDI INJ | 179 | WINREVAIR INJ | 124 |
| vigadrone powder pack | 41 | voriconazole susp | 61 | wymzya FE tab | 130 |
| VIGAMOX OPHTH SOLN | 215 | voriconazole tab | 61 | X | |
| VIJOICE GRANULES | 201 | VOSEVI TAB | 114 | XACIATO GEL | 245 |
| PACKET | | VOWST CAP | 171 | XADAGO TAB | 101 |
| VIJOICE TAB | 201 | VOXZOGO INJ | 163 | XALATAN OPHTH SOLN | 222 |
| VIJOICE TAB 250MG | 201 | VOYDEYA TAB | 180 | XALKORI CAP | 97 |
| viorele tab, kariva tab | 130 | VOYDEYA TAB | 180 | XALKORI SPRINKLE | 97 |
| VIRACEPT TAB | 112 | THERAPY PACK | | CAP | |
| VIREAD TAB 150MG, | 112 | VP-PNV-DHA CAP | 205 | XAQUIL XR TAB | 155 |
| 200MG, 250MG | | VYNDAMAX CAP | 125 | XARELTO STARTER | 33 |
| VISTARIL CAP | 24 | VYNDAQEL CAP | 126 | PACK | |
| VITAFOL STRIPS | 205 | VYVANSE CAP | 1 | XARELTO SUSP | 33 |
| vitamin D cap | 248 | VYVANSE CHEW TAB | 2 | XARELTO TAB | 33 |
| vitamin D cap 1000unit | 248 | W | | XCOPRI PAK | 40 |
| vitamin D cap 400unit | 248 | WAINUA INJ | 233 | 100-150MG | |
| VITAMIN D TAB | 248 | WAKIX TAB | 3 | XCOPRI PAK | 40 |
| 400UNIT | | warfarin tab | 33 | 150-200MG | |
| VITRAKVI CAP 100MG | 97 | WEGOVY INJ | 2 | XCOPRI PAK 50-200MG | 40 |
| VITRAKVI CAP 25MG | 97 | | | | |

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|--|-----|-------------------------|-----|---------------------------------|-----|
| XCOPRI TAB 150MG, 200MG | 40 | XOPENEX NEB SOLN | 32 | ZEPOSIA CAP | 231 |
| XCOPRI TAB 25MG | 40 | XOSPATA TAB | 98 | ZEPOSIA STARTER PACK | 231 |
| XCOPRI TAB 50MG, 100MG | 40 | XPHOZAH TAB | 163 | ZESTORETIC TAB | 73 |
| XCOPRI TITRATION PAK 12.5-25MG | 40 | XPOVIO PAK | 86 | ZETONNA NASAL SPRA ^N | 208 |
| XCOPRI TITRATION PAK 150-200MG | 40 | XTAMPZA ER CAP | 16 | ZIAC TAB | 73 |
| XCOPRI TITRATION PAK 50-100MG | 41 | XYNTHA INJ | 180 | zidovudine cap | 112 |
| XDEMVIY OPHTH SOLN | 215 | XYZBAC TAB | 155 | zidovudine syrup | 112 |
| XELJANZ SOLN | 6 | Y | | zidovudine tab | 112 |
| XELJANZ TAB | 6 | YF-VAX INJ | 245 | ZILBRYSQ INJ | 181 |
| XELJANZ XR TAB | 6 | Z | | ZILBRYSQ INJ 23MG | 181 |
| XEMBIFY INJ | 224 | zafemy patch | 130 | ZILBRYSQ INJ 32.4MG | 181 |
| XENLETA TAB | 77 | zafirlukast tab | 27 | ZIMHI SOLN | 58 |
| XIFAXAN TAB 200MG | 74 | zaleplon cap | 188 | ziprasidone cap | 103 |
| XIFAXAN TAB 550MG | 74 | ZANAFLEX TAB | 207 | ZIRGAN OPHTH GEL | 215 |
| XIGDUO XR TAB | 49 | ZANOSAR INJ | 81 | ZITHROMAX POWDER PACK | 190 |
| XIGDUO XR TAB 10-1000MG | 50 | ZARONTIN CAP | 42 | ZITHROMAX SUSP | 190 |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | 50 | ZARONTIN SOLN | 42 | ZITHROMAX TAB | 190 |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | 50 | ZARXIO INJ | 184 | ZOCOR TAB | 66 |
| XOLREMDI CAP | 186 | ZAVZPRET NASAL SPRAY | 196 | ZOFRAN ODT | 59 |
| | | ZEGALOGUE INJ | 51 | ZOFRAN SOLN | 59 |
| | | ZEJULA CAP | 98 | ZOFRAN TAB | 59 |
| | | ZEJULA TAB | 98 | ZOKINVY CAP | 201 |
| | | ZELAPAR ODT | 101 | ZOLINZA CAP | 98 |
| | | ZELBORAF TAB | 98 | zolmitriptan tab | 198 |
| | | ZEMPLAR CAP | 163 | ZOLOFT CONC | 46 |
| | | ZEPBOUND INJ | 3 | ZOLOFT TAB | 46 |
| | | | | zolpidem ER tab | 188 |

