



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 All previous versions of the formulary are no longer in effect.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 its 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, 18000UNIT/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 4/4/2025

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	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 4/4/2025

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

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2

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

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

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4

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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 4/4/2025

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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 4/4/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 <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 4/4/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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, 80MG/0.8ML (<i>adalimumab-ryvk</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
SIMLANDI KIT (adalimumab-ryvk) 20MG/0.2ML, 80MG/0.8ML (<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		

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>etodolac ER tab 400MG, 500MG, 600MG</i> (LODINE XL Equiv)	1	-
<i>etodolac tab 400MG, 500MG</i>	1	-
FELDENE CAP 10MG, 20MG (<i>piroxicam</i>)	3	-
FLURBIPROFEN TAB 50MG (<i>flurbiprofen</i>)	1	-
<i>flurbiprofen tab 100MG</i>	1	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-
<i>ibuprofen tab 400MG, 600MG</i>	1	-
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	1	-
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	1	-
<i>ketorolac inj 15mg/ml 15MG/ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac inj 30mg/ml 30MG/ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
<i>mefenamic acid cap 250MG</i> (PONSTEL Equiv)	1	-
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	1	-
MOBIC TAB 15MG, 7.5MG (<i>meloxicam</i>)	3	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MOTRIN SUSP 100MG/5ML, 50MG/1.25ML (<i>ibuprofen</i>)	3	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	1	-
NAPROSYN EC TAB 375MG (<i>naproxen</i>)	3	-
NAPROSYN TAB 500MG (<i>naproxen</i>)	3	-
<i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv)	1	-
<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

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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		
ENBREL INJ 25MG 25MG/0.5ML (<i>etanercept</i>)	4	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML (<i>etanercept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG (<i>etanercept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for 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

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CODEINE SULFATE TAB 60MG 60MG (<i>codeine sulfate</i>)	1	QL QL= 180 tabs/30 days
<i>codeine sulfate tab 60mg</i>	1	QL QL= 180 tabs/30 days
<i>codeine sulfate tablet 15mg, 30mg 30MG</i>	1	QL QL= 240 tabs/30 days
DILAUDID TAB 2MG 2MG (<i>hydromorphone hcl</i>)	3	QL QL= 240 tabs/30 days
DILAUDID TAB 4MG 4MG (<i>hydromorphone hcl</i>)	3	QL QL=180 tabs/30 days
DILAUDID TAB 8MG 8MG (<i>hydromorphone hcl</i>)	3	QL QL=120 tabs/30 days
<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

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

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<i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days
METHADOSE CONC 10MG/ML, 5MG/0.5ML (<i>methadone hcl</i>)	3	QL-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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NUCYNTA TAB 100MG, 50MG, 75MG (<i>tapentadol hcl</i>)	3	QL QL= 180 tabs/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days
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		

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<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	1	QL QL=180 tabs/30 days
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML, 30MG/12.5ML-300MG/12.5ML (<i>acetaminophen w/ codeine</i>)	1	QL QL= 240ml/30 days
<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

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

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<i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv)	1	QL QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR (<i>buprenorphine</i>)	3	QL-ST QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	3	-
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	1	-
METHITEST TAB 10MG (<i>methyltestosterone</i>)	3	PA
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	1	-
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML (<i>testosterone enanthate</i>)	2	QL QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG (<i>testosterone</i>)	2	PA-QL QL= 1 packet/day
<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

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<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
VOGELXO GEL PUMP 1% 1% (<i>testosterone</i>)	3	PA-QL QL= 4 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
CORTENEMA 100MG/60ML (<i>hydrocortisone (intrarectal)</i>)	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
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

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

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RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
HYDROCORTISONE CREAM 1% (<i>hydrocortisone (rectal)</i>)	1	-
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
<i>albendazole tab 200MG</i> (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG (<i>albendazole</i>)	3	-
BENZNIDAZOLE TAB 100MG, 12.5MG (<i>benznidazole</i>)	2	RS Restricted to Infectious Disease Specialist
BILTRICIDE TAB 600MG (<i>praziquantel</i>)	3	-
EMVERM TAB 100MG (<i>mebendazole</i>)	2	PA
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	1	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
STROMEKTOL 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	-

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<i>isosorbide dinitrate tab 40mg 40MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	1	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG (<i>isosorbide mononitrate</i>)	1	-
<i>isosorbide mononitrate tab 10MG, 20MG</i>	1	-
NITRO-BID OINT 2% (<i>nitroglycerin</i>)	2	-
NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (<i>nitroglycerin</i>)	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR (<i>nitroglycerin</i>)	3	-
<i>nitroglycerin lingual spray .4MG/SPRAY</i> (NITROLINGUAL Equiv)	1	-
<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		

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<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	-
<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

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

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

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

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SINGULAIR TAB 10MG (<i>montelukast sodium</i>)	3	-
<i>zafirlukast tab 10MG, 20MG</i> (ACCOLATE Equiv)	1	-
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS ***		
OHTUVAYRE SUSP 3MG/2.5ML (<i>ensifentrine</i>)	4	LD-PA-QL QL= 60 ampules/30 days; Only available through CVS Specialty 800-238-7828 or AcariaHealth 800-511-5144
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	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ALVESCO INHALER 160MCG/ACT, 80MCG/ACT (<i>ciclesonide</i>)	2	-
ARNUTY 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	-

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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	-
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML (<i>budesonide (inhalation)</i>)	3	-
QVAR REDHALER 40MCG/ACT, 80MCG/ACT (<i>beclomethasone dipropionate hfa</i>)	2	-
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
ALBUTEROL NEB SOLN 2.5MG/0.5ML (<i>albuterol sulfate</i>)	1	-

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<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML</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 (DUONEB Equiv)</i>	1	-
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	-
<i>arformoterol tartrate neb soln 15MCG/2ML (BROVANA Equiv)</i>	1	-
BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	2	-

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BROVANA NEB SOLN 15MCG/2ML (<i>arformoterol tartrate</i>)	3	-
<i>budesonide/formoterol inhaler</i> 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)	1	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT (<i>ipratropium-albuterol</i>)	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	-
<i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv)	1	-
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-

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

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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	-
<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 5MG (<i>apixaban</i>)	2	-
XARELTO STARTER PACK (<i>rivaroxaban</i>)	2	-

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XARELTO SUSP 1MG/ML (<i>rivaroxaban</i>)	2	-
XARELTO TAB 10MG, 15MG, 20MG (<i>rivaroxaban</i>)	2	-
XARELTO TAB 2.5MG (<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		
<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 10MG/4ML, 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

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<i>clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
DIASTAT ACDL GEL 10MG, 20MG (<i>diazepam (anticonvulsant)</i>)	3	QL QL= 4 doses/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	2	QL QL= 4 doses/fill
DIAZEPAM GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	2	QL QL= 4 doses/fill
<i>diazepam rectal gel 10MG, 20MG</i>	1	QL QL= 4 doses/fill
KLONOPIN TAB .5MG, 1MG, 2MG (<i>clonazepam</i>)	3	-
NAYZILAM SPRAY 5MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	QL QL= 4 doses/fill
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, 7.5MG/0.1ML (<i>diazepam (anticonvulsant)</i>)	3	QL QL= 4 doses/fill
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
BANZEL SUSP 40MG/ML (<i>rufinamide</i>)	3	PA
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	1	-

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<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	1	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	1	-
<i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	1	-
CARBATROL CAP 100MG, 200MG, 300MG (<i>carbamazepine</i>)	3	-
DIACOMIT CAP 250MG, 500MG (<i>stiripentol</i>)	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG (<i>stiripentol</i>)	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML (<i>cannabidiol</i>)	4	LD-PA Only available through Lumicera 855-847-3553
EPRONTIA SOLN 25MG/ML (<i>topiramate</i>)	3	PA Prior Authorization required for members age 9 years and older

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FINTEPLA SOLN 2.2MG/ML (<i>fenfluramine hcl</i> (<i>anticonvulsant</i>))	4	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	1	QL QL= 9 caps/day
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	1	QL QL= 72 mls/day
<i>gabapentin tab 600mg 600MG</i> (NEURONTIN Equiv)	1	QL QL= 6 tabs/day
<i>gabapentin tab 800mg 800MG</i> (NEURONTIN Equiv)	1	QL QL= 4.5 tabs/day
KEPPRA SOLN 100MG/ML (<i>levetiracetam</i>)	3	-
KEPPRA TAB 1000MG, 250MG, 500MG, 750MG (<i>levetiracetam</i>)	3	-
KEPPRA XR TAB 500MG, 750MG (<i>levetiracetam</i>)	3	-
<i>lacosamide oral solution 100MG/10ML, 10MG/ML, 50MG/5ML</i> (VIMPAT Equiv)	1	-
<i>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv)	1	-
LAMICTAL CHEW TAB 25MG, 5MG (<i>lamotrigine</i>)	3	-
LAMICTAL ODT KIT, LAMICTAL XR KIT (<i>lamotrigine</i>)	3	-
LAMICTAL STARTER KIT 25MG (<i>lamotrigine</i>)	3	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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OL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LAMICTAL TAB 100MG, 150MG, 200MG, 25MG (<i>lamotrigine</i>)	3	-
LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG (<i>lamotrigine</i>)	3	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG</i> (LAMICTAL XR Equiv)	1	-
<i>lamotrigine starter kit 25MG</i> (LAMICTAL STARTER KIT Equiv)	1	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	1	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	1	-
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	1	-
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-
MYSOLINE TAB 250MG, 50MG (<i>primidone</i>)	3	-
NEURONTIN CAP 100MG, 300MG, 400MG (<i>gabapentin</i>)	3	QL QL= 9 caps/day
NEURONTIN SOLN 250MG/5ML (<i>gabapentin</i>)	3	QL QL= 72 mls/day
NEURONTIN TAB 600MG 600MG (<i>gabapentin</i>)	3	QL QL= 6 tabs/day

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NEURONTIN TAB 800MG 800MG (<i>gabapentin</i>)	3	QL QL= 4.5 tabs/day
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	1	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG</i> (LYRICA Equiv)	1	QL QL= 3 caps/day
<i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	1	QL QL= 30ml/day
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-
<i>rufinamide susp 40MG/ML</i> (BANZEL Equiv)	1	PA
<i>rufinamide tab 200MG, 400MG</i> (BANZEL Equiv)	1	PA
TEGRETOL SUSP 100MG/5ML (<i>carbamazepine</i>)	3	-
TEGRETOL TAB 200MG (<i>carbamazepine</i>)	3	-
TEGRETOL XR TAB 100MG, 200MG, 400MG (<i>carbamazepine</i>)	3	-
TOPAMAX SPRINKLE CAP 15MG, 25MG (<i>topiramate</i>)	3	-

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TOPAMAX TAB 100MG, 200MG, 25MG, 50MG (<i>topiramate</i>)	3	-
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	1	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	1	-
TRILEPTAL SUSP 300MG/5ML (<i>oxcarbazepine</i>)	3	-
TRILEPTAL TAB 150MG, 300MG, 600MG (<i>oxcarbazepine</i>)	3	-
ZONEGRAN CAP 100MG, 25MG (<i>zonisamide</i>)	3	-
ZONISADE SUSP 100MG/5ML (<i>zonisamide</i>)	3	PA Prior Authorization required for members age 9 years and older
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	1	-
ZTALMY SUSP 50MG/ML (<i>ganaxolone</i>)	4	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
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	-

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XCOPRI PAK 100-150MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI TAB 25MG 25MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
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	-

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<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<i>vigadrone powder pack 500MG</i>	1	LD-PA Only available through PantheRx 855-726-8479
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	-
<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	-

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<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	1	-
<i>methsuximide cap 300MG</i> (CELONTIN Equiv)	1	-
ZARONTIN CAP 250MG (<i>ethosuximide</i>)	3	-
ZARONTIN SOLN 250MG/5ML (<i>ethosuximide</i>)	3	-
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	-
<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		

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<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	-
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

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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>tranlycypromine sulfate</i>)	3	-
PHENELZINE SULFATE TAB 15MG (<i>phenelzine sulfate</i>)	1	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-
<i>tranlycypromine tab 10MG</i> (PARNATE Equiv)	1	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
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	-

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

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

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<i>amoxapine tab 100MG, 150MG, 25MG, 50MG</i> (AMOXAPINE Equiv)	1	-
ANAFRANIL CAP 25MG, 50MG, 75MG (<i>clomipramine hcl</i>)	3	-
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	1	-
<i>desipramine tab</i> (NORPRAMIN Equiv)	1	-
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	1	-
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	1	-
<i>imipramine pamoate cap 100MG, 125MG, 150MG, 75MG</i> (TOFRANIL PM Equiv)	1	-
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	1	-
NORPRAMIN TAB 10MG, 25MG (<i>desipramine hcl</i>)	3	-
<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	-

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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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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
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 phosphate-metformin hcl</i>)	2	QL QL= 2 tabs/day

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JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG (<i>sitagliptin phosphate-metformin hcl</i>)	2	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG (<i>empagliflozin-metformin hcl</i>)	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG (<i>empagliflozin-metformin hcl</i>)	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG (<i>empagliflozin-metformin hcl</i>)	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5MG-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG 10MG-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL QL= 1 tab/day
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	-

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<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
<i>glucagon (rdna) for inj kit 1MG</i>	1	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>)	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG (<i>glucagon (rdna)</i>)	2	QL QL= 2 inj/fill
GVOKE INJ 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
GVOKE PFS INJ 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill

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<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</i> (<i>diabetes</i>))	3	-
INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar		
<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)

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 10MCG/0.04ML (<i>exenatide</i>)	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 8MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>)	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
INSULIN - Drugs to regulate blood sugar		
HUMALOG JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-

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HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro</i>)	2	-
HUMALOG MIX INJ 25UNIT/ML-75UNIT/ML, 50UNIT/ML (<i>insulin lispro protamine & lispro</i>)	2	-
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 25UNIT/ML-75UNIT/ML (<i>insulin lispro protamine & lispro</i>)	2	-
HUMALOG PEN INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-
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
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	-

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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	-
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		

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FARXIGA TAB 10MG, 5MG (<i>dapagliflozin propanediol</i>)	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG (<i>empagliflozin</i>)	2	QL QL= 1 tab/day
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	-
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		

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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		
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

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<i>deferasirox tab 180MG, 360MG, 90MG</i> (JADENU Equiv)	1	LMSP
<i>deferasirox tab for oral susp 125MG, 250MG, 500MG</i> (EXJADE Equiv)	1	LMSP
<i>deferiprone tab 1000MG, 500MG</i> (FERRIPROX Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
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
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		

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5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
ANZEMET TAB 100MG, 50MG (<i>dolasetron mesylate</i>)	4	QL QL= 9 tabs/fill
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	1	QL QL= 9 tabs/fill
GRANISOL SOLN (<i>granisetron hcl</i>)	4	QL QL= 60ml/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFTRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	1	-
<i>ondansetron tab 4MG, 8MG</i> (ZOFTRAN Equiv)	1	-
SANCUSO PATCH 3.1MG/24HR (<i>granisetron</i>)	4	QL QL= 4 patches/fill
ZOFTRAN ODT (<i>ondansetron</i>)	3	-
ZOFTRAN SOLN (<i>ondansetron hcl</i>)	3	-
ZOFTRAN 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	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
AKYNZEO CAP .5MG-300MG (<i>netupitant-palonosetron</i>)	2	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
CESAMET CAP (<i>nabilone</i>)	3	-
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	1	PA
MARINOL CAP 10MG, 2.5MG, 5MG (<i>dronabinol</i>)	3	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>aprepitant pak</i> (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<i>EMEND CAP 125MG, 40MG, 80MG</i>	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG (<i>rolapitant hcl</i>)	2	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		
ANTIFUNGALS - Drugs to treat fungal infection		
ANCOBON CAP 250MG, 500MG (<i>flucytosine</i>)	3	-
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	1	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	1	-

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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 12.5MG/10ML, 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	1	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-
<i>cyproheptadine tab 4MG</i>	1	-
ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	2	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NEXLIZET TAB 10MG-180MG (<i>bempedoic acid-ezetimibe</i>)	2	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol		
LOVAZA CAP 1GM-375MG-465MG (<i>omega-3-acid ethyl esters</i>)	3	-
<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	1	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	1	-
<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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COLESTID TAB 1GM (<i>colestipol hcl</i>)	3	-
<i>colestipol granule 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol powder packet 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	1	-
QUESTRAN LITE POWDER 4GM/DOSE (<i>cholestyramine light</i>)	3	-
QUESTRAN POWDER 4GM/DOSE (<i>cholestyramine</i>)	3	-
QUESTRAN POWDER PACK 4GM (<i>cholestyramine</i>)	3	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	1	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	1	-
FENOFIBRIC TAB 105MG, 35MG (<i>fenofibric acid</i>)	3	-
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		

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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	-
LIVALO TAB 1MG, 2MG, 4MG (<i>pitavastatin calcium</i>)	3	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-

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<i>pitavastatin calcium tab 1MG, 2MG, 4MG</i> (LIVALO Equiv)	1	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	\$0	-
<i>rosuvastatin tab 10MG, 20MG, 40MG, 5MG</i> (CRESTOR Equiv)	\$0	-
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	\$0	80mg is Not Covered
ZOCOR TAB 10MG, 20MG, 40MG (<i>simvastatin</i>)	3	-
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	-
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
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

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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	-
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	-

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<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		
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	-

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<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 .1MG, .2MG, .3MG</i> (CATAPRES Equiv)	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
METHYLDOPA TAB 250MG, 500MG (ALDOMET Equiv) (<i>methyldopa</i>)	1	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	1	-
MINIPRESS CAP 1MG, 2MG, 5MG (<i>prazosin hcl</i>)	3	-

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

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BENICAR HCT TAB 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	3	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv)	1	-
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG (<i>captopril & 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	-
<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG</i> (AVALIDE Equiv)	1	-

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

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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> (TEKTURNA Equiv)	1	-
TEKTURNA TAB 150MG, 300MG (<i>aliskiren fumarate</i>)	3	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
<i>eplerenone tab 25MG, 50MG</i> (INSPIRA Equiv)	1	-
INSPIRA TAB 25MG, 50MG (<i>eplerenone</i>)	3	-
VASODILATORS - Drugs to treat high blood pressure		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	1	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	1	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
FIRST METRONIDAZOLE SUSP 50MG/ML (<i>metronidazole benzoate</i>)	3	-
FLAGYL TAB 500MG (<i>metronidazole</i>)	3	-
IMPAVIDO CAP 50MG (<i>miltefosine</i>)	4	PA

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LIKMEZ SUSP 500MG/5ML (<i>metronidazole</i>)	3	PA Prior Authorization required for members age 9 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	-
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
CARBAPENEMS - Drugs to treat bacterial infections		
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	M
INVANZ INJ (<i>ertapenem sodium</i>)	M	M
INVANZ INJ 1GM (<i>ertapenem sodium</i>)	M	M
<i>meropenem inj 1GM, 500MG</i> (MERREM Equiv)	M	M
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRVANQ SOLN 25MG/ML 25MG/ML (<i>vancomycin hcl</i>)	1	-
FIRVANQ SOLN 50MG/ML 50MG/ML (<i>vancomycin hcl</i>)	1	-
VANCOCIN CAP 125MG, 250MG (<i>vancomycin hcl</i>)	3	QL QL= 56 caps/fill
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		

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<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	LD-RS Only available through CVS Specialty 800-238-7828
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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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 macrocrystal</i>)	3	-
MACRODANTIN CAP 100MG, 50MG (<i>nitrofurantoin macrocrystal</i>)	3	-
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	1	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	1	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	1	-