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

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

ALPHABETICAL LISTING OF DRUGS

| | |
|----------------------------|-----|
| zolpidem tab | 186 |
| ZONEGRAN CAP | 39 |
| ZONISADE SUSP | 39 |
| zonisamide cap | 39 |
| ZONTIVITY TAB | 182 |
| ZORYVE CREAM | 144 |
| ZOVIRAX CAP | 114 |
| ZOVIRAX SUSP | 114 |
| ZOVIRAX TAB | 114 |
| ZTALMY SUSP | 40 |
| ZURZUVAE CAP 20MG, 25MG | 44 |
| ZURZUVAE CAP 30MG | 44 |
| ZUTRIPRO LIQUID | 137 |
| ZYDELIG TAB | 98 |
| ZYKADIA CAP | 98 |
| ZYKADIA TAB | 98 |
| ZYLET OPHTH SUSP | 219 |
| ZYLOPRIM TAB | 175 |
| ZYMAXID OPHTH SOLN | 215 |
| ZYPREXA TAB | 106 |
| ZYPREXA ZYDIS TAB | 106 |
| ZYRTEC CHILD CHEW TAB | 62 |
| ZYVOX SUSP | 77 |
| ZYVOX TAB | 77 |

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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 | - | NC | 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 AND TREATMENT AGENTS |
| carmustine inj | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CARMUSTINE INJ | PA-- | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CARVYKTI INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CASGEVY INJ | - | EXC | HEMATOPOIETIC AGENTS |
| casposfungin 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 |

Symbols and abbreviations are defined on page 1.

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| CEFOXITIN INJ | - | F | CEPHALOSPORINS |
| 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 |
| 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 | - | EXC | NUTRIENTS |
| 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 | ANTIANSIETY 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 | - | EXC | VASOPRESSORS |
| 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 |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| erythromycin inj | - | F | MACROLIDES |
| 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 | ANTIHYPERTENSIVES |
| 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. |

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|--|---------------------|-------------|---|
| fluconazole/nacl inj | - | F | ANTIFUNGALS |
| fludarabine inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fluorouracil inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| folic acid inj | - | F | HEMATOPOIETIC AGENTS |
| FOLOTYN INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fomepizole inj | - | F | ANTIDOTES |
| FORTAZ INJ | - | F | CEPHALOSPORINS |
| fosaprepitant dimeglumine soln | - | F | ANTIEMETICS |
| 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 AGENTS |
| GAMMAGARD SD INJ | PA | F | PASSIVE IMMUNIZING AGENTS |
| GAMMAPLEX INJ | PA | F | PASSIVE IMMUNIZING AGENTS |
| ganciclovir inj | - | F | ANTIVIRALS |
| GAZYVA INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GEL-ONE | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| GELSYN-3 | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| gemcitabine inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| gentamicin inj | - | F | AMINOGLYCOSIDES |
| gentamicin/ nacl inj | - | F | AMINOGLYCOSIDES |
| GENTAMICIN/NACL INJ | - | F | AMINOGLYCOSIDES |
| GENVISC 850 | - | NC | MUSCULOSKELETAL THERAPY AGENTS |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| GIVLAARI INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| GLASSIA INJ | PA | F | RESPIRATORY AGENTS - MISC. |
| GLYRX-PF SOLN | - | F | ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS |
| granisetron HCl inj (KYTRIL INJ equiv) | - | F | ANTIEMETICS |
| HAEGARDA INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| HALAVEN INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| ibandronate sodium inj (BONIVA equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|---|---------------------|-------------|--|
| 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 |
| IXEMPRA KIT INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IXINITY INJ, RIXUBIS INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| 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/NACL INJ | - | F | MINERALS & ELECTROLYTES |
| KCL/NACL INJ | - | NC | MINERALS & ELECTROLYTES |
| KEPIVANCE INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KEYTRUDA INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KEYTRUDA IV SOLN | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KHAPZORY SOLN | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KIMMTRAK SOLN | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KOGENATE FS INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| KORSUVA INJ | PA | F | MISCELLANEOUS THERAPEUTIC CLASSES |
| KRYSTEXXA INJ (QL= 2 mL/28 days) | PA-QL | F | GOUT AGENTS |
| KYMRIAH SUSP | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|--|---------------------|-------------|---|
| KYPROLIS SOLN | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| labetalol inj | - | F | BETA BLOCKERS |
| lacosamide iv inj | - | F | ANTICONVULSANTS |
| 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 | - | NC | 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 | ANTICONVULSANTS |
| levofloxacin inj | - | F | FLUOROQUINOLONES |
| levofloxacin/d5w inj | - | F | FLUOROQUINOLONES |
| levoleucovorin inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| levoleucovorin inj (FUSILEV equiv) | --PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEVOLEUCOVORIN SOLN | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEVOTHYROXINE INJ | - | EXC | THYROID AGENTS |
| levothyroxine inj | - | F | THYROID AGENTS |
| LIBTAYO INJ (QL= 1 vial/3 weeks) | PA-QL | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| lidocaine inj | - | F | LOCAL ANESTHETICS-PARENTERAL |
| lincomycin inj | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| LINEZOLID IV SOLN | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| LIOTHYRONINE INJ | - | F | THYROID AGENTS |
| lipodox inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|---|---------------------|-------------|--|
| 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 |
| melphalan inj (ALKERAN equiv) (Restricted to Oncology or Hematology Specialist) | RS | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|---|---------------------|-------------|---|
| 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 |
| NAFCILLIN SODIUM IN DEXTROSE INJ | - | F | PENICILLINS |

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|---|---------------------|-------------|---|
| 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 |
| NICARDIPINE SOLN | - | EXC | CALCIUM CHANNEL BLOCKERS |
| NICARDIPINE SOLN | - | 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 |

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|--|---------------------|-------------|---|
| ONIVYDE INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ONPATTRO SOLN | PA | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ONTRUZANT INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OPDIVO INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OPDUALAG SOLN (QL= 2 vials/4 weeks) | PA-QL | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OPFOLDA CAP | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORENCIA INJ | - | 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 |

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| Drug Name | Special Code | Tier | Category |
|--|--------------|------|--|
| PANZYGA INJ | PA | F | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| paricalcitol inj | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PARSABIV INJ | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| pemetrexed disodium for iv soln | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pemetrexed disodium for iv soln 750mg (ALIMTA equiv) | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PENICILLIN G PROCAINE INJ | - | F | PENICILLINS |
| PENICILLIN G SODIUM INJ | - | F | PENICILLINS |
| penicillin gk inj | - | F | PENICILLINS |
| PENICILLIN GK/DEXTROSE INJ | - | F | PENICILLINS |
| pentamidine inj | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| 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 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 |
| RITUXAN HYCELA INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| 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 |
| SKYSONA INJ | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SMOFLIPID EMULSION | - | F | NUTRIENTS |

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|--|---------------------|-------------|--|
| 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 |
| STERILE WATER 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 |
| SYNAGIS INJ | - | NC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |

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|--|---------------------|-------------|--|
| 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 |
| tigecycline inj | - | F | TETRACYCLINES |