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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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EXC	Plan Exclusion	INF	Infertility	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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 susp 2000MG/100ML</i> (PURIXAN Equiv)	1	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	-
METHOTREXATE IV SOLN 1000MG/40ML (<i>methotrexate</i>)	1	-
<i>methotrexate tab 2.5MG</i> (Trexall Equiv)	1	ONC
TABLOID TAB 40MG (<i>thioguanine</i>)	2	ONC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FRUZAQLA CAP 1MG 1MG (<i>fruquintinib</i>)	4	LD-PA-QL QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRUZAQLA CAP 5MG 5MG (<i>fruquintinib</i>)	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
INLYTA TAB 5MG (<i>axitinib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through CVS Specialty 800-238-7828
INLYTA TAB 1MG 1MG (<i>axitinib</i>)	4	LD-ONC-PA-QL-SF QL= 8 tabs/day; Only available through CVS Specialty 800-238-7828
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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>)	4	LD-ONC-PA Only available through Optum 877-445-6874
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
<i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	1	LMSP-ONC-PA-QL QL= 3 tabs/day
<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
TAGRISSO 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	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-238-7828
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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	1	LMSP-ONC-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
ARIMIDEX TAB 1MG (<i>anastrozole</i>)	3	ONC
AROMASIN TAB 25MG (<i>exemestane</i>)	3	ONC
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	1	ONC
CASODEX TAB 50MG (<i>bicalutamide</i>)	3	ONC
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	2	ONC
ERLEADA TAB 60MG (<i>apalutamide</i>)	4	LMSP-ONC-PA-QL QL= 4 tabs/day
ERLEADA TAB 240MG 240MG (<i>apalutamide</i>)	4	LMSP-ONC-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG (<i>flutamide</i>)	2	ONC
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
FARESTON TAB 60MG (<i>toremifene citrate</i>)	3	ONC
FEMARA TAB 2.5MG (<i>letrozole</i>)	3	ONC

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUTAMIDE CAP 125MG (<i>flutamide</i>)	2	ONC
<i>flutamide cap</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
LYSODREN TAB 500MG (<i>mitotane</i>)	4	LD-ONC Only available through Walgreens 888-347-3416
<i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv)	1	ONC
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	1	ONC
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	1	LMSP-ONC
NUBEQA TAB 300MG (<i>darolutamide</i>)	4	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG (<i>relugolix</i>)	4	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 86MG (<i>elacestrant hydrochloride</i>)	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ORSERDU TAB 345MG 345MG (<i>elacestrant hydrochloride</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	1	ONC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		
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	LD-PA-QL QL= 21 caps/28 days; Only available through CVS Specialty 800-238-7828
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		

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VAC	Vaccine Program				

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XPOVIO PAK 10MG, 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>)	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Onco360 877-662-6633
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG (<i>decitabine-cedazuridine</i>)	4	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG (<i>ribociclib succinate-letrozole</i>)	4	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG (<i>trifluridine-tipiracil</i>)	4	MSP-ONC-PA
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG (<i>brigatinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
AUGTYRO CAP 40MG (<i>repotrectinib</i>)	4	LMSP-PA-QL-SF QL= 8 caps/day

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

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AUGTYRO CAP 160MG 160MG (<i>repotrectinib</i>)	4	LMSP-PA-QL-SF QL= 2 caps/day
BALVERSA TAB 3MG 3MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF CAP 100MG, 50MG (<i>bosutinib</i>)	4	MSP-PA
BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>)	4	LD-ONC-PA-SF Only available through CVS Specialty 800-238-7828
BRAFTOVI CAP 75MG 75MG (<i>encorafenib</i>)	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
CABOMETYX TAB 20MG, 40MG, 60MG (<i>cabozantinib s-malate</i>)	4	MSP-ONC-PA-QL-SF QL= 1 tab/day

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
CAPRELSA TAB 100MG (<i>vandetanib</i>)	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG 300MG (<i>vandetanib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG (<i>cabozantinib s-malate</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG (<i>duvelisib</i>)	4	LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>)	4	LMSP-ONC-PA-QL QL= 3 tabs/day
<i>dasatinib tab 100MG, 140MG, 20MG, 50MG, 70MG, 80MG</i> (SPRYCEL Equiv)	1	LMSP-ONC-PA
<i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
<i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR DISPERZ Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FOTIVDA CAP .89MG, 1.34MG (<i>tivozanib hcl</i>)	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
GAVRETO CAP 100MG (<i>pralsetinib</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
GAVRETO CAP 100MG (<i>pralsetinib</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG (<i>ponatinib hcl</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG (<i>enasidenib mesylate</i>)	4	MSP-ONC-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	1	LMSP-ONC-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118

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IMBRUVICA SUSP 70MG/ML (<i>ibrutinib</i>)	4	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG 420MG, 560MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>)	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day
JAYPIRCA TAB 100MG, 50MG (<i>pirtobrutinib</i>)	4	LMSP-PA-QL QL= 2 tabs/day
KISQALI TAB 200MG (<i>ribociclib succinate</i>)	4	LMSP-PA-QL QL= 63 caps/28 days
KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG 10MG (<i>selumetinib sulfate</i>)	4	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB 200MG (<i>adagrasib</i>)	4	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	1	LMSP-ONC-PA
LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-238-7828

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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 4/4/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-238-7828
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 240MG 240MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG 320MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
LYNPARZA TAB 100MG, 150MG (<i>olaparib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MEKTOVI TAB 15MG (<i>binimetinib</i>)	4	MSP-ONC-PA-QL QL= 6 tabs/day
NERLYNX TAB 40MG (<i>neratinib maleate</i>)	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NINLARO CAP 2.3MG, 3MG, 4MG (<i>ixazomib citrate</i>)	4	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
OGSIVEO TAB 100MG, 50MG (<i>nirogacestat hydrobromide</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OJJAARA TAB 100MG, 150MG, 200MG (<i>momelotinib dihydrochloride</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>pazopanib tab 200MG</i> (VOTRIENT Equiv)	1	LMSP-ONC-PA-QL QL= 4 tabs/day
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG (<i>pemigatinib</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG (<i>alpelisib</i>)	4	LMSP-PA-SF
QINLOCK TAB 50MG (<i>ripretinib</i>)	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 80MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 2 caps/day
RETEVMO CAP 40MG 40MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 3 caps/day
RETEVMO TAB 120MG, 160MG, 80MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 2 tabs/day
RETEVMO TAB 40MG 40MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 3 tabs/day
REZLIDHIA CAP 150MG (<i>olutasidenib</i>)	4	LD-PA-QL-SF QL= 2 caps/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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ROZLYTREK CAP 100MG, 200MG (<i>entrectinib</i>)	4	LMSP-PA-QL QL= 3 caps/day
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	4	LMSP-PA-QL QL= 6 packs/day
RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG (<i>midostaurin</i>)	4	LMSP-ONC-PA-QL QL= 56 caps/28 days
SCEMBLIX TAB 20MG, 40MG (<i>asciminib hcl</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCEMBLIX TAB 100 MG 100MG (<i>asciminib hcl</i>)	4	LD-PA-QL QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	1	LMSP-ONC-PA
STIVARGA TAB 40MG (<i>regorafenib</i>)	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	1	LMSP-ONC-PA-QL QL= 1 cap/day
TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>)	4	LMSP-PA-QL-SF QL= 4 tabs/day

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through CVS Specialty 800-238-7828
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG (<i>talazoparib tosylate</i>)	4	LD-ONC-PA-QL-SF QL= 1 cap/day; Only available through CVS Specialty 800-238-7828
TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>)	4	LMSP-ONC-PA-SF
TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>)	4	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG (<i>tepotinib hcl</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG (<i>ivosidenib</i>)	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
TRUQAP TAB 160MG, 200MG (<i>capivasertib</i>)	4	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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

Last Updated 4/4/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRUQAP THERAPY PACK 160MG, 200MG (<i>capivasertib</i>)	4	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TURALIO CAP 125MG, 200MG (<i>pexidartinib hcl</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VANFLYTA TAB 17.7MG (<i>quizartinib dihydrochloride</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VANFLYTA TAB 26.5MG 26.5MG (<i>quizartinib dihydrochloride</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>)	4	LMSP-ONC-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523

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

Last Updated 4/4/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
VORANIGO TAB 40MG (<i>vorasidenib</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VORANIGO TAB 10MG 10MG (<i>vorasidenib</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through CVS Specialty 800-238-7828
XALKORI SPRINKLE CAP 150MG, 20MG, 50MG (<i>crizotinib</i>)	4	MSP-PA-QL-SF QL= 4 caps/day
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HYDREA CAP 500MG (<i>hydroxyurea</i>)	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
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	-
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	-

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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	-
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	-

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<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 (<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	-
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	-
TRIHXYPHENIDYL SOLN .4MG/ML (<i>trihexyphenidyl hcl</i>)	1	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<i>amantadine soln 50MG/5ML</i> (AMANTADINE Equiv)	1	-

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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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>)	1	-
<i>carbidopa-levodopa-entacapone tab 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG</i> (STALEVO Equiv)	1	-
INBRIJA INH POWDER 42MG (<i>levodopa</i>)	3	PA-QL QL= 10 caps/day
STALEVO TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (<i>carbidopa-levodopa-entacapone</i>)	3	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (<i>lithium carbonate</i>)	1	-
<i>lithium carbonate cap 150MG, 300MG, 600MG</i>	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

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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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VAC	Vaccine Program				

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG (<i>paliperidone</i>)	3	-
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	1	-
RISPERDAL M ODT (<i>risperidone</i>)	3	-
RISPERDAL SOLN 1MG/ML (<i>risperidone</i>)	3	-
RISPERDAL TAB .5MG, 1MG, 2MG, 3MG, 4MG (<i>risperidone</i>)	3	-
risperidone microspheres inj 12.5MG, 25MG, 37.5MG, 50MG (RISPERDAL Equiv) (<i>risperidone microspheres</i>)	4	MSP

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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VAC	Vaccine Program				

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

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

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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VAC	Vaccine Program				

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	1	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	1	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	1	-
SAPHRIS SL TAB 10MG, 2.5MG, 5MG (<i>asenapine maleate</i>)	3	QL QL= 2 tabs/day
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>)	3	-
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>)	3	-
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (<i>olanzapine</i>)	3	-
ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG (<i>olanzapine</i>)	3	-
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	-

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L MSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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VAC	Vaccine Program				

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	1	-
<i>thioridazine hcl tab 100MG, 10MG, 25MG, 50MG</i> (THIORIDAZINE 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
<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	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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VAC	Vaccine Program				

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
APTIVUS SOLN 100MG/ML (<i>tipranavir</i>)	4	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	1	-
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	4	QL QL= 1 tab/ day
CIMDUO TAB 300MG (<i>lamivudine-tenofovir disoproxil fumarate</i>)	4	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	4	QL QL= 1 tab/day
CRIXIVAN CAP 400MG (<i>indinavir sulfate</i>)	4	-
<i>darunavir tab 600MG, 800MG</i> (PREZISTA Equiv)	1	-
DELSTRIGO TAB 100MG-300MG (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)	4	QL QL= 1 tab/day
DESCOVY TAB 15MG-120MG, 25MG-200MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	\$0	-
<i>didanosine DR cap</i> (VIDEX EC Equiv)	1	-
DOVATO TAB 50MG-300MG (<i>dolutegravir sodium-lamivudine</i>)	4	QL QL= 1 tab/day
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	4	-
EFAVIRENZ CAP 200MG, 50MG (<i>efavirenz</i>)	1	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	1	-

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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
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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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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>efavirenz/emtricitabine/tenofovir df tab</i> 200MG-300MG-600MG (ATRIPLA Equiv)	1	QL QL= 1 tab/day
<i>efavirenz/lamivudine/tenofovir df (lo) tab</i> 300MG-400MG, 300MG-600MG (SYMFI (LO) Equiv)	1	QL QL= 1 tab/day
<i>emtricitabine cap 200MG</i> (EMTRIVA Equiv)	1	-
<i>emtricitabine/tenofovir disoproxil fumarate tab</i> 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG (TRUVADA Equiv)	\$0	-
EMTRIVA SOLN 10MG/ML (<i>emtricitabine</i>)	4	-
<i>etravirine tab 100MG, 200MG</i>	1	-
EVOTAZ TAB 150MG-300MG (<i>atazanavir sulfate-cobicistat</i>)	4	-
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	1	-
GENVOYA TAB 10MG-150MG-200MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	4	-
INTELENCE TAB 25MG 25MG (<i>etravirine</i>)	4	-
INVIRASE CAP (<i>saquinavir mesylate</i>)	4	-
INVIRASE TAB 500MG (<i>saquinavir mesylate</i>)	4	-
ISENTRESS (HD) TAB 400MG, 600MG (<i>raltegravir potassium</i>)	3	-
ISENTRESS CHEW TAB 100MG, 25MG (<i>raltegravir potassium</i>)	3	-

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSF	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
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ISENTRESS POWDER PACK 100MG (<i>raltegravir potassium</i>)	3	-
JULUCA TAB 25MG-50MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	4	QL QL= 1 tab/ day
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	1	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	1	-
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	1	-
LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>)	4	-
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	1	-
<i>lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv)	1	-
<i>maraviroc tab 150MG, 300MG</i> (SELZENTRY Equiv)	1	-
NEVIRAPINE ER TAB 100MG (<i>nevirapine</i>)	1	-
<i>nevirapine ER tab 400MG</i>	1	-
NEVIRAPINE SUSP 50MG/5ML (<i>nevirapine</i>)	1	-
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	1	-
NORVIR CAP 100MG (<i>ritonavir</i>)	3	-
NORVIR POWDER PACK 100MG (<i>ritonavir</i>)	3	-
NORVIR SOLN 80MG/ML (<i>ritonavir</i>)	3	-
NORVIR TAB 100MG (<i>ritonavir</i>)	3	-

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ODEFSEY TAB 25MG-200MG (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	4	QL QL= 1 tab/day
PIFELTRO TAB 100MG (<i>doravirine</i>)	4	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG (<i>darunavir-cobicistat</i>)	4	-
PREZISTA SUSP 100MG/ML (<i>darunavir</i>)	4	-
PREZISTA TAB 150MG, 75MG (<i>darunavir</i>)	4	-
PREZISTA TAB 600MG, 800MG (<i>darunavir</i>)	4	-
RESCRIPTOR TAB (<i>delavirdine mesylate</i>)	4	-
REYATAZ POWDER PACK 50MG (<i>atazanavir sulfate</i>)	4	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	1	-
RUKOBIA ER TAB 600MG (<i>fostemsavir tromethamine</i>)	4	-
SELZENTRY SOLN 20MG/ML (<i>maraviroc</i>)	4	-
SELZENTRY TAB 25MG, 75MG (<i>maraviroc</i>)	4	-
SELZENTRY TAB 150MG, 300MG (<i>maraviroc</i>)	4	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (ZERIT Equiv) (<i>stavudine</i>)	1	-
<i>stavudine cap</i> (ZERIT Equiv)	1	-
STRIBILD TAB 150MG-200MG-300MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	4	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYMTUZA TAB 10MG-150MG-200MG-800MG (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	4	-
<i>tenofovir disoproxil fumarate tab 300MG</i> (VIREAD Equiv)	1	-
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	4	-
TIVICAY TAB 10MG, 25MG, 50MG (<i>dolutegravir sodium</i>)	4	-
TRIUMEQ PD TAB 5MG-30MG-60MG (<i>abacavir-dolutegravir-lamivudine</i>)	4	-
TRIUMEQ TAB 50MG-300MG-600MG (<i>abacavir-dolutegravir-lamivudine</i>)	4	-
TRIZIVIR TAB 150MG-300MG (<i>abacavir sulfate-lamivudine-zidovudine</i>)	2	-
VIDEX SOLN (<i>didanosine</i>)	4	-
VIRACEPT TAB 250MG, 625MG (<i>nelfinavir mesylate</i>)	4	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG (<i>tenofovir disoproxil fumarate</i>)	4	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	1	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	1	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	1	-
ANTIVIRAL COMBINATIONS- Drugs to treat viral infections		

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
PREVYMIS PAK 120MG, 20MG (<i>letermovir</i>)	4	LMSP-PA-QL QL= 4 packets/day; Limit 800 packets/365 days
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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
PEG-INTRON INJ 50MCG/0.5ML (<i>peginterferon alfa-2b</i>)	4	LMSP
RIBAVIRIN CAP 200MG (REBETOL Equiv) (<i>ribavirin (hepatitis c)</i>)	1	LMSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	1	LMSP
RIBAVIRIN TAB 200MG (<i>ribavirin (hepatitis c)</i>)	1	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (<i>sofosbuvir-velpatasvir</i>)	4	LMSP-PA-QL QL= 1 tab/day
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	4	LMSP

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

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VOSEVI TAB 100MG-400MG (sofosbuvir-velpatasvir-voxilaprevir)	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, 800MG/20ML</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		
FLUMADINE TAB (<i>rimantadine hydrochloride</i>)	3	-
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	1	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	1	QL QL= 250ml/fill

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RELENZA DISKHALER 5MG/BLISTER (<i>zanamivir</i>)	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>)	1	-
TAMIFLU CAP 45MG, 75MG (<i>oseltamivir phosphate</i>)	3	QL QL= 10 caps/fill
TAMIFLU CAP 30MG 30MG (<i>oseltamivir phosphate</i>)	3	QL QL= 20 caps/fill
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.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>)	4	LD Only available through CVS Specialty 800-238-7828
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	-

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<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	1	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	1	-
IMURAN TAB 50MG (<i>azathioprine</i>)	3	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	1	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	1	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	1	-
<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML (<i>cyclosporine</i>)	4	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	1	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	1	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
<i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv)	1	-
<i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv)	1	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	1	-

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COREG TAB 12.5MG, 25MG, 3.125MG, 6.25MG (<i>carvedilol</i>)	3	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	1	-
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	-
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/afl)</i>)	3	-
BETAPACE TAB 120MG, 160MG, 80MG (<i>sotalol hcl</i>)	3	-

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

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<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-
CALAN SR TAB 120MG, 180MG, 240MG (<i>verapamil hcl</i>)	3	-
CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG (<i>diltiazem hcl coated beads</i>)	3	-
CARDIZEM TAB (<i>diltiazem hcl tab</i>)	3	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG, 420MG</i> (CARDIZEM CD Equiv)	1	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	1	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	1	-
KATERZIA SUSP 1MG/ML (<i>amlodipine benzoate</i>)	3	PA Prior Authorization required for members age 9 years and older
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	1	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	1	-
<i>nimodipine cap 30MG</i> (NIMOTOP Equiv)	1	-
NORLIQVA ORAL SOLN 1MG/ML (<i>amlodipine besylate</i>)	3	PA Prior Authorization required for members age 9 years and older

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NORVASC TAB 10MG, 2.5MG, 5MG (<i>amlodipine besylate</i>)	3	-
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG (<i>diltiazem hcl extended release beads</i>)	3	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	1	-
<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	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	1	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML (<i>digoxin</i>)	1	-
<i>digoxin tab</i> (LANOXIN Equiv)	1	-
LANOXIN TAB 125MCG, 250MCG (<i>digoxin</i>)	3	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG (<i>mavacamten</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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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		
<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

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<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		
ORENITRAM TAB .125MG, .25MG, 1MG, 2.5MG, 5MG (<i>treprostinil diolamine</i>)	4	LD-PA Only available through CVS Specialty 800-237-2767
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG (<i>treprostinil</i>)	4	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (<i>treprostinil</i>)	4	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523

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TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (<i>treprostinil</i>)	4	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG (<i>treprostinil</i>)	4	LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN 0.6 MG/ML .6MG/ML (<i>treprostinil</i>)	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML (<i>iloprost</i>)	4	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR ***		
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

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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
<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		

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
CEFACLOR CAP 250MG, 500MG (<i>cefactor</i>)	1	-
<i>cefactor cap</i>	1	-
CEFACLOR ER TAB 500MG (<i>cefactor monohydrate</i>)	3	-
CEFACLOR 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	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	1	-
CEFDITOREN TAB (<i>cefditoren pivoxil</i>)	3	-
<i>cefixime cap 400MG</i> (SUPRAX Equiv)	1	-
<i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv)	1	-
CEFOTAXIME INJ 1GM, 2GM (<i>cefotaxime sodium</i>)	M	M
<i>cefotaxime inj</i>	M	M

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VAC	Vaccine Program				

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CEFPODOXIME PROXETIL SUSP 100MG/5ML, 50MG/5ML (<i>cefpodoxime proxetil</i>)	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		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-
<i>aranelle tab</i> (TRI-NORINYL Equiv)	\$0	-
<i>aviane tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-
BALCOLTRA TAB .1MG-20MCG-36.5MG (<i>levonorgestrel-ethinyl estradiol-iron</i>)	\$0	-
<i>cesia tab</i> (CYCLESSA Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-

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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>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TAB .03MG-.451MG-3MG (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	\$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	-
<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	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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	-
<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	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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
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		

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSF	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DEPO-PROVERA INJ 150MG/ML (<i>medroxyprogesterone acetate (contraceptive)</i>)	3	--QL QL= 1 inj/90 days
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML (<i>medroxyprogesterone acetate (contraceptive)</i>)	EXC	-
<i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv)	EXC	-
MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY (<i>levonorgestrel (iud)</i>)	EXC	-
<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
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

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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	-
<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

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<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	1	-
KENALOG INJ 40MG/ML (<i>triamcinolone acetonide</i>)	3	-
MEDROL DOSE PACK 4MG (<i>methylprednisolone</i>)	3	-
MEDROL TAB 2MG (<i>methylprednisolone</i>)	2	-
MEDROL TAB 16MG, 32MG, 4MG, 8MG (<i>methylprednisolone</i>)	3	-
<i>methylprednisolone acetate inj 40MG/ML, 80MG/ML</i> (DEPO-MEDROL Equiv)	1	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG</i> (SOLU-MEDROL Equiv)	1	-
ORAPRED ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>)	3	-
ORAPRED SOLN 5MG/5ML (<i>prednisolone sodium phosphate</i>)	3	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	1	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>)	2	-
PREDNISOLONE SOLN 25MG/5ML (<i>prednisolone sodium phosphate</i>)	3	-

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<i>prednisolone soln 15MG/5ML</i> (PEDIAPRED Equiv)	1	-
PREDNISONE SOLN 5MG/5ML (<i>prednisone</i>)	2	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	1	-
SOLU-CORTEF INJ 1000MG, 250MG, 500MG (<i>hydrocortisone sod succinate</i>)	2	QL QL= 1 vial/fill
SOLU-CORTEF INJ 100MG 100MG (<i>hydrocortisone sod succinate</i>)	2	QL QL= 2 vials/fill
SOLU-MEDROL INJ 1000MG, 500MG (<i>methylprednisolone sod succ</i>)	3	-
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		
<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	-

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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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HYCODAN SYRUP 1.5MG/5ML-5MG/5ML (hydrocodone bitartrate-homatropine methylbromide)	3	-
hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)	1	-
TESSALON CAP 100MG (benzonatate)	3	-
tussigon tab 1.5MG-5MG (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 (brompheniramine & phenyleph)	EXC	OTC
CLARINEX-D TAB 2.5MG-120MG (desloratadine-pseudoephedrine)	EXC	-
CLARINEX-D TAB 2.5MG-120MG (desloratadine-pseudoephedrine)	EXC	-
guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML (BRONTEX Equiv)	1	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (guaifenesin-codeine)	1	OTC-QL QL= 240ml/fill
guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML	1	OTC-QL QL= 240ml/fill
HYD POL/CPM SUSP 8MG/5ML-10MG/5ML (hydrocodone polistirex-chlorpheniramine polistirex)	1	QL QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML (TUSSIONEX Equiv)	1	QL QL= 120ml/fill; 2 fills/30 days

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<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 (PHENERGAN VC Equiv) (<i>promethazine & phenylephrine</i>)	1	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv) (<i>promethazine & phenylephrine</i>)	1	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> (PHENERGAN VC Equiv)	1	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv) (<i>promethazine-phenylephrine-codeine</i>)	1	-
<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	-
ZUTRIPRO LIQUID (<i>pseudoephed-cpm w/ hydrocod</i>)	3	QL QL= 120ml/fill, 2 fills/30 days

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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	-
<i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5%</i> (EPIDUO FORTE Equiv)	1	-

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<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (ACCUTANE Equiv)	1	-
ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% (<i>tretinoin</i>)	3	PA
BENZACLIN GEL 1%-5%, 1.2%-2.5% (<i>clindamycin phosphate-benzoyl peroxide</i>)	3	-
BENZAMYCIN GEL 3%-5% (<i>benzoyl peroxide-erythromycin</i>)	3	-
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
DUAC GEL (<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>)	3	-

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LMSF	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
<i>tretinoin cream .025%, .05%, .1%</i>	1	PA Acne Only - Prior Authorization required for members age 35 years and older

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<i>tretinoin gel .04%, .1%</i>	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</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	1	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	1	-
<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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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	-
LOTRISONE CREAM (<i>clotrimazole w/ betamethasone</i>)	3	-
MENTAX CREAM 1% (<i>butenafine hcl</i>)	3	-
NAFTIFINE CREAM 1% (<i>naftifine hcl</i>)	3	-
<i>naftifine cream 2%</i> (NAFTIN Equiv)	1	-
<i>naftifine gel 1%</i> (NAFTIN Equiv)	1	-
NAFTIN CREAM (<i>naftifine hcl</i>)	3	-
NAFTIN GEL 1% (<i>naftifine hcl</i>)	3	-
NIZORAL A-D SHAMPOO 1% (<i>ketconazole (topical)</i>)	EXC	OTC
NIZORAL SHAMPOO (<i>ketconazole (topical)</i>)	3	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<i>nystatin oint 100000UNIT/GM</i>	1	-

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<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	1	-
<i>oxiconazole nitrate cream 1% (OXISTAT Equiv)</i>	1	-
<i>tavaborole soln 5% (KERYDIN Equiv)</i>	1	QL-ST QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1% (VOLTAREN Equiv)</i>	1	OTC-QL QL= 5 tubes/fill
VOLTAREN GEL 1% (<i>diclofenac sodium (topical)</i>)	3	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
<i>bexarotene gel 1% (TARGRETIN Equiv)</i>	1	LMSP-PA
<i>diclofenac gel 3% (SOLARAZE Equiv)</i>	1	PA-QL QL= 300gm/30 days
EFUDEX CREAM 5% (<i>fluorouracil (topical)</i>)	3	-
<i>fluorouracil cream 5% (EFUDEX CREAM Equiv)</i>	1	-
FLUOROURACIL CREAM 0.5% .5% (<i>fluorouracil (topical)</i>)	3	-
FLUOROURACIL SOLN 2% (<i>fluorouracil (topical)</i>)	2	-
<i>fluorouracil soln 5% (FLUOROURACIL Equiv)</i>	1	-

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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</i> (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP 10MG (<i>methoxsalen rapid</i>)	3	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>)	4	LMSP-PA-QL QL= 1 inj/84 days

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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
STEQEYMA INJ 45MG/0.5ML (<i>ustekinumab-stba</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
STEQEYMA INJ 90MG 90MG/ML (<i>ustekinumab-stba</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
YESINTEK INJ 45MG/0.5ML (<i>ustekinumab-kfce</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
YESINTEK SYRINGE 45MG/0.5ML (<i>ustekinumab-kfce</i>)	4	LMSP-PA-QL QL= 1 inj/84 days

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YESINTEK SYRINGE 90MG 90MG/ML (ustekinumab-kfce)	4	LMSP-PA-QL QL= 1 inj/84 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
OVACE PLUS CREAM 10% (sulfacetamide sodium)	3	-
selenium sulfide lotion 1%	EXC	OTC
selenium sulfide shampoo 2.25% (SELSEB Equiv)	1	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
acyclovir oint 5% (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% (penciclovir)	3	-
penciclovir cream 1% (DENAVIR Equiv)	1	-
BURN PRODUCTS - Drugs to treat burns		
SILVADENE CREAM 1% (silver sulfadiazine)	3	-
silver sulfadiazine cream 1% (SILVADENE CREAM Equiv)	1	-
SULFAMYLON CREAM 85MG/GM (mafenide acetate)	2	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
alclometasone cream .05% (ACLOVATE Equiv)	1	-
ALCLOMETASONE OINT .05% (alclometasone dipropionate)	1	-
alclometasone oint .05%	1	-
betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)	1	-

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147

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BETAMETHASONE AUGMENTED GEL .05% (<i>betamethasone dipropionate augmented</i>)	2	-
<i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv)	1	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv)	1	-
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv)	1	-
<i>betamethasone dipropionate lotion .05%</i>	1	-
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv)	1	-
<i>betamethasone valerate cream .1%</i>	1	-
<i>betamethasone valerate lotion .1%</i>	1	-
<i>betamethasone valerate oint .1%</i>	1	-
<i>clobetasol foam .05%</i> (OLUX Equiv)	1	PA
<i>clobetasol lotion .05%</i> (CLOBEX Equiv)	1	PA
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv)	1	-
<i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv)	1	-
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate soln .05%</i> (TEMOVATE Equiv)	1	PA
<i>clobetasol shampoo .05%</i> (CLOBEX Equiv)	1	PA

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<i>clobetasol spray .05%</i> (CLOBEX Equiv)	1	PA
CLOBEX LOTION .05% (<i>clobetasol propionate</i>)	3	PA
CLOBEX SHAMPOO .05% (<i>clobetasol propionate</i>)	3	PA
CLOBEX SPRAY .05% (<i>clobetasol propionate</i>)	3	PA
DERMA-SMOOTH/FS OIL .01% (<i>fluocinolone acetonide</i>)	2	-
<i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv)	1	-
<i>desoximetasone oint .25%</i> (TOPICORT Equiv)	1	-
DIPROLENE AF CREAM .05% (<i>betamethasone dipropionate augmented</i>)	3	-
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	-

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<i>fluocinonide gel .05%</i>	1	-
<i>fluocinonide oint .05%</i>	1	-
<i>fluocinonide soln .05%</i>	1	-
<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	1	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	1	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	1	-
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	1	PA
<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	-

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TOPICORT OINT .25% (<i>desoximetasone</i>)	3	-
<i>triamcinolone cream .025%, .1%, .5%</i>	1	-
<i>triamcinolone lotion .025%, .1%</i>	1	-
<i>triamcinolone oint .025%, .1%, .5%</i>	1	-
ULTRAVATE CREAM (<i>halobetasol propionate</i>)	3	-
ULTRAVATE OINT (<i>halobetasol propionate</i>)	3	-
ECZEMA AGENTS - Drugs to treat eczema		
ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG (<i>abrocitinib</i>)	4	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 100MG/0.67ML, 300MG/2ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 200MG/1.14ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
EBGLYSS INJ 250MG/2ML (<i>lebrikizumab-lbkz</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
EBGLYSS PEN INJ 250MG/2ML (<i>lebrikizumab-lbkz</i>)	4	LMSP-PA-QL QL= 1 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	-

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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
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 - SYSTEMIC ***		
NEMLUVIO INJ 30MG (<i>nemolizumab-ilto</i>)	4	LMSP-PA-QL QL= 1 inj/56 days
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
PODOFILOX SOLN .5% (<i>podofilox</i>)	1	-
<i>podofilox soln .5%</i>	1	-
SALEX SHAMPOO 2%, 3% (<i>salicylic acid</i>)	3	-
SALEX SHAMPOO 6% (<i>salicylic acid</i>)	3	-
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL - Drugs to treat eczema		
ZORYVE CREAM .3% (<i>roflumilast (topical)</i>)	2	PA-QL QL= 60 grams/30 days
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% (<i>fluocinolone-hydroquinone-tretinoin</i>)	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	1	-
<i>brimonidine tartrate gel .33%</i> (MIRVASO Equiv)	EXC	-
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	-

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<i>metronidazole gel 0.75% .75% (METROGEL Equiv)</i>	1	-
<i>metronidazole lotion .75% (METROLOTION Equiv)</i>	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
<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		

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ACCU-CHEK AVIVA PLUS TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK GUIDE TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
COVID-19 TEST (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 TEST CARTRIDGE (<i>covid-19 at home test</i>)	EXC	OTC
CUE HEALTH MONITOR (<i>covid-19 at home test</i>)	EXC	OTC
KETO-DIASTIX TEST STRIP (<i>urine glucose-ketones test</i>)	1	OTC
KETOSTIX (<i>acetone (urine) test</i>)	1	OTC
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		

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ASTAMED MYO CAP <i>(astaxanthin-tocotrienol-zinc-cholecalciferol)</i>	EXC	-
DEPLIN CAP <i>(l-methylfolate-algae)</i>	EXC	-
ELIGEN B12 TAB <i>(cyanocobalamin-salcaprozate sodium)</i>	EXC	-
FALESSA TAB <i>(levomefolate glucosamine)</i>	EXC	-
FOLTANX TAB <i>(l-methylfolate w/ vitamin b6-vitamin b12)</i>	EXC	-
GLYGEST PAK <i>(2-fucosyllactose & lacto-n-neotetraose)</i>	EXC	-
L-METHYLFOLATE TAB <i>(l-methylfolate)</i>	EXC	-
LUVIRA CAP <i>(omega-3-acid ethyl esters (dietary management))</i>	EXC	-
METANX CAP <i>(l-methylfolate w/ algae-vitamin b12-vitamin b6)</i>	EXC	-
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID (<i>nutritional supplements</i>)	2	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER (<i>nutritional supplements</i>)	2	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
<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	-

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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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ALDACTAZIDE TAB 50-50MG 50MG (<i>spironolactone & hydrochlorothiazide</i>)	3	-
AMILORIDE/HCTZ TAB 5MG-50MG (<i>amiloride & hydrochlorothiazide</i>)	1	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	1	-
MAXZIDE TAB 25MG-37.5MG, 50MG-75MG (<i>triamterene & hydrochlorothiazide</i>)	3	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	1	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<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	-

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<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG (<i>furosemide</i>)	3	-
<i>torsemide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTONE TAB (<i>spironolactone tab</i>)	3	-
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	1	-
CARISPIR SUSP 25MG/5ML (<i>spironolactone</i>)	3	PA
<i>spironolactone susp 25MG/5ML</i> (CAROSPIR Equiv)	1	PA
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	1	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB (DIURIL Equiv) (<i>chlorothiazide</i>)	1	-
<i>chlorothiazide tab</i> (DIURIL Equiv)	1	-
<i>chlorthalidone tab 25MG, 50MG</i>	1	-
DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>)	2	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	1	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	1	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	1	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	1	-

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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	-
AELVIA TAB 35MG (<i>risedronate sodium</i>)	3	ST Step Therapy requires trial of alendronate
BONIVA TAB 150MG 150MG (<i>ibandronate sodium</i>)	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	1	-
FOSAMAX TAB 70MG (<i>alendronate sodium</i>)	3	-
<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate

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<i>risedronate DR tab 35MG</i> (ATELVIA Equiv)	1	ST Step Therapy requires trial of alendronate
<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate
TERIPARATIDE INJ 620MCG/2.48ML 620MCG/2.48ML (<i>teriparatide</i>)	4	LMSP
TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>)	4	LMSP
CORTICOTROPIN ***		
ACTHAR GEL INJ 80UNIT/ML (<i>corticotropin</i>)	4	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
ORILISSA TAB 150MG 150MG (<i>elagolix sodium</i>)	2	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG (<i>elagolix sodium</i>)	2	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG (<i>pegvisomant</i>)	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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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
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

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SYNAREL NASAL SOLN 2MG/ML (<i>nafarelin acetate</i>)	4	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALtrol Equiv)	1	-
<i>calcitriol soln 1MCG/ML</i> (ROCALtrol Equiv)	1	-
<i>carglumic acid tab 200MG</i> (CARBAGLU Equiv)	1	LD-PA Only available through AnovoRx 844-288-5007
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
DOXERCALCIFEROL CAP .5MCG, 1MCG, 2.5MCG (HECTOROL Equiv) (<i>doxercalciferol</i>)	1	-
<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

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<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	1	-
PHEBURANE ORAL PELLETS 483MG/GM (<i>sodium phenylbutyrate</i>)	4	LD Only available through Accredo 800-803-2523
ROCALTROL CAP .25MCG, .5MCG (<i>calcitriol</i>)	3	-
ROCALTROL SOLN 1MCG/ML (<i>calcitriol</i>)	3	-
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	1	LMSP-PA
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	1	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>)	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
XPHOZAH TAB 20MG, 30MG (<i>tenapanor hcl (ckd)</i>)	4	MSP-PA-QL QL= 2 tabs/day
YORVIPATH INJ 168MCG/0.56ML (<i>palopecteriparatide</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 294MCG 294MCG/0.98ML (<i>palopecteriparatide</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479

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YORVIPATH INJ 420MCG 420MCG/1.4ML (<i>palopegteriparatide</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
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
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	-

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SOMATOSTATIC AGENTS - Drugs to regulate hormones		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	1	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML (<i>octreotide acetate</i>)	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML (<i>pasireotide diaspertate</i>)	4	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG (<i>tolvaptan</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG (<i>tolvaptan</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		
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

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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	-
CLIMARA PATCH .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR (<i>estradiol</i>)	3	-

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

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OL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
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<i>ciprofloxacin susp 500MG/5ML, 5GM/100ML</i> (CIPRO Equiv)	1	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	1	-
LEVAQUIN TAB 250MG, 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		
MOTEGRITY TAB 1MG, 2MG (<i>prucalopride succinate</i>)	3	PA-QL QL= 1 tab/day
<i>prucalopride succinate tab 1MG, 2MG</i> (MOTEGRITY 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		
CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>)	4	LD-PA Only available through Dohmen LSS 844-246-5226
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		

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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	-
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		

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BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML (<i>maralixibat chloride</i>)	4	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481
LIVMARLI SOLN 19MG/ML 19MG/ML (<i>maralixibat chloride</i>)	4	LD-PA-QL QL= 60mL/30 days; Only available through Eversana 866-849-4481
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
AZULFIDINE EN TAB 500MG (<i>sulfasalazine</i>)	3	-
AZULFIDINE TAB 500MG (<i>sulfasalazine</i>)	3	-
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	1	-
CIMZIA INJ 200MG/ML (<i>certolizumab pegol</i>)	4	LMSP-PA-QL QL= 2 inj/28 days

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COLAZAL CAP 750MG (<i>balsalazide disodium</i>)	3	-
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	3	-
ENTYVIO SC INJ 108MG/0.68ML (<i>vedolizumab</i>)	4	MSP-PA-QL QL= 2 inj/28 days
<i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv)	1	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	1	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	1	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	1	-
SFROWASA ENEMA 4GM/60ML (<i>mesalamine</i>)	3	-
SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML (<i>risankizumab-rzaa (crohn's)</i>)	4	LMSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML (<i>risankizumab-rzaa (crohn's)</i>)	4	LMSP-PA-QL QL= 1 inj/56 days
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	1	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	1	-
TREMFYA INJ 200MG/2ML 200MG/2ML (<i>guselkumab (gastrointestinal)</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lactulose soln 10GM/15ML</i>	1	-
IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system		
<i>alosetron tab .5MG, 1MG</i> (LOTRONEX Equiv)	1	-
LINZESS CAP 145MCG, 290MCG, 72MCG (<i>linaclotide</i>)	3	PA-QL QL= 1 cap/day
LOTRONEX TAB .5MG, 1MG (<i>alosetron hcl</i>)	3	-

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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	-
PHOSLO CAP (<i>calcium acetate (phosphate binder)</i>)	3	-
PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>)	2	-
RENVELA TAB 800MG (<i>sevelamer carbonate</i>)	3	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv)	1	-
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	1	-

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

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UROCIT-K TAB 1080MG, 15MEQ, 540MG (<i>potassium citrate (alkalinizer)</i>)	3	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>)	4	LD-PA Only available through CVS Specialty 800-238-7828
HYPEROXALURIA AGENTS ***		
RIFLOZA INJ 160MG 160MG/ML (<i>nedosiran sodium</i>)	4	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA INJ 128MG/0.8ML (<i>nedosiran sodium</i>)	4	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA VIAL 80MG/0.5ML (<i>nedosiran sodium</i>)	4	LD-PA-QL QL= 2 vials/30 days; Only available through Orsini 800-410-8575
IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease		
FILSPARI TAB 200MG, 400MG (<i>sparsentan</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		