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|---|---------------------|-------------|---|
| 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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|--|---------------------|-------------|--|
| 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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|--|---------------------|-------------|--|
| VYVGART INJ (QL= 12 vials/28 days; 8 fills/year) | PA-QL | F | MISCELLANEOUS THERAPEUTIC CLASSES |
| VYXEOS INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| WILATE INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| XENPOZYME SOLN | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XEOMIN INJ | PA | F | NEUROMUSCULAR AGENTS |
| XERAHA INJ | - | F | TETRACYCLINES |
| XGEVA INJ | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XIAFLEX INJ | PA | F | MISCELLANEOUS THERAPEUTIC CLASSES |
| XIPERE INJ (QL=2 inj/fill) | QL | F | OPHTHALMIC AGENTS |
| XOFIGO INJ | - | EXC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XOLAIR INJ (QL= 2 vials/28 days) | PA-QL | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XYNTHA INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| YERVOY INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| YONDELIS INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| YUTIQ IMPLANT (QL=2 inj/36 months) | QL | F | OPHTHALMIC AGENTS |
| ZALTRAP INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZANOSAR INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZEMDRI INJ | - | F | AMINOGLYCOSIDES |
| 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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|---|---------------------|-------------|--|
| 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 |

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|---|--------------|------|
| 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/NAACL 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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| 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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| 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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| 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 |
| 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 |
| CYRAMZA INJ | - | F |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| 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 |
| BESPONSA INJ | PA | F |
| BLINCYTO INJ | PA | F |
| COLUMVI 10/10ML INJ (QL= 3 vials/21 days) | PA-QL | F |
| COLUMVI 2.5MG INJ (QL= 1 vial/21 days) | PA-QL | F |
| DARZALEX SOLN | PA | F |
| ELAHERE INJ | PA | F |
| ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days) | PA-QL | F |
| ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days) | PA-QL | F |
| ENHERTU INJ | PA | F |
| EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days) | PA-QL | F |
| EPKINLY INJ 4MG/0.8ML (QL= 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 |
| RYBREVANT SOLN | PA | F |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| 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 |
| FIRMAGON INJ 120MG (QL=2 vials/fill) | PA-QL | F |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| 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 | - | NC |
| 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 |
| FYARRO SUSP | PA | F |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| 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 |
| levoleucovorin inj (FUSILEV equiv) | --PA | F |

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| DrugName | Special Code | Tier |
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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| 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 | | |
| APRETUDE SUSP (QL=7 inj/year) | QL | F |

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| ANTIVIRALS Cont. | | |
| 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 |
| NICARDIPINE SOLN | - | EXC |
| CARDENE INJ | - | F |
| DILTIAZEM INJ | - | F |
| nicardipine inj | - | F |
| NICARDIPINE SOLN | - | F |
| verapamil inj | - | F |
| CARDIOTONICS | | |
| INOTROPES | | |
| DOBUTAMINE/D5W INJ | - | F |
| dopamine inj | - | F |

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|---|--------------|------|
| CARDIOTONICS Cont. | | |
| milrinone inj | - | F |
| CARDIOVASCULAR AGENTS - MISC. | | |
| PROSTAGLANDIN VASODILATORS | | |
| epoprostenol inj | PA | F |
| treprostinil inj | PA | F |
| FLOLAN INJ, VELETRI INJ | - | NC |
| REMODULIN INJ | - | NC |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI INJ | - | EXC |
| CEPHALOSPORINS | | |
| CEPHALOSPORIN COMBINATIONS | | |
| AVYCAZ INJ | - | F |
| ZERBAXA INJ | - | F |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefazolin inj | - | F |
| CEFAZOLIN/DEXTROSE SOLN | - | F |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefotetan inj | - | F |
| CEFOXITIN INJ | - | F |
| cefuroxime inj | - | F |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefotaxime inj | - | F |
| CEFTAZIDIME INJ | - | F |
| ceftriaxone inj | - | F |
| CEFTRIAXONE/DEXTROSE INJ | - | F |
| CLAFORAN INJ | - | F |
| FORTAZ INJ | - | F |
| 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 |