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ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	3	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-
AVODART CAP .5MG (<i>dutasteride</i>)	3	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG (<i>tamsulosin hcl</i>)	3	-
PROSCAR TAB (<i>finasteride tab</i>)	3	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG (<i>alfuzosin hcl</i>)	3	-
URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	1	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
LITHOSTAT TAB 250MG (<i>acetohydroxamic acid</i>)	3	-
<i>tiopronin tab 100MG</i> (THIOLA Equiv)	1	LMSP-PA
<i>tiopronin tab delayed release 100MG, 300MG</i> (THIOLA EC Equiv)	1	LMSP-PA
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	1	-
GOUT AGENTS - Drugs to treat gout		

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<i>allopurinol tab 100MG, 300MG</i> (ZYLOPRIM Equiv)	1	-
<i>colchicine tab .6MG</i> (COLCRYS Equiv)	2	-
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	1	ST Step Therapy requires trial of allopurinol
GLOPERBA SOLN .6MG/5ML (<i>colchicine</i>)	3	PA Prior Authorization required for members age 9 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		
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	-

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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	-
ALTUVIIIH INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1)</i>	EXC	-
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	-

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ELOCTATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 500UNIT, 6000UNIT, 750UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiic)</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	-
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	-

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EXC	Plan Exclusion	INF	Infertility	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

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

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

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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, 2MG, 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	-
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
ZILBRYSQ INJ 16.6MG/0.416ML (<i>zilucoplan sodium</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 23MG 23MG/0.574ML (<i>zilucoplan sodium</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 32.4MG 32.4MG/0.81ML (<i>zilucoplan sodium</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	1	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
CABLIVI INJ KIT 11MG (<i>caplacizumab-yhdp</i>)	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	1	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	1	-
<i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG (<i>prasugrel hcl</i>)	3	-
PLAVIX TAB 75MG 75MG (<i>clopidogrel bisulfate</i>)	3	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	1	-
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	3	RS Restricted to Cardiology Specialist

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency		
PYRUKYND TAB 20MG, 50MG, 5MG (<i>mitapivat sulfate</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK 5MG (<i>mitapivat sulfate</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	4	LMSP-PA-QL QL= 2 caps/day
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	-
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	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i> 500MCG/0.1ML (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
<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	LD-PA-QL QL= 2 tabs/day; Only available through CVS Specialty 800-238-7828
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	4	LMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-aafi</i>)	4	LMSP
NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>)	4	LMSP
PROMACTA POWDER 12.5MG, 25MG (<i>eltrombopag olamine</i>)	4	LMSP-PA-QL QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG (<i>eltrombopag olamine</i>)	4	LMSP-PA-QL QL= 1 tab/day

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG (<i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i>)	3	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG (<i>fe asp gly-fe polysaccharide-succ acid-c-threonic acid-b12-fa</i>)	1	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i>)	1	-

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

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

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AMICAR TAB 1000MG, 500MG (<i>aminocaproic acid</i>)	3	-
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	1	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	1	-
LYSTEDA TAB 650MG (<i>tranexamic acid</i>)	3	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
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	-

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

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

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

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ROZEREM TAB 8MG (<i>ramelteon</i>)	3	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfite</i>)	\$0	\$0 copay for members age 45-75 years; All other members covered at generic copay
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfite</i>)	\$0	QL \$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

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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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM (<i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i>)	2	QL QL= 2 fills/calendar year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
<i>lactulose soln</i>	1	-
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	-

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

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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	-
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		

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CERVICAL CAP (<i>cervical caps</i>)	\$0	-
DIAPHRAGM 2% (<i>diaphragm wide seal</i>)	\$0	-
FEMALE CONDOMS (<i>condoms - female</i>)	\$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS (<i>condoms - male</i>)	\$0	OTC-QL QL= 12 condoms/fill
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

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

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DEXCOM G7 SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER (<i>continuous glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 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

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

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OMNIPOD 5 G6 PODS MISC (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/30 days
OMNIPOD 5 G7 KIT INTRO (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD DASH PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
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

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ONETOUCH VERIO FLEX METER <i>(blood glucose monitoring supplies)</i>	\$0	OTC
ONETOUCH VERIO IQ METER <i>(blood glucose monitoring supplies)</i>	\$0	OTC
ONETOUCH VERIO METER <i>(blood glucose monitoring supplies)</i>	\$0	OTC
ONETOUCH VERIO REFLECT METER <i>(blood glucose monitoring supplies)</i>	\$0	OTC
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

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

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TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>respiratory therapy supplies</i>)	2	OTC
AEROCHAMBER SUPPLIES (<i>spacer/aerosol-holding chamber supplies - bags</i>)	2	-
PEAK FLOW METER (<i>peak flow meter</i>)	1	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
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

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

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SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML <i>(sumatriptan succinate)</i>	1	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	1	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML <i>(sumatriptan succinate)</i>	2	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
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		

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K-PHOS NEUTRAL TAB 130MG-155MG-852MG (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	3	-
K-PHOS TAB 500MG (<i>potassium phosphate monobasic</i>)	2	-
<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	1	-
<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	1	-
POTASSIUM - Drugs to treat electrolyte disorders		
K-TAB 8MEQ (<i>potassium chloride</i>)	3	-
K-TAB 10MEQ, 20MEQ (<i>potassium chloride</i>)	3	-
<i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv)	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-
<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	1	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	1	-
<i>potassium chloride soln 10%, 20%</i>	1	-

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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	-
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
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

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EXC	Plan Exclusion	INF	Infertility	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

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

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

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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		
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	-

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ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
<i>chlorhexidine gluconate soln</i> (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% (<i>chlorhexidine gluconate (mouth-throat)</i>)	3	-
DENTAL PRODUCTS - Drugs to prevent cavities		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% (<i>sodium fluoride-potassium nitrate</i>)	1	-
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	-
<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	-

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
NEONATAL 19 TAB <i>(prenatal vitamin-folic acid)</i>	3	-
NEONATAL FE TAB <i>(prenatal multivitamins w/ iron-folic acid)</i>	3	-
PRENATABS RX TAB <i>(prenatal vit w/ iron carbonyl-folic acid)</i>	3	-
PRENATAL 19 CHEW TAB <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	3	-
PRENATAL 19 TAB <i>(prenatal vit w/ docusate-fe fumarate-folic acid)</i>	3	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRENATAL VITAMINS (NON-PREFERRED) <i>(prenatal w/o a w/ fe asparto glyc-l methylfolate-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
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

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

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<i>chlorzoxazone tab 500mg 500MG</i>	1	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	1	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	1	-
FLEQSUVY SUSP 1MG/ML, 5MG/ML (<i>baclofen</i>)	3	PA Prior Authorization required for members age 9 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	-
<i>methocarbamol tab</i> (ROBAXIN Equiv)	1	-
ROBAXIN TAB 750MG (<i>methocarbamol</i>)	3	-
SKELAXIN TAB 800MG (<i>metaxalone</i>)	3	-
SOMA TAB 350MG (<i>carisoprodol</i>)	3	QL QL=120 tabs/30 days
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG (<i>tizanidine hcl</i>)	3	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
DANTRIUM CAP 25MG, 50MG (<i>dantrolene sodium</i>)	3	-
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	1	-
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS ***		

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

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

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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
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	-

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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
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		

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BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
BETAGAN OPTH SOLN (<i>levobunolol hcl</i>)	3	-
<i>brimonidine/timolol ophth soln .2%-.5%</i> (COMBIGAN Equiv)	1	-
COMBIGAN OPTH SOLN .2%-.5% (<i>brimonidine tartrate-timolol maleate</i>)	3	-
COSOPT OPTH 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 OPTH SOLN .5% (BETAGAN Equiv) (<i>levobunolol hcl</i>)	1	-
<i>levobunolol ophth soln</i> (BETAGAN Equiv)	1	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	1	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	1	-
TIMOPTIC OPTH SOLN .25%, .5% (<i>timolol maleate (ophth)</i>)	3	-
TIMOPTIC-XE OPTH GEL .25%, .5% (<i>timolol maleate (ophth)</i>)	3	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
<i>atropine ophth oint 1%</i>	1	-

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EXC	Plan Exclusion	INF	Infertility	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 4/4/2025

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>atropine ophth soln 1% (ISOPTO ATROPINE Equiv)</i>	1	-
ATROPINE SUL SOLN 1% OPTH 1% (<i>atropine sulfate (ophthalmic)</i>)	1	-
ATROPINE SULFATE OPTH OINT 1% (<i>atropine sulfate (ophthalmic)</i>)	1	-
CYCLOGYL OPTH SOLN .5%, 2% (<i>cyclopentolate hcl</i>)	3	-
CYCLOGYL OPTH SOLN 1% (<i>cyclopentolate hcl</i>)	3	-
CYCLOMYDRIL OPTH SOLN .2%-1% (<i>cyclopentolate w/ phenylephrine</i>)	2	-
<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	1	-
HOMATROPINE OPTH SOLN 5% (<i>homatropine hbr</i>)	2	-
MYDRIACYL OPTH 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 OPTH SOLN (<i>carbachol (ophth)</i>)	2	-
ISOPTO CARPINE OPTH SOLN 1%, 2%, 4% (<i>pilocarpine hcl</i>)	3	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>pilocarpine ophth soln 1%, 2%, 4% (ISOPTO CARPINE Equiv)</i>	1	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
ALPHAGAN P OPTH SOLN 0.15% .1%, .15% <i>(brimonidine tartrate)</i>	3	-
APRACLONIDINE OPTH SOLN .5% <i>(apraclonidine hcl)</i>	2	-
<i>apraclonidine ophth soln .5% (IOPIDINE Equiv)</i>	1	-
<i>brimonidine ophth soln 0.15% .15% (ALPHAGAN P 0.15% Equiv)</i>	1	-
<i>brimonidine ophth soln 0.2% .2%</i>	1	-
<i>brimonidine tartrate ophth soln 0.1% .1% (ALPHAGAN Equiv)</i>	1	-
IOPIDINE OPTH SOLN 1% <i>(apraclonidine hcl)</i>	2	-
IOPIDINE OPTH SOLN <i>(apraclonidine hcl)</i>	3	-
SIMBRINZA OPTH 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 OPTH OINT 500UNIT/GM <i>(bacitracin (ophthalmic))</i>	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv)	1	-
<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	1	-
BLEPH-10 OPHTH SOLN 10% (<i>sulfacetamide sodium (ophth)</i>)	3	-
CILOXAN OPHTH OINT .3% (<i>ciprofloxacin hcl (ophth)</i>)	3	-
CILOXAN OPHTH SOLN .3% (<i>ciprofloxacin hcl (ophth)</i>)	3	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	1	-
<i>erythromycin ophth oint 5MG/GM</i>	1	-
<i>gatifloxacin ophth soln .5%</i> (ZYMAXID Equiv)	1	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
GENTAK OPHTH OINT .3% (<i>gentamicin sulfate (ophth)</i>)	1	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	1	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	1	-
LEVOFLOXACIN OPHTH SOLN 0.5% .5% (<i>levofloxacin (ophth)</i>)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	1	-
NATACYN OPHTH SUSP 5% (<i>natamycin</i>)	2	QL QL= 15ml/fill
NEOMYCIN/POLYMXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-gramicidin</i>)	1	-
NEOSPORIN OPHTH SOLN (<i>neomycin-polymyxin-gramicidin</i>)	3	-
OCUFLOX OPHTH SOLN .3% (<i>ofloxacin (ophth)</i>)	3	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	1	-
<i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv)	1	-
POLYTRIM OPHTH SOLN .1%-10000UNIT/ML (<i>polymyxin b-trimethoprim</i>)	3	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	1	-
<i>tobramycin ophth soln</i> (TOBREX Equiv)	1	-
TOBREX OPHTH OINT .3% (<i>tobramycin (ophth)</i>)	3	-
TOBREX OPHTH SOLN (<i>tobramycin sulfate (ophth)</i>)	3	-
TRIFLURIDINE OPHTH SOLN 1% (<i>trifluridine</i>)	1	-
VIGAMOX OPHTH SOLN .5% (<i>moxifloxacin hcl (ophth)</i>)	3	-

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

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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% <i>(sulfacetamide sod-prednisolone)</i>	3	-
DEXAMETHASONE OPHTH SOLN .1% <i>(dexamethasone sodium phosphate (ophth))</i>	2	-
<i>difluprednate ophth emulsion .05%</i> (DUREZOL Equiv)	1	-
DUREZOL OPHTH EMULSION .05% <i>(difluprednate)</i>	3	-
FLAREX OPHTH SUSP .1% <i>(fluorometholone acetate)</i>	3	-
<i>fluorometholone ophth soln .1%</i> (FML LIQUIFILM Equiv)	1	-
FML FORTE OPHTH SUSP .25% <i>(fluorometholone (ophth))</i>	3	-
FML LIQUIFILM OPHTH SUSP .1% <i>(fluorometholone (ophth))</i>	3	-
FML S.O.P. OPHTH OINT .1% <i>(fluorometholone (ophth))</i>	3	-
LOTEMAX OPHTH OINT .5% <i>(loteprednol etabonate)</i>	2	-
LOTEMAX OPHTH SUSP .5% <i>(loteprednol etabonate)</i>	3	-
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	1	-
<i>loteprednol ophth susp .2%, .5%</i> (LOTEMAX, ALREX Equiv)	1	-

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219

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MAXIDEX OPTH SOLN .1%, 9% (<i>dexamethasone ophth</i>)	2	-
MAXITROL OPTH OINT .1%-3.5MG/GM-10000UNIT/GM (<i>neomycin-polymy-dexameth</i>)	3	-
MAXITROL OPTH SUSP .1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymy-dexameth</i>)	3	-
<i>neomycin/polymyxin/dexamethasone ophth oint</i> .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln</i> .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-hc ophth</i>)	1	-
PRED FORTE OPTH SUSP (<i>prednisolone acetate ophth</i>)	3	-
PRED FORTE OPTH SUSP 1% (<i>prednisolone acetate ophth</i>)	3	-
PRED MILD OPTH SOLN .12% (<i>prednisolone acetate ophth</i>)	2	-
PRED-G OPTH SOLN .3%-1% (<i>gentamicin-prednisolone acetate</i>)	2	-

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>prednisolone acetate ophth susp 1%</i> (PRED FORTE Equiv)	1	-
PREDNISOLONE OPTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	1	-
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN 1% (<i>prednisolone sodium phosphate (ophth)</i>)	2	-
<i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPTH SOLN .23%-10% (<i>sulfacetamide sod-prednisolone</i>)	1	-
TOBRADEX OPTH OINT .1%-.3% (<i>tobramycin-dexamethasone</i>)	2	-
TOBRADEX OPTH SOLN .1%-.3% (<i>tobramycin-dexamethasone</i>)	3	-
TOBRADEX ST OPTH SUSP (<i>tobramycin-dexamethasone ophth susp</i>)	3	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	1	-
ZYLET OPTH SUSP .3%-.5% (<i>loteprednol etabonate-tobramycin</i>)	2	QL QL= 5ml/fill (10ml bottle is Not Covered)
OPHTHALMICS - MISC. - Miscellaneous eye agents		
ACULAR (LS) OPTH SOLN .4%, .5% (<i>ketorolac tromethamine (ophth)</i>)	3	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACUVAIL OPTH SOLN .45% (<i>ketorolac tromethamine (ophth)</i>)	3	-
ALOCRIL OPTH SOLN 2% (<i>nedocromil sodium (ophth)</i>)	2	-
ALOMIDE OPTH SOLN .1% (<i>lodoxamide tromethamine</i>)	2	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	1	-
AZOPT OPTH SUSP 1% (<i>brinzolamide</i>)	3	-
<i>bepotastine ophth soln 1.5%</i> (BEPREVE Equiv)	1	-
BEPREVE OPTH SOLN 1.5% (<i>bepotastine besilate</i>)	3	-
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	1	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	1	-
BROMFENAC OPTH SOLN 0.09% (TWICE DAILY) (<i>bromfenac sodium (ophth)</i>)	1	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	1	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-
CROMOLYN SODIUM OPTH SOLN 4% (<i>cromolyn sodium (ophth)</i>)	1	-
CYSTADROPS SOLN .37% (<i>cysteamine hcl</i>)	4	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYSTARAN OPTH 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 OPTH SOLN (<i>epinastine hcl (ophth)</i>)	3	-
EMADINE OPTH SOLN (<i>emedastine difumarate</i>)	3	-
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-
FLURBIPROFEN OPTH SOLN .03% (<i>flurbiprofen sodium</i>)	2	-
ILEVRO OPTH SUSP .3% (<i>nepafenac</i>)	2	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	1	OTC OTC covered only
LASTACAFT OPTH SOLN .25% (<i>alcaftadine</i>)	3	QL QL= 3ml/30 days
NEVANAC OPTH 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 OPTH SOLN .1% (<i>olopatadine hcl</i>)	3	-

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

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VAC	Vaccine Program				

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
OTIC STEROIDS - Drugs to treat ear swelling		
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% (<i>fluocinolone acetonide (otic)</i>)	3	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	1	-
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		

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225

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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, 5GM (<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	LD-PA Only available through Optum 877-445-6874
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	LD-PA Only available through CVS Specialty 800-238-7828
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	LD-PA Only available through Optum 877-445-6874

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226

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

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XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human)-klhw</i>)	4	LD-PA Only available through Diplomat Pharmacy 877-977-9118
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG (<i>amoxicillin</i>)	1	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	1	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
PENICILLIN G PROCAINE INJ 600000UNIT/ML (<i>penicillin g procaine</i>)	M	M
PENICILLIN G SODIUM INJ 5000000UNIT (<i>penicillin g sodium</i>)	M	M
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML (<i>penicillin v potassium</i>)	1	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	1	-
<i>pfizerpen g inj 20000000UNIT, 5000000UNIT</i> (PFIZERPEN G Equiv)	M	M
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG (<i>amoxicillin & pot clavulanate</i>)	3	-
<i>amoxicillin/clavulanate susp</i> 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML (AUGMENTIN ES Equiv)	1	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg</i> 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i>	M	M
AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML (<i>amoxicillin & pot clavulanate</i>)	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML (<i>amoxicillin & pot clavulanate</i>)	3	-
AUGMENTIN TAB 125MG-500MG (<i>amoxicillin & pot clavulanate</i>)	3	-
<i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i>	M	M
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		

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228

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	1	-
<i>nafcillin inj 10GM, 1GM, 2GM</i>	M	M
<i>oxacillin inj 10GM, 1GM, 2GM</i>	M	M
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES (<i>polyethylene glycol 8000</i>)	2	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
AYGESTIN TAB 5MG (<i>norethindrone acetate</i>)	3	-
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	4	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG (<i>progesterone</i>)	3	-
PROVERA TAB 10MG, 2.5MG, 5MG (<i>medroxyprogesterone acetate</i>)	3	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		

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229

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
ANTABUSE TAB (<i>disulfiram</i>)	3	-
<i>disulfiram tab 250MG</i> (ANTABUSE Equiv)	1	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM (<i>sodium oxybate</i>)	4	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523
LUMRYZ STARTER PACK (<i>sodium oxybate</i>)	4	LD-PA-QL QL= 1 packet/day; Only available through Accredo 800-803-2523
SODIUM OXYBATE SOLN 500MG/ML (<i>sodium oxybate</i>)	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
ARICEPT TAB 10MG, 5MG (<i>donepezil hydrochloride</i>)	3	QL QL= 2 tabs/day
ARICEPT TAB 23MG 23MG (<i>donepezil hydrochloride</i>)	3	QL QL= 1 tab/day
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 2 tabs/day

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230

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

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<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (<i>rivastigmine</i>)	3	ST Step Therapy requires trial of rivastigmine cap
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	1	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	1	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
NAMENDA TAB 10MG, 5MG (<i>memantine hcl</i>)	3	-
RAZADYNE ER CAP 16MG, 24MG, 8MG (<i>galantamine hydrobromide</i>)	3	-
RAZADYNE TAB (<i>galantamine hydrobromide</i>)	3	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG (<i>chlordiazepoxide-amitriptyline</i>)	1	-
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	1	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG (<i>perphenazine-amitriptyline</i>)	1	-
SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (<i>olanzapine-fluoxetine hcl</i>)	3	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK (<i>milnacipran hcl</i>)	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>)	2	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
AUSTEDO XR TAB 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG (<i>deutetrabenazine</i>)	4	LMSP-PA-QL QL= 1 tab/day
INGREZZA CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585

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INGREZZA PACK 40-80MG (<i>valbenazine tosylate</i>)	4	LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585
INGREZZA SPRINKLE CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through PantheRx 855-726-8479
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	1	LMSP
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>)	4	LMSP
BETASERON INJ .3MG (<i>interferon beta-1b</i>)	4	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	1	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	1	LMSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	1	LMSP
GILENYA CAP 0.25MG .25MG (<i>fingolimod hcl</i>)	4	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	1	LMSP
KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</i>)	4	LMSP

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MAVENCLAD 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 sulfate</i>)	2	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		
ERGOLOID MESYLATES TAB 1MG (<i>ergoloid mesylates</i>)	3	-
ORAP TAB (<i>pimozide</i>)	3	-
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	2	-

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SMOKING DETERRENTS - Drugs to treat smoking urges		
<i>bupropion SR tab</i> (ZYBAN Equiv)	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
NICOTINE KIT (<i>nicotine</i>)	\$0	OTC-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
NICOTROL INHALER 10MG (<i>nicotine</i>)	\$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>)	\$0	SMKG
VARENICLINE TAB .5MG, 1MG (<i>varenicline tartrate</i>)	\$0	SMKG
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	SMKG
<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	SMKG
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
WAINUA INJ 45MG/0.8ML (<i>eplontersen sodium</i>)	4	LD-PA-QL QL= 1 inj/28 days; Only available through Orsini 800-410-8575
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		

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KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG (<i>ivacaftor</i>)	4	LD-PA-QL QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046
KALYDECO TAB 150MG (<i>ivacaftor</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG (<i>lumacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046
ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046
PULMOZYME INH SOLN 2.5MG/2.5ML (<i>dornase alfa</i>)	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG (<i>tezacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046
TRIKAFTA TAB 25MG-50MG, 50MG-100MG (<i>elxacaftor-tezacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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 4/4/2025

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

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

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TETRACYCLINES - Drugs to treat infections		
<i>demeclocycline tab 150MG, 300MG</i> (DECLOMYCIN Equiv)	1	-
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	1	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	1	-
<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	-

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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, 20MG/10ML</i> (BENTYL Equiv)	1	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	1	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv)	1	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-
LEVBID TAB .375MG (<i>hyoscyamine sulfate</i>)	3	-
LEVSIN SL TAB .125MG (<i>hyoscyamine sulfate</i>)	3	-
LEVSIN TAB .125MG (<i>hyoscyamine sulfate</i>)	3	-
<i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv)	1	-
ROBINUL TAB 1MG, 2MG (<i>glycopyrrolate</i>)	3	-
SYMAX DUOTAB .375MG (<i>hyoscyamine sulfate</i>)	3	-
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	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
ACIPHEX TAB 20MG (<i>rabeprazole sodium</i>)	3	-
<i>esomeprazole cap 20MG, 40MG</i> (NEXIUM Equiv)	1	OTC
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	1	OTC
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	1	-
<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		

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

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<i>omeprazole tab 20MG</i>	1	OTC
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	-

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

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VESICARE TAB 10MG, 5MG (<i>solifenacin succinate</i>)	3	-
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.

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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
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

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COVID-19 VACCINE INJ 6M-11Y (MODERNA) 25MCG/0.25ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days
DENGVAXIA SUSP (<i>dengue virus vaccine live tetravalent</i>)	\$0	VAC
ENGRIX-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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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 4/4/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HAVRIX INJ, VAQTA INJ 1440ELU/ML, 25UNIT/0.5ML, 50UNIT/ML, 720ELU/0.5ML <i>(hepatitis a vaccine)</i>	\$0	VAC
HEPLISAV-B INJ 20MCG/0.5ML <i>(hepatitis b vaccine recombinant adjuvanted)</i>	\$0	VAC Covered for members age 19 years or older
IMOVAX INJ 2.5UNIT/ML <i>(rabies virus vaccine, hdc)</i>	\$0	VAC Covered for members age 19 years or older
IXCHIQ INJ <i>(chikungunya virus vaccine live)</i>	EXC	VAC
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

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247

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

Last Updated 4/4/2025

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TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML (<i>tick-borne encephalitis virus vaccine, inactivated</i>)	EXC	VAC
VARIVAX INJ 1350PFU/0.5ML (<i>varicella virus vaccine live</i>)	\$0	VAC Covered for members age 19 years or older
VIMKUNYA INJ 40MCG/0.8ML (<i>chikungunya virus vaccine recombinant vlp</i>)	EXC	VAC
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

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248

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

Last Updated 4/4/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CONTRACEPTIVE FILM 28% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE FOAM 12.5% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE SUPP 100MG (<i>nonoxynol-9</i>)	\$0	OTC
TODAY SPONGE 1000MG (<i>nonoxynol-9</i>)	\$0	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
CLEOCIN VAGINAL CREAM 2% (<i>clindamycin phosphate vaginal</i>)	3	-
CLEOCIN VAGINAL SUPP 100MG (<i>clindamycin phosphate vaginal</i>)	3	QL QL= 3 suppositories/fill
<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	-

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

Last Updated 4/4/2025

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>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv)	1	QL QL= 8 tabs/28 days (18 tabs on first fill)
ESTRING 2MG, 7.5MCG/24HR (<i>estradiol vaginal</i>)	2	-
FEMRING .05MG/24HR, .1MG/24HR (<i>estradiol acetate vaginal</i>)	3	3 copays per Rx
PREMARIN VAGINAL CREAM .625MG/GM (<i>estrogens, conjugated vaginal</i>)	2	-
VAGIFEM TAB 10MCG (<i>estradiol vaginal</i>)	3	QL QL= 8 tabs/28 days (18 tabs on first fill)
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		

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

Last Updated 4/4/2025

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>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	1	-
VITAMINS - Drugs to treat vitamin deficiency		
MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency		
PRENATAL VITAMINS (NON-PREFERRED) <i>(prenatal w/ calcium carbonate-vit b6-vit b12-folic acid)</i>	3	-
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	1	-
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
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

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251

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LMSF	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 4/4/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NIACIN TR CAP 500MG (<i>niacin</i>)	1	OTC
NIACIN TR TAB 1000MG (<i>niacin</i>)	1	OTC
<i>niacinamide tab 100MG, 500MG</i>	1	OTC
POTABA CAP 500MG (<i>potassium aminobenzoate</i>)	3	-
POTABA POWDER PACKET (<i>potassium aminobenzoate</i>)	2	-
SLO-NIACIN TAB 250MG, 500MG, 750MG (<i>niacin</i>)	3	OTC

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252

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ALPHABETICAL LISTING OF DRUGS

A			ACCUPRIL TAB	68	ADALIMUMAB-AATY 20	7
abacavir soln	108		acebutolol cap	119	MG/0.2 ML PFS (2	
abacavir tab	108		acetaminophen/codeine tab	17	SYRINGE) KIT	
abacavir/lamivudine tab	108		acetazolamide ER cap	158	ADALIMUMAB-AATY 40	7
abacavir/lamivudine/zidovu	108		acetazolamide tab	158	MG/0.4 ML PEN (1 PEN)	
dine tab			acetic acid otic soln	224	KIT	
ABILIFY TAB	108		acetic acid/hydrocortisone	225	ADALIMUMAB-AATY 40	7
abiraterone tab 250mg	85		otic soln		MG/0.4 ML PEN (2 PEN)	
acamprosate calcium DR	230		acetylcysteine soln	139	KIT	
tab			ACIPHEX TAB	242	ADALIMUMAB-AATY 40	7
acarbose tab	49		acitretin cap	145	MG/0.4 ML PFS (2	
ACCOLATE TAB	27		ACTHAR GEL INJ	162	SYRINGE) KIT	
ACCU-CHEK AVIVA	194		ACTIGALL CAP	171	ADALIMUMAB-AATY 80	7
PLUS METER			ACTIMMUNE INJ	100	MG/0.8 ML PEN (1 PEN)	
ACCU-CHEK AVIVA	156		ACTIVELLA TAB	167	KIT	
PLUS TEST STRIP			ACTONEL TAB	161	ADALIMUMAB-ADAZ	7
ACCU-CHEK GUIDE	194		ACTOS TAB	55	INJ	
CARE METER			ACULAR (LS) OPHTH	221	ADALIMUMAB-ADAZ	7
ACCU-CHEK GUIDE ME	194		SOLN		PFS INJ	
KIT			ACUVAIL OPHTH SOLN	222	ADALIMUMAB-FKJP	7
ACCU-CHEK GUIDE	156		acyclovir cap	116	AUTO-INJECTOR KIT	
TEST STRIP			acyclovir oint	147	ADALIMUMAB-FKJP	7
ACCU-CHEK NANO	194		acyclovir susp	116	AUTO-INJECTOR KIT	
METER			acyclovir tab	116	40MG/0.8ML	
ACCU-CHEK	156		ADACEL/BOOSTRIX INJ	240	ADALIMUMAB-FKJP	8
SMARTVIEW TEST STRI			ADALAT CC TAB	120	PFS KIT 20 MG/0.4ML	
ACCU-CHEK TEST STRI	156		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	139	ALBUTEROL	30	ALKINDI SPRINKLE CAI	133
adapalene gel	139	NEBULIZER SOLN		1MG	
adapalene/benzoyl	139	albuterol sulfate syrup	30	ALLEGRA ODT	62
peroxide gel 0.1-2.5%		albuterol sulfate tab	30	allopurinol tab	178
adapalene/benzoyl	139	albuterol/ipratropium neb	30	ALOCRILOPHTH SOLN	222
peroxide gel 0.3-2.5%		soln		ALOGLIPTIN TAB	52
ADBRY INJ	151	ALCAINE OPTH SOLN	218	ALOGLIPTIN-METFORM	49
adefovir dipivoxil tab	114	alclometasone cream	147	IN TAB	
ADEMPAS TAB	127	ALCLOMETASONE OINT	147	ALOGLIPTIN-PIOGLITA	49
ADIPEX-P CAP	2	ALCOHOL SWABS	197	ONE TAB	
ADIPEX-P TAB	2	ALDACTAZIDE TAB	158	ALOMIDE OPTH SOLN	222
ADVAIR HFA INHALER	29	ALDACTAZIDE TAB	159	ALORA PATCH	168
ADVATE, KOVALTRY INJ	178	50-50MG		alosetron tab	173
ADYNOVATE INJ	178	ALDACTONE TAB	160	ALPHAGAN P OPTH	215
AEROCHAMBER	198	ALDARA CREAM	152	SOLN 0.15%	
AEROCHAMBER	198	ALECENSA CAP	88	ALPHANATE, HUMATE-I	179
SUPPLIES		alendronate sodium oral	161	INJ	
AFLURIA INJ, FLUZONE	245	soln		ALPHANINE SD INJ	179
INJ		alendronate tab	161	alprazolam tab	24
AFSTYLA KIT	179	ALENDRONATE TAB	161	ALPROLIX INJ	179
AGRYLIN CAP	184	40MG		ALREX OPTH SUSP	218
AIMOVIG INJ	198	alfuzosin SR tab	177	0.2%	
AJOVY INJ	199	ALINIA TAB	76	ALTACE CAP	68
AKYNZEO CAP	60	aliskiren tab	74	ALTUVIII INJ	179
albendazole tab	22	ALKERAN TAB	81	ALUNBRIG TAB 30MG	88
ALBENZA TAB	22	ALKINDI SPRINKLE CAI	133	ALUNBRIG TAB 90MG,	88
albuterol HFA inhaler	29	0.5MG		180MG	
albuterol neb soln	29			ALVESCO INHALER	28

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ALPHABETICAL LISTING OF DRUGS

amantadine cap	102	amnestem cap, claravis	140	ANDROGEL 1% 50MG,	19
amantadine soln	103	cap, isotretinoin cap,		TESTIM GEL 1%	
amantadine syrup	102	myorisan cap, zenatane cap		ANDROGEL 1.62%	19
amantadine tab	102	amoxapine tab	48	1.25GM	
AMARYL TAB	56	amoxicillin cap	227	ANDROGEL 1.62%	19
AMBIEN CR TAB	189	AMOXICILLIN CHEW	227	2.5GM	
AMBIEN TAB	189	TAB		ANDROGEL PUMP	19
ambrisentan tab	125	amoxicillin susp	227	1.62%	
amethyst tab	129	amoxicillin tab	227	ANNOVERA RING	132
AMICAR SOLN	188	AMOXICILLIN/CLAVUL	228	ANORO ELLIPTA	30
AMICAR TAB	189	ANATE ER TAB		INHALER	
amikacin inj	5	amoxicillin/clavulanate	228	ANTABUSE TAB	230
amiloride tab	160	susp		ANUSOL-HC CREAM	21
AMILORIDE/HCTZ TAB	159	amoxicillin/clavulanate tab	228	ANZEMET TAB	59
amiloride/hydrochlorothia	159	500-125mg, 875-125mg		APAP/CODEINE SOLN	17
zide tab		amphetamine/dextroamphe	1	apraclonidine ophth soln	215
aminocaproic acid soln	189	tamine ER cap		aprepitant pak	60
aminocaproic acid tab	189	amphetamine/dextroamphe	1	APTIVUS CAP	108
amiodarone tab	26	tamine tab		APTIVUS SOLN	109
amitriptyline tab	47	ampicillin cap	227	aranelle tab	129
amlodipine tab	121	ampicillin/sulbactam inj	228	arformoterol tartrate neb	30
amlodipine/atorvastatin tab	123	ANAFRANIL CAP	48	soln	
amlodipine/benazepril cap	71	anagrelide cap	184	ARICEPT TAB	230
amlodipine/olmesartan tab	71	ANASPAZ ODT	240	ARICEPT TAB 23MG	230
amlodipine/valsartan tab	71	anastrozole tab	85	ARIMIDEX TAB	85
ammonium lactate cream	151	ANCOBON CAP	60	aripiprazole soln	108
ammonium lactate lotion	151	ANDRODERM PATCH	19	aripiprazole tab	108
		ANDROGEL 1% 25MG	19	ARIXTRA INJ	34

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ALPHABETICAL LISTING OF DRUGS

armodafinil tab	4	ATROPINE SUL SOLN	214	AZILECT TAB	103
ARMOUR THYROID	239	1% OPTH		azithromycin susp	192
TAB, NATURE THROID		ATROPINE SULFATE	214	azithromycin tab	192
TAB		OPHTH OINT		AZOPT OPTH SUSP	222
ARNUITY ELLIPTA	28	ATROVENT HFA	27	AZOR TAB	71
INHALER		INHALER		AZULFIDINE EN TAB	172
AROMASIN TAB	85	AUGMENTIN ES-600	228	AZULFIDINE TAB	172
ARTHROTEC TAB	9	SUSP			
asenapine maleate SL tab	106	AUGMENTIN SUSP	228	B	
ASMANEX HFA	28	AUGMENTIN TAB	228	BACITRACIN OPTH	215
INHALER		AUGTYRO CAP	88	OINT	
ASMANEX INHALER	29	AUGTYRO CAP 160MG	89	bacitracin/neomycin/poly	216
aspirin chew tab 81mg	12	AURYXIA TAB	174	myxin b ophth oint	
aspirin ec tab 81mg	12	AUSTEDO XR TAB	232	bacitracin/polymyxin b	216
ASTAMED MYO CAP	157	AVALIDE TAB	71	ophth oint	
atazanavir cap	109	avanafil tab	123	bacitracin/polymyxin/neo	218
ATELVIA TAB	161	AVAPRO TAB	69	mycin/hydrocortisone	
atenolol tab	119	AVELOX TAB	169	ophth oint	
atenolol/chlorthalidone tab	71	aviane tab	129	BACLOFEN ORAL SOLN	208
atomoxetine cap	3	AVODART CAP	177	10 MG/5ML	
ATORVALIQ SUSP	66	AVONEX INJ	233	BACLOFEN ORAL SOLN	208
atorvastatin tab	66	AYGESTIN TAB	229	5 MG/5ML	
atovaquone susp	76	AYVAKIT TAB	87	BACLOFEN SUSP	208
atovaquone/proguanil tab	79	AZASITE SOLN	215	baclofen tab	208
ATRALIN GEL, RETIN-A	140	azathioprine tab	117	BACTRIM DS TAB	75
GEL		azelaic acid gel	154	BALCOLTRA TAB	129
atropine ophth oint	213	azelastine nasal spray 0.1%	210	balsalazide cap	172
atropine ophth soln	214	azelastine ophth soln	222	BALVERSA TAB 3MG	89
				BALVERSA TAB 4MG	89

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ALPHABETICAL LISTING OF DRUGS

BALVERSA TAB 5MG	89	bepotastine ophth soln	222	bexarotene cap	100
BANZEL SUSP	35	BEPREVE OPTH SOLN	222	bexarotene gel	144
BAQSIMI NASAL	51	BESREMI INJ	100	BEXSERO INJ	244
POWDER		BETAGAN OPTH SOLN	213	BIAXIN TAB	192
BARACLUDE SOLN	114	betamethasone augmented	147	bicalutamide tab	85
BARACLUDE TAB	115	cream		BIJUVA CAP	167
B-D AUTOSHIELD DUO	197	BETAMETHASONE	148	BIKTARVY TAB	109
PEN NEEDLE		AUGMENTED GEL		BILTRICIDE TAB	22
B-D INSULIN SYRINGE	197	betamethasone augmented	148	bimatoprost ophth soln	152
U-500		lotion		bisoprolol tab	119
BECONASE AQ NASAL	211	betamethasone augmented	148	bisoprolol/hydrochlorothia	72
SPRAY		oint		zide tab	
benazepril tab	68	betamethasone	148	BLEPH-10 OPTH SOLN	216
benazepril/hydrochlorothia	71	dipropionate cream		BLEPHAMIDE S.O.P.	219
zide tab		betamethasone	148	OPHTH OINT	
BENEFIX INJ	179	dipropionate lotion		BONIVA TAB 150MG	161
BENICAR HCT TAB	72	betamethasone	148	bosentan tab	125
BENLYSTA	204	dipropionate oint		BOSULIF CAP	89
AUTO-INJECTOR		betamethasone valerate	148	BOSULIF TAB	89
BENLYSTA INJ	204	cream		BRAFTOVI CAP 75MG	89
BENTYL CAP	240	betamethasone valerate	148	BREO ELLIPTA	30
BENTYL SYRUP	240	lotion		INHALER	
BENZACLIN GEL	140	betamethasone valerate	148	BREO ELLIPTA	30
BENZAMYCIN GEL	140	oint		INHALER 50-25	
BENZNIDAZOLE TAB	22	BETAPACE AF TAB	119	MCG/ACT	
benzonatate cap 100mg,	136	BETAPACE TAB	119	BREZTRI AEROSPHERE	30
200mg		BETASERON INJ	233	INHALER	
benztropine tab	101	bethanechol tab	244	BRILINTA TAB	184