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|--|--------------|------|
| CORTICOSTEROIDS Cont. | | |
| DEXAMETHASONE SODIUM PHOSPHATE INJ | - | F |
| methylprednisolone acetate inj (DEPO-MEDROL INJ equiv) | - | F |
| methylprednisolone inj (SOLU-MEDROL INJ equiv) | - | F |
| METHYLPREDNISOLONE POWDER | - | F |
| SOLU-MEDROL INJ | - | F |
| triamcinolone acetonide inj | - | F |
| DERMATOLOGICALS | | |
| ANTIPSORIATICS | | |
| SPEVIGO INJ (QL=2 vials/fill, 4 vials/month) | PA-QL | F |
| 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 |

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|---|--------------|------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| RECLAST INJ | - | NC |
| ZOMETA INJ | - | NC |
| CORTICOTROPIN | | |
| ACTHAR HP GEL INJ | - | NC |
| CORTROPHIN INJ GEL | - | NC |
| INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS | | |
| TEPEZZA INJ | PA | F |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| LUPRON DEPO-PED INJ (QL= 1 kit/28 days) | F-PA-QL | F |
| LUPRON DEPO-PED INJ (QL= 1 kit/84 days) | F-PA-QL | F |
| TRIPTODUR SUSP (QL=1 inj every 24 weeks) | PA-QL | F |
| SUPPRELIN LA KIT | - | NC |
| METABOLIC MODIFIERS | | |
| ALDURAZYME INJ | PA | F |
| BRINEURA KIT (QL=4 kits/28 days) | PA-QL | F |
| CRYSVITA INJ | PA | F |
| doxercalciferol inj (HECTOROL INJ equiv) | - | F |
| ELAPRASE INJ | PA | F |
| 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 |
| REVCIVI 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 |

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|--|--------------|------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| SOMATULINE INJ (QL=1 syringe/28 days) | PA-QL | F |
| SOMATULINE INJ | - | NC |
| FLUOROQUINOLONES | | |
| FLUOROQUINOLONES | | |
| BAXDELA INJ | - | F |
| ciprofloxacin inj | - | F |
| levofloxacin inj | - | F |
| levofloxacin/d5w inj | - | F |
| MOXIFLOXACIN INJ | - | F |
| GASTROINTESTINAL AGENTS - MISC. | | |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide inj | - | F |
| 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 | | |
| ALPHANATE/VWF COMPLEX/HUMAN INJ | PA | F |
| ALTUVIIIO 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 |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| NOVOSEVEN RT INJ | PA | F |
| ROCTAVIAN INJ (QL= 1 kit/lifetime) | PA-QL | F |
| SEVENFACT INJ | PA | F |
| VONVENDI INJ | PA | F |
| WILATE INJ | PA | F |
| ADVATE INJ, KOVALTRY INJ | - | NC |
| ADYNOVATE 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 |
| HEMOPIL M INJ, KOATE-DVI INJ | - | NC |
| IDELVION SOLN | - | NC |
| IXINITY INJ, RIXUBIS INJ | - | NC |
| JIVI INJ | - | NC |
| KCENTRA KIT | - | NC |
| KOGENATE FS INJ | - | NC |
| NOVOEIGHT INJ | - | NC |
| NUWIQ INJ | - | NC |
| OBIZUR INJ | - | NC |
| PROFILNINE INJ | - | NC |
| REBINYN SOL | - | NC |
| RECOMBINATE INJ | - | NC |
| TRETTEN INJ | - | NC |
| XYNTHA INJ | - | NC |
| 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 | | |

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| DrugName | Special Code | Tier |
|--|--------------|------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| ADZYNMA KIT | PA | F |
| PLASMA KALLIKREIN INHIBITORS | | |
| KALBITOR INJ | PA | F |
| 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 | | |

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| HEMOSTATICS Cont. | | |
| tranexamic acid inj | - | F |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETICS - AMIDES | | |
| 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 |

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| MINERALS & ELECTROLYTES Cont. | | |
| KCL/NACL INJ | - | NC |
| LACTATED RINGERS INJ | - | NC |
| MAGNESIUM | | |
| 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 | | |
| 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 |

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|---|--------------|------|
| MISCELLANEOUS THERAPEUTIC CLASSES Cont. | | |
| UREMIC PRURITUS AGENTS | | |
| KORSUVA INJ | PA | F |
| 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 |