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ALPHABETICAL LISTING OF DRUGS

brimonidine ophth soln 0.15%	215	buprenorphine patch	18	CABLIVI INJ KIT	184
brimonidine ophth soln 0.2%	215	buprenorphine SL tab	18	CABOMETYX TAB	89
brimonidine tartrate gel	154	buprenorphine/naloxone sl film	18	CADUET TAB	123
brimonidine tartrate ophth soln 0.1%	215	buprenorphine/naloxone SL tab	18	CALAN SR TAB	121
brimonidine/timolol ophth soln	213	bupropion ER tab	44	calcipotriene cream	145
brinzolamide ophth susp	222	bupropion SR tab	235	calcipotriene oint	145
bromfenac ophth soln	222	bupropion tab	44	calcipotriene soln	145
BROMFENAC OPTH	222	bupropion XL tab	44	calcitonin nasal spray	161
SOLN 0.09% (TWICE DAILY)		buspirone tab	24	calcitriol cap	164
bromfenac sodium ophth soln 0.07%	222	busulfan inj	81	CALCITRIOL OINT	145
bromocriptine cap	102	BUSULFEX INJ	81	calcitriol soln	164
bromocriptine tab	102	butorphanol nasal spray	19	calcium acetate cap	174
BROVANA NEB SOLN	31	BUTRANS PATCH	19	CALIBRATION LIQUID	194
BROVEX PEB LIQUID	137	BYDUREON BCISE	53	CALQUENCE TAB	90
BRUKINSA CAP	89	AUTO INJ		CAMZYOS CAP	122
budesonide ER tab	134	BYDUREON INJ	53	capecitabine tab	82
budesonide inh susp	29	BYDUREON PEN INJ	53	CAPRELSA TAB	90
budesonide rectal foam	21	BYETTA INJ	53	CAPRELSA TAB 300MG	90
budesonide SR cap	134	BYLVAY CAP 1200MCG	172	captopril tab	68
budesonide/formoterol inhaler	31	BYLVAY CAP 400MCG	172	CAPTOPRIL/HYDROCHL	72
bumetanide tab	159	BYLVAY SPRINKLE CAP 200MCG	172	OROTHIAZIDE TAB	
		BYLVAY SPRINKLE CAP 600MCG	172	CAPVAXIVE INJ	244
		C		CARAFATE SUSP	242
		cabergoline tab	166	CARAFATE TAB	241
				carbamazepine chew tab	35
				carbamazepine ER cap	36
				carbamazepine ER tab	36
				carbamazepine susp	36

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ALPHABETICAL LISTING OF DRUGS

carbamazepine tab	36	CEFAZOLIN INJ	128	CHLORDIAZEPOXIDE/A	232
CARBATROL CAP	36	cefdinir cap	128	MITRIPTYLINE TAB	
carbidopa tab	101	cefdinir susp	128	chlorhexidine gluconate	205
carbidopa/levodopa ER tab	102	CEFDITOREN TAB	128	soln	
CARBIDOPA/LEVODOPA	102	cefixime cap	128	chloroquine tab	79
ODT		cefixime susp	128	CHLOROTHIAZIDE TAB	160
carbidopa/levodopa tab	102	CEFOTAXIME INJ	128	chlorpromazine tab	107
carbidopa-levodopa-entaca	104	cefoxitin inj	128	chlorthalidone tab	160
pone tab		CEFPODOXIME	129	chlorzoxazone tab 500mg	209
CARBINOXAMINE SOLN	62	PROXETIL SUSP		CHOLBAM CAP	170
carbinoxamine tab	62	cefpodoxime proxetil tab	129	cholestyramine lite	64
CARDIZEM CD CAP	121	ceftriaxone inj	129	powder	
CARDIZEM TAB	121	cefuroxime tab	128	cholestyramine lite	64
CARDURA TAB	70	CELEBREX CAP	9	powder pack	
carglumic acid tab	164	celecoxib cap	9	cholestyramine powder	64
carisoprodol tab	208	CELEXA TAB	45	cholestyramine powder	64
CARISPIR SUSP	160	CELONTIN CAP	42	pack	
CARNITOR SOLN	164	CENTANY OINT	142	CIBINQO TAB	151
CARNITOR TAB	164	cephalexin cap	128	ciclopirox cream	142
carvedilol tab	118	cephalexin susp	128	ciclopirox gel	142
CASODEX TAB	85	CERDELGA CAP	185	ciclopirox nail soln	142
CATAPRES-TTS PATCH	70	CEREZYME INJ	185	ciclopirox shampoo	142
CAVERJECT INJ	123	CERVICAL CAP	194	ciclopirox topical susp	143
CAYSTON INH SOLN	77	CESAMET CAP	60	cilostazol tab	184
cefaclor cap	128	cesia tab	129	CILOXAN OPHTH OINT	216
CEFACLOR ER TAB	128	cevimeline cap	205	CILOXAN OPHTH SOLN	216
CEFACLOR SUSP	128	CHEMET CAP	57	CIMDUO TAB	109
cefazolin inj	127	chlordiazepoxide cap	24	cimetidine tab	241

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CIMZIA INJ	172	CLEOCIN VAGINAL	249	clobetasol propionate oint	148
cinacalcet tab	164	CREAM		clobetasol propionate soln	148
CINRYZE INJ	183	CLEOCIN VAGINAL	249	clobetasol shampoo	148
CIPRO HC OTIC SUSP	225	SUPP		clobetasol spray	149
CIPRO SUSP	169	CLEOCIN-T LOTION	140	CLOBEX LOTION	149
CIPRO TAB	169	CLEOCIN-T PAD	140	CLOBEX SHAMPOO	149
CIPRODEX OTIC SUSP	225	CLEOCIN-T SOLN	140	CLOBEX SPRAY	149
CIPROFLOXACIN	169	CLIMARA PATCH	168	clomipramine cap	48
100MG TAB		clindamycin cap	77	clonazepam ODT	35
ciprofloxacin hcl otic soln	224	clindamycin gel	140	clonazepam tab	35
ciprofloxacin ophth soln	216	clindamycin lotion	140	clonidine ER tab	3
ciprofloxacin susp	170	clindamycin pad	140	clonidine patch	70
ciprofloxacin tab	170	clindamycin soln	77	clonidine tab	70
ciprofloxacin/dexamethasone otic susp	225	clindamycin topical soln	140	clopidogrel tab 75mg	184
citalopram soln	45	clindamycin vaginal cream	249	clotrimazole troches	204
citalopram tab	45	clindamycin/benzoyl peroxide gel	140	clotrimazole/betamethasone cream	143
CITRULLINE PACKET	212	CLINDESSE VAGINAL	248	clozapine tab	106
CLARINEX SYRUP	62	CREAM		CLOZARIL TAB	106
CLARINEX TAB	62	clobazam susp	34	COAGADEX INJ	179
CLARINEX-D TAB	137	clobazam tab	34	CODEINE SULFATE TAB	12
clarithromycin ER tab	192	clobetasol foam	148	15MG	
CLARITHROMYCIN	193	clobetasol lotion	148	codeine sulfate tab 60mg	13
SUSP		clobetasol propionate	148	codeine sulfate tablet	13
clarithromycin tab	193	cream		15mg, 30mg	
CLARITIN CHEW TAB	62	clobetasol propionate	148	COLAZAL CAP	173
CLEOCIN CAP	77	emollient cream		colchicine tab	178
CLEOCIN SOLN	77	clobetasol propionate gel	148	colchicine/probenecid tab	177

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ALPHABETICAL LISTING OF DRUGS

colesevelam pack	64	CONTRAVE TAB	2	cromolyn conc	171
colesevelam tab	64	COPIKTRA CAP	90	cromolyn neb soln	26
COLESTID GRANULE	64	CORDARONE TAB	26	cromolyn ophth soln	222
COLESTID POWDER	64	COREG TAB	119	CROMOLYN SODIUM	222
PACK		CORGARD TAB	120	OPHTH SOLN	
COLESTID TAB	65	CORIFACT KIT	179	cryselle tab	129
colestipol granule	65	CORLANOR TAB	127	CUE COVID-19 TEST	156
colestipol powder packet	65	CORTEF TAB	134	CARTRIDGE	
colestipol tab	65	CORTENEMA	21	CUE HEALTH MONITOR	156
COLY-MYCIN S OTIC	225	CORTISPORIN CREAM	142	CUVPOSA SOLN	242
SUSP		CORTISPORIN OINT	142	cyanocobalamin inj	185
COMBIGAN OPHTH	213	COSOPT OPHTH SOLN	213	cyanocobalamin nasal	186
SOLN		COTELIC TAB	90	spray 500 mcg/0.1ml	
COMBIPATCH	168	COUMADIN TAB	33	cyclobenzaprine tab 10mg	209
COMBIVENT RESPIMAT	31	COVID-19 TEST	156	cyclobenzaprine tab 5mg	209
INHALER		COVID-19 VACCINE INJ	245	CYCLOGYL OPHTH	214
COMETRIQ KIT	90	5-11Y (PFIZER)		SOLN	
COMIRNATY INJ	245	COVID-19 VACCINE INJ	246	CYCLOMYDRIL OPHTH	214
COMIRNATY INJ	245	6M-11Y (MODERNA)		SOLN	
30MCG/0.3ML		COVID-19 VACCINE INJ	246	cyclopentolate ophth soln	214
COMPLERA TAB	109	6M-4Y (PFIZER)		cyclophosphamide cap	81
COMTAN TAB	101	COZAAR TAB	69	CYCLOPHOSPHAMIDE	81
CONCEPT DHA CAP	207	CREATINE PACKET	212	TAB	
CONCEPTROL GEL	248	5000MG		CYCLOSET TAB	52
CONTRACEPTIVE FILM	249	CREON CAP	158	cyclosporine cap	117
CONTRACEPTIVE FOAM	249	CRESTOR TAB	66	cyclosporine modified cap	118
CONTRACEPTIVE GEL	249	CRINONE GEL	250	cyclosporine modified	118
CONTRACEPTIVE SUPP	249	CRIXIVAN CAP	109	soln	

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cyclosporine ophth emulsion	218	deferasirox granules packet	57	DERMOTIC OIL	225
ciproheptadine syrup	63	deferasirox tab	58	DESCOVY TAB	109
ciproheptadine tab	63	deferasirox tab for oral susp	58	desipramine tab	48
CYSTADROPS SOLN	222	deferiprone tab	58	DESLORATADINE ODT	62
CYSTAGON CAP	176	DELESTROGEN INJ	169	desloratadine tab	62
CYSTARAN OPHTH SOLN	223	DELSTRIGO TAB	109	desmopressin acetate nasal spray	166
CYTOMEL TAB	239	demeclocycline tab	238	desmopressin acetate tab	166
CYTOTEC TAB	242	DENAVIR CREAM	147	desoximetasone cream	149
CYTRA K CRYSTALS	175	DENG VAXIA SUSP	246	desoximetasone oint	149
CYTRA-3 SYRUP	175	DEPAKENE CAP	43	desvenlafaxine ER tab	47
D		DEPAKENE SYRUP	43	DETROL LA CAP	243
dabigatran etexilate mesylate cap	34	DEPAKOTE ER TAB	43	DETROL TAB	243
dalfampridine ER tab	233	DEPAKOTE SPRINKLE CAP	43	DEXAMETHASONE	134
DALIRESP TAB	28	DEPAKOTE TAB	43	CONC	
danazol cap	20	DEPEN TITRATAB	202	dexamethasone elixir	134
DANTRIUM CAP	209	DEPLIN CAP	157	DEXAMETHASONE	219
dantrolene cap	209	DEPO-MEDROL INJ	134	OPHTH SOLN	
dapsone tab	77	DEPO-MEDROL INJ, METHYLPREDNISOLON	134	dexamethasone sodium phosphate inj	134
darifenacin SR tab	243	E ACE INJ		DEXAMETHASONE	134
darunavir tab	109	DEPO-PROVERA INJ	133	SOLN	
dasatinib tab	90	DEPO-PROVERA SC INJ	133	dexamethasone tab	134
DAYBUE SOLN	212	104MG		DEXCOM G6 RECEIVER	194
DDAVP NASAL SOLN	166	DERMA-SMOOTH/FS	149	DEXCOM G6 SENSOR	194
DDAVP NASAL SPRAY	166	OIL		DEXCOM G6	194
DDAVP TAB	166			TRANSMITTER	
				DEXCOM G7 RECEIVER	194

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ALPHABETICAL LISTING OF DRUGS

DEXCOM G7 SENSOR	195	diclofenac gel 1%	144	DILANTIN CAP 30MG	42
DEXEDRINE CAP	1	diclofenac potassium tab	9	DILANTIN INFATABS	42
dexmethylphenidate ER cap	4	diclofenac sodium EC tab	9	DILANTIN SUSP	42
dexmethylphenidate tab	4	diclofenac sodium ophth soln	223	DILAUDID TAB 2MG	13
dextroamphetamine ER cap	1	diclofenac sodium XR tab	9	DILAUDID TAB 4MG	13
dextroamphetamine soln	1	diclofenac/misoprostol DR tab	9	DILAUDID TAB 8MG	13
dextroamphetamine tab	1	diclofenac/misoprostol DR tab	9	diltiazem ER cap	121
DIACOMIT CAP	36	diclofenac/misoprostol DR tab	9	diltiazem tab	121
DIACOMIT POWDER PACK	36	dicloxacillin cap	229	dimethyl fumarate DR cap	233
DIALYVITE TAB	206	dicyclomine cap	240	dimethyl fumarate DR starter pack	233
DIALYVITE/ZINC TAB	206	dicyclomine soln	240	DIOVAN HCT TAB	72
DIAPHRAGM	194	dicyclomine tab	240	DIOVAN TAB	69
DIASTAT ACDL GEL	35	didanosine DR cap	109	DIPENTUM CAP	173
DIASTAT RECTAL GEL,	35	DIFFERIN CREAM	140	diphenhydramine cap	62
DIAZEPAM RECTAL GEL		DIFFERIN GEL	140	50mg	
diazepam conc	24	DIFICID SUSP	193	diphenhydramine inj	62
DIAZEPAM GEL	35	DIFICID TAB	193	DIPHENOXYLATE/ATRO	57
diazepam oral soln	24	DIFLUCAN SUSP	61	PINE LIQUID	
5mg/5ml		DIFLUCAN TAB	61	diphenoxylate/atropine tab	57
diazepam rectal gel	35	difluprednate ophth emulsion	219	DIPROLENE AF CREAM	149
diazepam tab 2mg, 10mg	24	digoxin soln	122	DIPROLENE OINT	149
diazepam tab 5mg	24	DIGOXIN SOLN	122	dipyridamole tab	184
diazoxide susp	51	0.05MG/ML		disopyramide cap	25
DIBENZYLINE CAP	69	digoxin tab	122	disulfiram tab	230
diclofenac gel	144	dihydroergotamine mesylate inj	198	DITROPAN XL TAB	243
		DILANTIN CAP 100MG	42	DIURIL SUSP	160
				divalproex ER tab	43

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divalproex sodium DR tab	43	dronabinol cap	60	efavirenz/lamivudine/tenof	110
divalproex sprinkle cap	43	drospirenone/ethinyl	130	ovir df (lo) tab	
dofetilide cap	26	estradiol/levomefolate tab		EFFEXOR XR CAP	47
donepezil ODT	230	DROSPIRENONE/ETHIN	130	EFFIENT TAB	184
donepezil tab	230	YL		EFUDEX CREAM	144
donepezil tab 23mg	231	ESTRADIOL/LEVOMEFC		EGRIFTA INJ	163
DOPTelet TAB	186	LATE TAB, SAFYRAL TA		ELDEPYRL CAP	103
dorzolamide ophth soln	223	DROXIA CAP	185	ELESTAT OPHTH SOLN	223
dorzolamide/timolol ophth	213	DRYSOL SOLN	154	ELIDEL CREAM	153
soln		DUAC GEL	140	ELIGEN B12 TAB	157
DOVATO TAB	109	DULERA INHALER	31	ELIMITE CREAM	155
DOVONEX CREAM	145	duloxetine EC cap	47	ELIQUIS TAB, ELIQUIS	33
doxazosin tab	70	DUPIXENT INJ	151	STARTER PACK	
doxepin cap	48	DUPIXENT PEN INJ	151	ELIXOPHYLLIN ELIXIR	33
doxepin conc	48	DUREZOL OPHTH	219	ELLA TAB	132
doxercalciferol cap	164	EMULSION		ELMIRON CAP	177
doxycycline hyclate cap	238	dutasteride cap	177	ELOCON CREAM	149
doxycycline hyclate tab	238	E		ELOCON OINT	149
doxycycline monohydrate	238	EBGLYSS INJ	151	ELOCTATE INJ	180
cap 100mg		EBGLYSS PEN INJ	151	eluryng vaginal ring	132
doxycycline monohydrate	238	econazole cream	143	EMADINE OPHTH SOLN	223
cap 50mg		EDECRIN TAB	159	EMCYT CAP	85
doxycycline monohydrate	238	EDEX INJ	123	EMEND CAP	60
tab		EDURANT TAB	109	EMGALITY INJ	199
doxycycline susp	238	EFAVIRENZ CAP	109	EMGALITY INJ	199
D-PENAMINE TAB	117	efavirenz tab	109	100MG/ML	
DRISDOL CAP	251	efavirenz/emtricitabine/ten	110	EMPAVELI INJ	183
DRITHO-SCALP CREAM	145	ofovir df tab		EMSAM PATCH	45

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emtricitabine cap	110	epinastine ophth soln	223	erythromycin pad	141
emtricitabine/tenofovir	110	epinephrine pen inj	250	erythromycin soln	141
disoproxil fumarate tab		0.15mg, 0.3mg		erythromycin tab	193
EMTRIVA SOLN	110	EPIVIR HBV SOLN	115	erythromycin/benzoyl	141
EMVERM TAB	22	eplerenone tab	74	peroxide gel	
ENABLEX TAB	243	EPRONTIA SOLN	36	ESBRIET CAP	237
enalapril maleate oral soln	68	EQUETRO CAP	105	ESBRIET TAB 267MG	237
enalapril tab	68	ERGOLOID MESYLATES	234	ESBRIET TAB 801MG	237
enalapril/hydrochlorothiazide tab	72	TAB		ESCAVITE CHEW TAB	206
ENBREL INJ 25MG	12	ergotamine	198	escitalopram soln	45
ENBREL INJ 50MG	12	tartrate/caffeine tab		escitalopram tab	45
ENBREL MINI INJ	12	ERGOTAMINE W/	198	esomeprazole cap	242
ENBREL SURECLICK	12	CAFFEINE		ESPEROCT INJ	180
INJ 50MG		ERIVEDGE CAP	84	estazolam tab	189
ENDOMETRIN INSERT	250	ERLEADA TAB	85	ESTRACE TAB	169
ENGERIX-B INJ,	246	ERLEADA TAB 240MG	85	ESTRACE VAGINAL	249
RECOMBIVAX-HB INJ		erlotinib tab	84	CREAM	
enoxaparin inj	34	erlotinib tab 25mg	84	estradiol cream	249
enpresse tab	130	ertapenem inj	76	estradiol patch	169
ENSPRYNG INJ	203	ERY PAD	141	estradiol tab	169
entacapone tab	101	ERYTHROMYCIN CAP	193	estradiol vaginal tab,	250
entecavir tab	115	DR		yuvafem vaginal tab	
ENTYVIO SC INJ	173	ERYTHROMYCIN EC	193	estradiol valerate inj	169
EPANED SOLN	68	CAP		estradiol/norethindrone tab	168
EPIDIOLEX SOLN	36	erythromycin	193	ESTRING	250
EPIDUO GEL 0.1-2.5%	141	ethylsuccinate susp		eszopiclone tab	190
EPIFOAM AEROSOL	149	erythromycin gel	141	ethacrynic tab	159
		erythromycin ophth oint	216	ethambutol tab	80

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ALPHABETICAL LISTING OF DRUGS

ethosuximide cap	42	famotidine tab	241	FERREX 28 TAB	187
ethosuximide soln	43	FARESTON TAB	85	FERRIPROX SOLN	57
etodolac cap	9	FARXIGA TAB	56	fesoterodine fumarate ER	243
etodolac ER tab	10	FASENRA PEN INJ	26	tab	
etodolac tab	10	febuxostat tab	178	FIBRYGA, RIASTAP INJ	180
ETOPOSIDE CAP	101	FEIBA INJ	180	FILSPARI TAB	176
etravirine tab	110	felbamate susp	40	FINACEA GEL	154
EULEXIN CAP	85	felbamate tab	40	finasteride tab	152
everolimus tab	90	FELBATOL SUSP	40	finingolimod hcl cap 0.5mg	233
everolimus tab	203	FELBATOL TAB	40	FINTEPLA SOLN	37
(ZORTRESS equiv)		FELDENE CAP	10	FIRDAPSE TAB	79
everolimus tab for oral	90	felodipine ER tab	121	FIRST	74
susp		FEM PH GEL	248	METRONIDAZOLE SUSP	
EVISTA TAB	163	FEMALE CONDOMS	194	FIRST MOUTHWASH	204
EVOTAZ TAB	110	FEMARA TAB	85	BLM	
EVOXAC CAP	205	FEMHRT TAB	168	FIRVANQ SOLN	76
EVRYSDI SOLN	212	FEMLYV TAB	130	25MG/ML	
EXELDERM SOLN	143	FEMRING	250	FIRVANQ SOLN	76
EXELON PATCH	231	fenofibrate cap 67mg,	65	50MG/ML	
exemestane tab	85	134mg, 200mg		FLAGYL TAB	74
EXFORGE TAB	72	fenofibrate tab 48mg,	65	FLAREX OPHTH SUSP	219
EZALLOR SPRINKLE	66	54mg, 145mg, 160mg		flecainide tab	25
CAP		fenofibric acid DR cap	65	FLEQSUVY SUSP	209
ezetimibe tab	67	FENOFIBRIC TAB	65	FLOLIPID SUSP	66
F		FENOFIBRIC TAB,	65	FLOMAX CAP	177
FALESSA TAB	157	FIBRICOR TAB		FLORIVA PLUS DROPS	206
famciclovir tab	116	fantanyl patch	13	FLUAD INJ	246
famotidine susp	241	ferrex 150 forte cap	187	FLUBLOK INJ	246

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FLUCELVAX INJ	246	fluorouracil cream	144	FLUTICASONE-SALMET	32
fluconazole susp	61	FLUOROURACIL	144	EROL INHALER 55-14	
fluconazole tab	61	CREAM 0.5%		MCG/ACT	
flucytosine cap	60	fluorouracil soln	144	fluvastatin ER tab	66
fludrocortisone tab	136	fluoxetine cap	45	fluvoxamine ER cap	46
FLULAVAL INJ, FLUARI	246	fluoxetine soln	45	fluvoxamine tab	46
INJ		fluoxetine tab 60mg	46	FLUZONE HIGH DOSE	246
FLUMADINE TAB	116	fluphenazine tab	107	PF INJ	
FLUMIST NASAL	246	FLURBIPROFEN OPHTH	223	FML FORTE OPHTH	219
fluocinolone acetonide	149	SOLN		SUSP	
cream		FLURBIPROFEN TAB	10	FML LIQUIFLIM OPHTH	219
fluocinolone acetonide oil	149	flutamide cap	86	SUSP	
fluocinolone acetonide	149	FLUTICASONE DISKUS	29	FML S.O.P. OPHTH OINT	219
oint		INHALER		FOCALIN TAB	4
fluocinolone acetonide	149	FLUTICASONE HFA	29	FOCALIN XR CAP	4
soln		INHALER		FOLBEE PLUS CZ TAB	206
fluocinolone otic oil	225	fluticasone nasal spray	211	folbee tab	187
fluocinonide cream 0.05%	149	fluticasone propionate	150	folic acid tab 1mg	186
fluocinonide cream 0.1%	149	cream		folic acid tab 400mcg	186
fluocinonide emollient	149	fluticasone propionate oint	150	folic acid tab 800mcg	186
cream		fluticasone/salmeterol	31	FOLTANX TAB	157
fluocinonide gel	150	inhaler, wixela inhaler		fondaparinux inj	34
fluocinonide oint	150	FLUTICASONE-SALMET	31	formoterol fumarate neb	32
fluocinonide soln	150	EROL INHALER 113-14		soln	
FLUORIDEX	205	MCG/ACT		FOSAMAX TAB	161
SENSITIVITY PASTE		FLUTICASONE-SALMET	31	fosamprenavir tab	110
fluorometholone ophth	219	EROL INHALER 232-14		foscarnet sodium inj	114
soln		MCG/ACT		FOSCAVIR INJ	114

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ALPHABETICAL LISTING OF DRUGS

fosinopril tab	68	FUROSEMIDE SOLN	159	GILOTRIF TAB	84
fosinopril/hydrochlorothia	72	furosemide tab	160	glatiramer inj	233
zide tab				GLEOSTINE/LOMUSTIN	81
FOSRENOL CHEW TAB	174	G		E CAP	
FOSRENOL POWDER	174	gabapentin cap	37	glimepiride tab	56
PACK		gabapentin soln	37	glipizide ER tab	56
FOTIVDA CAP	91	gabapentin tab 600mg	37	glipizide tab	56
FRAGMIN INJ	34	gabapentin tab 800mg	37	glipizide/metformin tab	49
FREESTYLE LIBRE 2	195	GABITRIL TAB	41	GLOPERBA SOLN	178
RECEIVER		galantamine ER cap	231	GLUCAGEN HYPOKIT	51
FREESTYLE LIBRE 2	195	galantamine tab	231	INJ	
SENSOR		GALZIN CAP	202	glucagon (rdna) for inj kit	51
FREESTYLE LIBRE	195	GAMASTAN INJ	226	GLUCAGON EMR INJ	51
2-PLUS SENSOR		GAMMAGARD INJ	226	GLUCAGON INJ KIT	51
FREESTYLE LIBRE 3	195	GASTROCROM CONC	171	GLUCOPHAGE TAB	50
READER		gatifloxacin ophth soln	216	GLUCOPHAGE XR TAB	50
FREESTYLE LIBRE 3	195	GAVILYTE-C SOLN	191	GLUCOTROL TAB	56
SENSOR		GAVRETO CAP	91	GLUCOTROL XL TAB	56
FREESTYLE LIBRE	195	gefitinib tab	84	GLYBURID MCR TAB	56
3-PLUS SENSOR		gemfibrozil tab	65	glyburide tab	56
FREESTYLE LIBRE	195	GENOTROPIN INJ	163	glyburide/metformin tab	49
RECEIVER		GENTAK OPTH OINT	216	glycopyrrolate oral soln	242
FREESTYLE LIBRE	195	gentamicin ophth soln	216	glycopyrrolate tab	241
SENSOR (14-DAY)		gentamicin sulfate cream	142	GLYGEST PAK	157
FRUZAQLA CAP 1MG	83	gentamicin sulfate oint	142	GLYNASE TAB	56
FRUZAQLA CAP 5MG	83	GENVOYA TAB	110	GOLYTELY SOLN	191
FULPHILA INJ	186	GEODON CAP	105	granisetron tab	59
FUROSCIX KIT	159	gianvi tab, ocella tab	130	GRANISOL SOLN	59
		GILENYA CAP 0.25MG	233		

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ALPHABETICAL LISTING OF DRUGS

griseofulvin micro tab	60	halobetasol propionate	150	HUMULIN R INJ	54
griseofulvin susp	61	oint		HUMULIN R INJ U-500	54
griseofulvin tab	61	haloperidol lactate conc	106	HUMULIN R U-500	54
GRIS-PEG TAB	61	haloperidol tab	106	KWIKPEN INJ	
guaifenesin/codeine soln	137	HAVRIX INJ, VAQTA INJ	247	HYCANTIN CAP	81
GUAIFENESIN/CODEINE	137	HECTOROL CAP	164	HYCODAN SYRUP	137
SYRUP		HEMLIBRA INJ	180	HYD POL/CPM SUSP	137
guanfacine ER tab	3	HEMOFIL M, KOATE INJ	180	hydralazine tab	74
guanfacine IR tab	70	HEPLISAV-B INJ	247	HYDREA CAP	101
GUANIDINE TAB	80	HEXALEN CAP	81	hydrochlorothiazide cap	160
GVOKE INJ	51	HIPREX TAB	78	hydrochlorothiazide tab	160
GVOKE INJ KIT	51	HIZENTRA INJ	226	hydrocodone/acetaminoph	17
GVOKE PFS INJ	51	HOMATROPINE OPTH	214	en soln	
H		SOLN		hydrocodone/acetaminoph	17
HADLIMA INJ	8	HUMALOG JR	53	en soln 10-325 mg/15ml	
(adalimumab-bwwd)		KWIKPEN INJ		hydrocodone/acetaminoph	17
HADLIMA INJ	8	HUMALOG KWIKPEN	54	en tab	
40MG/0.8ML		INJ		hydrocodone/acetaminoph	17
(adalimumab-bwwd)		HUMALOG MIX INJ	54	en tab 2.5-325mg	
HADLIMA PUSH INJ	8	HUMALOG MIX	54	hydrocodone/chlorphenira	137
(adalimumab-bwwd)		KWIKPEN, INSULIN		mine CR susp	
HADLIMA PUSH INJ	8	LISPRO MIX KWIKPEN		hydrocodone/chlorphenira	138
40MG/0.8ML		HUMALOG PEN INJ	54	mine/pseudoephedrine	
(adalimumab-bwwd)		HUMALOG TEMPO PEN	54	liquid	
HALCION TAB	190	HUMULIN MIX INJ	54	hydrocodone/homatropine	137
halobetasol propionate	150	HUMULIN MIX PEN INJ	54	syrup	
cream		HUMULIN N INJ	54	hydrocortisone cream	22
		HUMULIN N PEN INJ	54	hydrocortisone enema	21

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ALPHABETICAL LISTING OF DRUGS

hydrocortisone lotion	150	HYZAAR TAB	72	indapamide tab	160
HYDROCORTISONE	150	I		INDERAL LA CAP	120
LOTION 2.5%		ibandronate tab 150mg	161	indomethacin cap	10
hydrocortisone oint	150	ibuprofen susp (Rx ONLY)	10	indomethacin CR cap	10
hydrocortisone succinate	134	ibuprofen tab	10	INFANT FORMULA	157
inj 1000mg		icatibant inj	182	LIQUID	
hydrocortisone tab	135	ICLUSIG TAB	91	INFANT FORMULA	157
hydromorphone tab 2mg	13	IDELVION INJ	180	POWDER	
hydromorphone tab 4mg	13	IDHIFA TAB	91	INGREZZA CAP	232
hydromorphone tab 8mg	13	ILEVRO OPTH SUSP	223	INGREZZA PACK	233
hydroquinone cream	154	imatinib tab	91	40-80MG	
hydroxychloroquine tab	79	IMBRUVICA CAP 140MG	91	INGREZZA SPRINKLE	233
hydroxyprogesterone inj	229	IMBRUVICA CAP 70MG	91	CAP	
hydroxyurea cap	101	IMBRUVICA SUSP	92	INLYTA TAB	83
hydroxyzine pamoate cap	24	IMBRUVICA TAB 420MG	92	INLYTA TAB 1MG	83
HYDROXYZINE	24	IMCIVREE INJ	2	INQOVI TAB	88
PAMOATE CAP 100MG		imipramine pamoate cap	48	INSPIRA TAB	74
hydroxyzine syrup	24	imipramine tab	48	INSULIN GLARGINE	55
hydroxyzine tab	24	imiquimod cream	152	SOLN PEN-INJ	
HYFTOR GEL	153	IMITREX INJ	199	INSULIN LISPRO INJ	55
hyoscyamine sulfate CR	241	IMITREX TAB	199	INSULIN LISPRO JR	55
tab		IMOVAX INJ	247	KWIKPEN INJ	
hyoscyamine sulfate elixir	241	IMPAVIDO CAP	74	INSULIN LISPRO	55
hyoscyamine sulfate ODT	241	IMURAN TAB	118	KWIKPEN INJ	
hyoscyamine sulfate SL tab	241	INBRIJA INH POWDER	104	INTELENCE TAB 25MG	110
hyoscyamine tab	241	INCRELEX INJ	163	INTUNIV TAB	3
HYPER-SAL NEB SOLN	139	INCRUSE ELLIPTA	27	INVANZ INJ	76
HYQVIA INJ	226	INHALER		INVEGA TAB	105

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ALPHABETICAL LISTING OF DRUGS

INVIRASE CAP	110	isosorbide mononitrate ER	23	JYNARQUE TAB	167
INVIRASE TAB	110	tab		K	
IOPIDINE OPTH SOLN	215	isosorbide mononitrate tab	23	KALYDECO PAK	236
ipratropium nasal spray	210	ISOXSUPRINE TAB	124	KALYDECO TAB	236
ipratropium neb soln	27	itraconazole cap	61	KAPVAY TAB	3
irbesartan tab	70	itraconazole soln	61	KATERZIA SUSP	121
irbesartan/hydrochlorothia	72	ivabradine hcl tab	127	KEFLEX CAP	128
zide tab		ivermectin cream	154	kelnor tab	130
IRON	187	ivermectin tab	22	KENALOG INJ	135
POLYSACCH/THREONIC		IWILFIN TAB	101	KEPPRA SOLN	37
ACID/B12/FA CAP		IXCHIQ INJ	247	KEPPRA TAB	37
ISENTRESS (HD) TAB	110	IXIARO INJ	247	KEPPRA XR TAB	37
ISENTRESS CHEW TAB	110	IXINITY INJ	180	KESIMPTA INJ	233
ISENTRESS POWDER	111	J		ketoconazole cream	143
PACK		JAKAFI TAB	92	ketoconazole shampoo	143
isibloom tab, enskyce tab,	130	JANUMET TAB	49	ketoconazole tab	61
apri tab		JANUMET XR TAB	50	KETO-DIASTIX TEST	156
isoniazid syrup	80	JANUVIA TAB	52	STRIP	
isoniazid tab	80	JARDIANCE TAB	56	ketorolac inj 15mg/ml	10
ISOPTO CARBACHOL	214	JAYPIRCA TAB	92	ketorolac inj 30mg/ml	10
OPHTH SOLN		jinteli tab	168	ketorolac inj 60mg/2ml	10
ISOPTO CARPINE	214	JIVI INJ	181	ketorolac ophth soln	223
OPHTH SOLN		JOENJA TAB	202	ketorolac tab	10
ISORDIL TITRADOSE	22	jolessa tab, amethia tab	130	KETOSTIX	156
TAB		JULUCA TAB	111	ketotifen ophth soln	223
isosorbide dinitrate tab	22	JYLAMVO SOLN,	82	KEVZARA INJ	9
isosorbide dinitrate tab	23	XATMEP SOLN		KINERET INJ	9
40mg		JYNARQUE PAK	167	KISQALI PAK	88

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KISQALI TAB	92	LAMICTAL XR TAB	38	LENVIMA CAP	83
KLARON LOTION	141	LAMISIL TAB	61	LESCOL XL TAB	66
KLONOPIN TAB	35	lamivudine soln	111	letrozole tab	86
KLOXXADO NASAL	58	lamivudine tab	111	leucovorin tab	101
SPRAY		lamivudine tab 100mg	115	LEVALBUTEROL	32
KOGENATE FS INJ	181	lamivudine/zidovudine tab	111	INHALER, XOPENEX	
KOSELUGO CAP	92	lamotrigine chew tab	38	HFA INHALER	
KOSELUGO CAP 10MG	92	lamotrigine ER tab	38	levalbuterol neb soln	32
K-PHOS NEUTRAL TAB	201	lamotrigine starter kit	38	LEVAQUIN TAB	170
K-PHOS TAB	201	lamotrigine tab	38	LEVBIID TAB	241
KRAZATI TAB	92	LAMPIT TAB	76	levetiracetam ER tab	38
KRINTAFEL TAB	79	LANCET DEVICE	195	levetiracetam soln	38
K-TAB	201	LANCET KIT	195	levetiracetam tab	38
L		LANCETS	195	levobunolol ophth soln	213
labetalol tab	119	LANOXIN TAB	122	levocarnitine soln	164
LAC-HYDRIN CREAM	151	lansoprazole cap	242	levocarnitine tab	164
LAC-HYDRIN LOTION	152	lanthanum carbonate chew	174	levofloxacin ophth soln	216
lacosamide oral solution	37	tab		LEVOFLOXACIN OPHTH	216
lacosamide tab	37	lapatinib ditosylate tab	92	SOLN 0.5%	
LACTIC ACID LOTION	152	LASIX TAB	160	levofloxacin soln	170
lactulose soln	173	LASTACRAFT OPHTH	223	levofloxacin tab	170
LAGEVRIO CAP (EUA)	117	SOLN		levonorgestrel tab	132
LAGEVRIO CAP 200MG	117	latanoprost ophth soln	224	levonorgestrel-ethinyl	130
LAMICTAL CHEW TAB	37	LATUDA TAB	105	estradiol-fe tab	
LAMICTAL ODT KIT,	37	LEDIPASVIR/SOFOSBUV	115	levothyroxine tab	239
LAMICTAL XR KIT		IR TAB		LEVSIN SL TAB	241
LAMICTAL STARTER KIT	37	leflunomide tab	11	LEVSIN TAB	241
LAMICTAL TAB	38	lenalidomide cap	202	LEXAPRO TAB	46

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LEXIVA SUSP	111	lisinopril/hydrochlorothiaz	73	LOPROX SHAMPOO	143
l-glutamine powder packet	185	ide tab		loratadine cap	63
lidocaine cream 3%	153	LITFULO CAP	152	lorazepam conc	25
lidocaine gel	153	LITHIUM CARBONATE	104	lorazepam tab	25
lidocaine oint	153	CAP		LORBRENA TAB 100MG	92
lidocaine patch	153	lithium carbonate ER tab	104	LORBRENA TAB 25MG	93
lidocaine patch 5%	153	lithium carbonate tab	104	LORTAB	17
lidocaine soln	154	lithium oral solution	104	LORTAB ELIXIR	17
lidocaine viscous soln	204	LITHOBID TAB	105	losartan tab	70
lidocaine/hydrocortisone	21	LITHOSTAT TAB	177	losartan/hydrochlorothiaz	73
cream		LIVALO TAB	66	de tab	
lidocaine/prilocaine cream	154	LIVMARLI SOLN	172	LOTEMAX OPHTH OINT	219
LIDODERM PATCH	154	LIVMARLI SOLN	172	LOTEMAX OPHTH SUSP	219
LIKMEZ SUSP	75	19MG/ML		LOTENSIN HCT TAB	73
LINDANE SHAMPOO	155	LIVTENCITY TAB	114	LOTENSIN TAB	69
linezolid susp	77	L-METHYLFOLATE TAB	157	loteprednol etabonate	219
linezolid tab	77	LO LOESTRIN TAB	130	ophth gel	
LINZESS CAP	173	LODOSYN TAB	101	loteprednol ophth susp	219
liothyronine tab	239	loestrin tab	131	LOTREL CAP	73
LIPITOR TAB	66	lohist liquid	138	LOTRISONE CREAM	143
LIQUIGEN	212	LOKELMA PAK	204	LOTRONEX TAB	173
liraglutide soln	52	LOMOTIL TAB	57	lovastatin tab	66
pen-injector		LONSURF TAB	88	LOVAZA CAP	64
lisdexamfetamine	1	LOPID TAB	65	LOVENOX INJ	34
dimesylate cap		lopinavir/ritonavir soln	111	loxapine cap	106
lisdexamfetamine	1	lopinavir/ritonavir tab	111	lubiprostone cap	171
dimesylate chew tab		LOPRESSOR TAB	119	LUMAKRAS TAB	93
lisinopril tab	69	LOPROX CREAM	143	LUMAKRAS TAB 240MG	93

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ALPHABETICAL LISTING OF DRUGS