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|---|--------------|------|
| NEUROMUSCULAR AGENTS Cont. | | |
| ELEVIDYS KIT (QL= 1 kit/lifetime) | PA-QL | F |
| NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS | | |
| BOTOX INJ | PA | F |
| 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 | - | EXC |
| 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 | | |

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|--|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| VISUDYNE INJ | PA | F |
| OPHTHALMIC STEROIDS | | |
| ILUVIEN IMPLANT (QL=2 inj/36 months) | QL | F |
| OZURDEX IMPLANT (QL=2 inj/180 days) | QL | F |
| TRIESENCE INJ (QL=2 inj/fill) | QL | F |
| XIPERE INJ (QL=2 inj/fill) | QL | F |
| YUTIQ IMPLANT (QL=2 inj/36 months) | QL | F |
| RETISERT IMPLANT | - | NC |
| PROSTAGLANDINS - OPHTHALMIC | | |
| 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 |

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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Category/Class

Last Updated* 2/1/2025

| DrugName | Special Code | Tier |
|--|--------------|------|
| PENICILLINS Cont. | | |
| PFIZERPEN-G INJ | - | F |
| PENICILLIN COMBINATIONS | | |
| ampicillin/sulbactam inj | - | F |
| BICILLIN C-R INJ | - | F |
| piperacillin/tazobactam inj | - | F |
| ZOSYN/ DEXTROSE INJ | - | F |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| BACTOCILL/DEXTROSE INJ | - | F |
| nafcillin inj | - | F |
| NAFCILLIN SODIUM IN DEXTROSE INJ | - | F |
| oxacillin inj | - | F |
| PHARMACEUTICAL ADJUVANTS | | |
| LIQUID VEHICLES | | |
| STERILE DILUENT SOLN | - | F |
| sterile water for inj | - | F |
| STERILE WATER 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 |

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

Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|--|--------------|------|
| TETRACYCLINES | | |
| FLUOROCYCLINES | | |
| XERAVA INJ | - | F |
| GLYCYLCYCLINES | | |
| tigecycline inj | - | F |
| 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 | - | EXC |
| EPINEPHRINE INJ | - | F |
| EPINEPHRINE IV SOLN | - | F |
| EPINEPHRINE INJ | - | NC |
| VITAMINS | | |
| OIL SOLUBLE VITAMINS | | |
| vitamin K1 inj | - | F |

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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List
Prior Authorization Drug List
Last Updated* 2/1/2025**

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 |
| ADZYNMA KIT | F |
| ALDURAZYME INJ | F |
| ALPHANATE/VWF COMPLEX/HUMAN INJ | F |
| ALTUVIIIO 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 |
| COLUMVI 10/10ML INJ | F |

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 2/1/2025**

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 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 |
| FEIBA INJ | F |

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 2/1/2025**

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) |
|---------------------|--|
| 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 |
| KRYSTEXXA INJ | F |

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2025**

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) |
|---|--|
| KYPROLIS SOLN | F |
| LAMZEDE INJ | F |
| lanreotide acetate extended release 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 |
| OXLUMO INJ | F |
| paclitaxel protein-bound inj | F |

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2025**

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) |
|---------------------------------|--|
| 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 |
| STELARA IV INJ | F |
| SUSVIMO INJ | F |

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 2/1/2025**

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) |
|---------------------------|--|
| 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 |
| XIAFLEX INJ | F |
| XOLAIR INJ | F |

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
 Prior Authorization Drug List
 Last Updated* 2/1/2025**

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) |
|---------------------|--|
| YERVOY INJ | F |
| YONDELIS INJ | F |
| ZALTRAP INJ | F |
| ZEPZELCA SOLN | F |
| ZINPLAVA SOLN | F |
| ZOLADEX INJ 10.8 MG | F |
| ZOLADEX INJ 3.6 MG | F |
| ZOLGENSMA INJ | F |
| ZYNLONTA SOLN | F |
| ZYNYZ INJ | F |

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Last Updated* 2/1/2025

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* 2/1/2025

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/84 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* 2/1/2025

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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