LUMAKRAS TAB 320MG	93	MAPROTILINE TAB	44	megestrol susp	86
LUMIGAN OPTH SOLN	224	maraviroc tab	111	megestrol tab	86
LUMRYZ PACK	230	MARINOL CAP	60	MEKINIST SOLN	93
LUMRYZ STARTER	230	MARPLAN TAB	45	MEKINIST TAB 0.5MG	93
PACK		MATULANE CAP	101	MEKINIST TAB 2MG	93
LUNESTA TAB	190	MAVENCLAD THERAPY	234	MEKTOVI TAB	94
LUPKYNIS CAP	203	PAK		meloxicam tab	10
LUPRON DEPOT INJ	86	MAVYRET PAK	115	MELPHALAN TAB	81
LUPRON DEPOT-PED	163	MAVYRET TAB	115	memantine ER cap	231
INJ		MAXALT MLT TAB	199	memantine sol	231
lurasidone hcl tab	105	MAXALT TAB	199	memantine tab	231
LUVIRA CAP	157	MAXIDEX OPTH SOLN	220	MENEST TAB	169
LYNPARZA TAB	93	MAXITROL OPTH OIN	220	MENTAX CREAM	143
LYSODREN TAB	86	MAXITROL OPTH	220	MEPHYTON TAB	251
LYSTEDA TAB	189	SUSP		MEPRON SUSP	76
LYTGOBI THERAPY	93	MAXZIDE TAB	159	mercaptopurine susp	82
PACK		MAYZENT TAB	234	mercaptopurine tab	82
LYUMJEV INJ	55	MAYZENT TAB STARTER	234	meropenem inj	76
LYUMJEV KWIKPEN INJ	55	PACK		mesalamine DR tab	173
LYUMJEV TEMPO PEN	55	MCT OIL	212	mesalamine enema	173
LYVISPAH GRANULE	209	meclizine chew tab	59	mesalamine ER cap	173
PACKET		meclizine tab	59	mesalamine supp	173
M					
MACROBID CAP	78	MEDROL DOSE PACK	135	mesna tab	101
MACRODANTIN CAP	78	MEDROL TAB	135	MESTINON TAB	80
MALARONE TAB	79	medroxyprogesterone inj	133	MESTINON TIMESPAN	80
malathion lotion	155	medroxyprogesterone tab	229	TAB	
MALE CONDOMS	194	mefenamic acid cap	10	METANX CAP	157
		mefloquine tab	79	metaxalone tab	209

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ALPHABETICAL LISTING OF DRUGS

metformin ER tab	51	methylphenidate ER cap	4	metronidazole tab	75
metformin soln	51	METHYLPHENIDATE ER	4	metronidazole vaginal gel	249
metformin tab	51	TAB		mexiletine hcl cap	25
methadone conc	14	methylphenidate soln	5	MICARDIS TAB	70
METHADONE SOLN	14	methylphenidate tab	5	MICONAZOLE 3 SUPP	249
10MG/5ML		methylprednisolone	135	200MG	
METHADONE SOLN	14	acetate inj		midazolam inj	190
5MG/5ML		methylprednisolone dose	135	midodrine tab	251
methadone tab	14	pack		mifepristone tab	52
methadone tab 10mg	15	methylprednisolone tab	135	mifepristone tab 200mg	166
METHADOSE CONC	15	methylprenisolone sod	135	MIFIPREX TAB	166
methazolamide tab	158	succinate inj		miglitol tab	49
methenamine hippurate tab	78	metoclopramide soln	171	miglustat cap	185
methimazole tab	239	metoclopramide tab	171	MINIPRESS CAP	70
METHITEST TAB	20	metolazone tab	160	MINOCIN CAP	238
methocarbamol tab	209	metoprolol ER tab	119	minocycline cap	238
methotrexate inj	82	metoprolol tab	119	minoxidil tab	74
METHOTREXATE IV	82	metoprolol/hydrochlorothi	73	MIRALAX	192
SOLN		azide tab		MIRAPEX TAB	102
methotrexate tab	82	METROCREAM	154	MIRENA IUD	133
methoxsalen cap	145	METROGEL 1%	154	mirtazapine ODT	44
methscopolamine tab	241	METROGEL VAGINAL	249	mirtazapine tab	44
methsuximide cap	43	GEL		MIRVASO GEL	155
methyl dopa tab	70	METROLOTION	154	misoprostol tab	242
methylergonovine tab	226	metronidazole cream	154	MOBIC TAB	10
METHYLIN SOLN	4	metronidazole gel	154	modafinil tab	5
methylphenidate CD cap	4	metronidazole gel 0.75%	155	mometasone cream	150
methylphenidate chew tab	4	metronidazole lotion	155	mometasone oint	150

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ALPHABETICAL LISTING OF DRUGS

mometasone soln	150	MULTIGEN TAB	188	MYLERAN TAB	82
MONODOX CAP	238	MULTIVITAMIN	206	MYNATAL-Z TAB	207
montelukast chew tab	27	FLUORIDE DROPS		MYRBETRIQ TAB	244
montelukast granule pack	27	0.25MG/ML		MYSOLINE TAB	38
montelukast tab	27	MULTIVITAMIN	206	N	
morphine sulfate ER tab	15	FLUORIDE DROPS		nabumetone tab	11
MORPHINE SULFATE	15	0.5MG/ML		nadolol tab	120
ORAL SOLN 10 MG/5ML		multivitamin tab	188	nafcillin inj	229
MORPHINE SULFATE	15	MULTIVITAMIN/FLOURI	207	naftifine cream	143
ORAL SOLN		DE CHEW 0.25MG		naftifine gel	143
100MG/5ML		MULTIVITAMIN/FLOURI	207	NAFTIN CREAM	143
morphine sulfate oral soln	15	DE CHEW 1MG		NAFTIN GEL	143
10mg/5ml		MULTIVITAMIN/FLUORI	207	naloxone hcl nasal spray	58
morphine sulfate soln	15	DE CHEW TAB		NALOXONE HCL SOLN	58
MORPHINE SULFATE	15	multivitamin/minerals tab	206	0.4MG/ML	
SOLN 20MG/5ML		mupirocin oint	142	naloxone inj	57
MORPHINE SULFATE	15	MUSE SUPP	123	naloxone prefilled inj	58
TAB		MYAMBUTOL TAB	80	naltrexone tab	57
MOTEGRITY TAB	170	MYCOBUTIN CAP	80	NAMENDA TAB	231
MOTOFEN TAB	57	mycophenolate DR tab	118	NAPROSYN EC TAB	11
MOTRIN SUSP	11	mycophenolate mofetil	118	NAPROSYN TAB	11
MOUNJARO INJ	52	cap		naproxen EC tab	11
MOVANTIK TAB	174	mycophenolate mofetil	118	naproxen tab	11
moxifloxacin ophth soln	217	susp		NARCAN NASAL SPRAY	58
moxifloxacin tab	170	mycophenolate mofetil tab	118	NARDIL TAB 15MG	45
MULTAQ TAB	26	MYDRIACYL OPHTH	214	NASACORT OTC NASAL	211
MULTIGEN FOLIC TAB	187	SOLN		SPRAY	
MULTIGEN PLUS TAB	188	MYFEMBREE TAB	168	NASCOBAL SPRAY	186

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ALPHABETICAL LISTING OF DRUGS

NATACYN OPTH SUSP	217	NEONATAL FE TAB	207	niacinamide tab	252
NATAZIA TAB	131	NEOSPORIN OPTH	217	nicotine gum	235
nateglinide tab	55	SOLN		NICOTINE KIT	235
NATROBA SUSP	155	NEPHROCAP	206	nicotine lozenge	235
NAYZILAM SPRAY	35	NEPHRON FA TAB	188	nicotine patch	235
nebivolol hcl tab	119	NEPTAZANE TAB	158	NICOTROL INHALER	235
NEBUSAL NEB SOLN	139	NERLYNX TAB	94	NICOTROL NASAL	235
NEFAZODONE TAB	47	NEUPRO PATCH	102	SPRAY	
nefazodone tab 50mg,	47	NEURONTIN CAP	38	nifedipine cap	121
250mg		NEURONTIN SOLN	38	nifedipine ER tab	121
NEFFY SPRAY	250	NEURONTIN TAB	38	nilutamide tab	86
NEMLUVIO INJ	152	600MG		nimodipine cap	121
neomycin tab	5	NEURONTIN TAB	39	NINLARO CAP	94
NEOMYCIN/POLYMIXIN	217	800MG		nitazoxanide tab	76
/GRAMICIDIN OPTH		NEVANAC OPTH SUSP	223	NITRO-BID OINT	23
SOLN		nevirapine ER tab	111	NITRO-DUR PATCH	23
neomycin/polymixin/hydro	225	NEVIRAPINE SUSP	111	NITRO-DUR PATCH	23
coritisone otic soln		nevirapine tab	111	0.3MG/HR, 0.8MG/HR	
neomycin/polymixin/hydro	225	NEXLETOL TAB	63	nitrofurantoin	78
coritisone otic susp		NEXLIZET TAB	64	macrocrystals cap	
neomycin/polymyxin/dexa	220	NEXPLANON IMPLANT	132	nitrofurantoin	78
methasone ophth oint		NEXTSTELLIS TAB	131	monohydrate cap	
neomycin/polymyxin/dexa	220	niacin cap	251	nitroglycerin lingual spray	23
methasone ophth soln		niacin CR tab	251	nitroglycerin patch	23
NEOMYCIN/POLYMYXI	220	niacin ER tab	67	nitroglycerin SL tab	23
N/HYDROCORTISONE		niacin tab	251	NITROLINGUAL PUMP	23
OPHTH SOLN		NIACIN TR CAP	252	SPRAY	
NEONATAL 19 TAB	207	NIACIN TR TAB	252	NITROSTAT SL TAB	23

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ALPHABETICAL LISTING OF DRUGS

NIVESTYM INJ	186	NOVOEIGHT INJ	181	O	
NIZATIDINE CAP	241	NOVOSEVEN RT INJ	181	OBIZUR INJ	181
NIZORAL A-D	143	NOXAFIL PAK	61	octreotide inj	167
SHAMPOO		NOXAFIL SUSP	61	OCTREOTIDE INJ	167
NIZORAL SHAMPOO	143	NOXAFIL TAB	61	100MCG	
norethindrone ace-ethinyl	131	np thyroid tab	239	OCUFLOX OPHTH SOLN	217
estradiol-fe cap		NUBEQA TAB	86	ODEFSEY TAB	112
norethindrone	131	NUCALA INJ	26	ODOMZO CAP	84
acetate/ethinyl estradiol FE		NUCORT LOTION	150	OFEV CAP	237
chew tab		NUCYNTA TAB	16	ofloxacin ophth soln	217
norethindrone	131	NUEDEXTA CAP	234	ofloxacin otic soln	224
acetate/ethinyl estradiol		NUTRITIONAL	158	ofloxacin tab	170
tab		SUPPLEMENT LIQUID		OGSIVEO TAB	94
norethindrone tab	133	NUTRITIONAL	158	OGSIVEO TAB 50MG	94
norethindrone/ethinyl	131	SUPPLEMENT POWDER		OHTUVAYRE SUSP	28
estradiol FE tab		NUVIGIL TAB	5	OJEMDA SUSP	94
NORLIQVA ORAL SOLN	121	NUWIQ INJ	181	OJEMDA TAB	94
NORPACE CAP	25	NUWIQ KIT	181	OJJAARA TAB	95
NORPRAMIN TAB	48	nystatin cream	143	olanzapine ODT	106
nortrel tab	131	nystatin oint	143	olanzapine tab	107
nortriptyline cap	48	nystatin powder	61	olanzapine/fluoxetine cap	232
nortriptyline oral soln	48	nystatin susp	204	OLLIZAC POWDER	157
NORVASC TAB	122	nystatin tab	61	olmesartan tab	70
NORVIR CAP	111	nystatin topical powder	144	olmesartan/hydrochlorothi	73
NORVIR POWDER PACK	111	nystatin/triamcinolone	144	azide tab	
NORVIR SOLN	111	cream		olopatadine ophth soln	223
NORVIR TAB	111	nystatin/triamcinolone oint	144	0.1%	
NOVAVAX INJ	247	NYVEPRIA INJ	186		

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ALPHABETICAL LISTING OF DRUGS

olopatadine ophth soln 0.2%	223	ONETOUCH DELICA LANCETS	196	ORENCIA SC INJ 125MG/ML	11
OLUMIANT TAB	6	ONETOUCH DELICA PLUS LANCETS	196	ORENCIA SC INJ 50MG/0.4ML	11
OLUX FOAM	150	ONETOUCH DELICA ULTRASOFT LANCETS	196	ORENCIA SC INJ 87.5MG/0.7ML	12
omega-3-acid ethyl esters cap	64	ONETOUCH METER	196	ORENITRAM TAB	124
omeprazole DR cap	242	ONETOUCH TEST STRIP	156	ORGOVYX TAB	86
omeprazole tab	243	ONETOUCH VERIO	197	ORIAHNN CAP	168
OMNICEF SUSP	129	FLEX METER		ORILISSA TAB 150MG	162
OMNIPOD 5 G6 INTRO KIT	195	ONETOUCH VERIO IQ METER	197	ORILISSA TAB 200MG	162
OMNIPOD 5 G6 PODS MISC	196	ONETOUCH VERIO METER	197	ORKAMBI GRANULES PACKET	236
OMNIPOD 5 G7 KIT INTRO	196	ONETOUCH VERIO REFLECT METER	197	ORKAMBI TAB	236
OMNIPOD 5 G7 MIS PODS	196	ONETOUCH VERIO TEST STRIP	156	ORSERDU TAB	86
OMNIPOD 5 INTRO KIT	196	ONFI SUSP	35	ORSERDU TAB 345MG	87
OMNIPOD 5 PACK PODS	196	ONFI TAB	35	oseltamivir cap	116
OMNIPOD DASH INTRO KIT	196	OPILL TAB	133	oseltamivir cap 30mg	116
OMNIPOD DASH PODS	196	OPSUMIT TAB	126	oseltamivir susp	116
OMNIPOD GO KIT	196	OPVEE NASAL SPRAY	58	OTEZLA STARTER PACK	11
OMNIPOD STARTER KIT	196	ORACIT SOLN	175	OTEZLA TAB	11
OMNITROPE INJ	163	ORAP TAB	234	OVACE PLUS CREAM	147
ondansetron ODT	59	ORAPRED ODT TAB	135	OVIDE LOTION	155
ondansetron soln	59	ORAPRED SOLN	135	oxacillin inj	229
ondansetron tab	59	ORENCIA CLICK INJ	11	oxcarbazepine susp	39
				oxcarbazepine tab	39
				oxiconazole nitrate cream	144

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OXSORALEN ULTRA CAP	145	PAXIL ORAL SUSP	46	pentoxifylline ER tab	183
oxybutynin ER tab	243	PAXIL TAB	46	PEPCID SUSP	241
oxybutynin syrup	243	PAXLOVID TAB	114	PEPCID TAB	241
oxybutynin tab	243	150-100MG		PERCOCET TAB	18
oxycodone soln	16	PAXLOVID TAB	114	PERFOROMIST NEB	32
oxycodone tab	16	300-100MG		SOLN	
oxycodone/acetaminophen tab	18	pazopanib tab	95	PERIDEX SOLN	205
OXYCODONE/ASPIRIN TAB	18	PCE TAB	193	permethrin cream	155
OXYTROL PATCH (OTC)	243	PEAK FLOW METER	198	perphenazine tab	107
OZEMPIC INJ	52	pediatric multiple	207	PERPHENAZINE/AMITRIPTYLINE TAB	232
P					
paliperidone ER tab	105	vitamins/fluoride soln		pfizerpen g inj	227
PALYNZIQ INJ	164	pediatric multiple	206	PHEBURANE ORAL	165
PAMELOR CAP	48	vitamins/fluoride/iron soln		PELLETS	
pantoprazole EC tab	242	peg 3350 soln (100 gram Moviprep equiv)	191	phenazopyridine tab	177
PARAGARD IUD	132	peg 3350/electrolytes soln	191	PHENELZINE SULFATE TAB	45
paricalcitol cap	165	PEGASYS INJ	115	phenelzine tab	45
PARLODEL CAP	102	PEG-INTRON INJ	115	phenobarbital elixir	189
PARLODEL TAB	102	PEMAZYRE TAB	95	phenobarbital tab	189
PARNATE TAB	45	penciclovir cream	147	phenoxybenzamine cap	69
paroxetine ER tab	46	penicillamine tab	202	phentermine cap	2
paroxetine oral susp	46	PENICILLIN G	227	phentermine tab	2
paroxetine tab	46	PROCAINE INJ		phenylephrine ophth soln	214
PATANOL OPTH SOLN	223	PENICILLIN G SODIUM INJ	227	phenytoin cap	42
PAXIL CR TAB	46	PENICILLIN VK SOLN	227	phenytoin chew tab	42
		penicillin vk tab	227	phenytoin susp	42
		pentamidine neb soln	75	PHEXXI GEL	248

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phlexy-10 tab	212	podofilox soln	153	potassium citrate/citric	175
PHOSLO CAP	174	polyethylene glycol 3350	192	acid powder pack	
PHOSLYRA SOLN	174	powder		potassium citrate/citric	175
phospha 250 neutral tab	201	POLYETHYLENE	229	acid soln	
phytonadione tab	251	GLYCOL 8000		potassium phosphate	201
PICATO GEL	145	GRANULES		monobasic tab	
PIFELTRO TAB	112	polymyxin b/trimethoprim	217	PRADAXA CAP	34
pilocarpine ophth soln	215	ophth soln		pramipexole tab	102
pilocarpine tab	205	POLYTRIM OPHTH	217	pramoxine/hydrocortisone	21
pimecrolimus cream	153	SOLN		cream	
PIMOZIDE TAB	234	POMALYST CAP	87	prasugrel tab	184
pindolol tab	120	posaconazole DR tab	61	pravastatin tab	67
pioglitazone tab	55	posaconazole susp	61	praziquantel tab	22
piperacillin/tazobactam inj	228	POTABA CAP	252	prazosin cap	71
PIQRAY TAB	95	POTABA POWDER	252	PRECOSE TAB	49
pirfenidone cap	237	PACKET		PRED FORTE OPHTH	220
pirfenidone tab 267mg	237	potassium bicarbonate	201	SUSP	
pirfenidone tab 801mg	237	effer tab		PRED MILD OPHTH	220
piroxicam cap	11	potassium chloride ER cap	201	SOLN	
pitavastatin calcium tab	67	potassium chloride ER tab	201	PRED-G OPHTH SOLN	220
PLAN B TAB	132	potassium chloride micro	201	prednisolone acetate ophth	221
PLAQUENIL TAB	79	tab		susp	
PLAVIX TAB 75MG	184	potassium chloride powder	201	prednisolone ODT	135
PLEGRIDY INJ	234	packet		PREDNISOLONE ODT	135
PLEGRIDY PEN INJ	234	potassium chloride soln	201	TAB	
PNEUMOVAX INJ	244	POTASSIUM CHLORIDE	202	PREDNISOLONE OPHTH	221
PODIAPN CAP	157	TAB ER		SUSP	
PODOCON SOLN	153	potassium citrate CR tab	175		

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PREDNISOLONE	221	PREVACID OTC CAP	242	PROMACTA TAB	186
SODIUM PHOSPHATE		PREVIDENT SOLN	205	12.5MG, 25MG	
OPHTH SOLN		PREVNAR 13 INJ	244	PROMACTA TAB 50MG	187
prednisolone soln	135	PREVNAR 20 INJ	245	PROMACTA TAB 75MG	187
PREDNISON SOLN	136	PREVYMIS PAK	114	promethazine DM syrup	138
prednisone tab	136	PREVYMIS TAB	114	promethazine supp	63
PREFEST TAB	168	PREZCOBIX TAB	112	promethazine syrup	63
pregabalin cap	39	PREZISTA SUSP	112	promethazine tab	63
pregabalin cap 225mg	39	PREZISTA TAB	112	PROMETHAZINE VC	138
pregabalin cap 300mg	39	PRIFTIN TAB	80	SYRUP	
pregabalin soln	39	primaquine tab	79	promethazine VC/codeine	138
PREHEVBRIO SUSP	247	primidone tab	39	syrup	
PREMARIN TAB	169	PRIMSOL SOLN	75	promethazine/codeine	138
PREMARIN VAGINAL	250	PRINIVIL TAB, ZESTRIL	69	syrup	
CREAM		TAB		PROMETHEGAN SUPP	63
PREMPHASE TAB,	168	PRISTIQ TAB	47	PROMETRIUM CAP	229
PREMPRO TAB		probenecid tab	178	propafenone ER cap	25
PRENATABS RX TAB	207	prochlorperazine supp	107	propafenone tab	25
PRENATAL 19 CHEW	207	prochlorperazine tab	108	PROPANOLOL ORAL	120
TAB		PROCTOCORT CREAM	150	SOLN 20MG/5ML	
PRENATAL 19 TAB	207	proctosol HC cream	21	proparacaine ophth soln	218
PRENATAL VITAMINS	208	PROFILNINE INJ	181	propranolol ER cap	120
(NON-PREFERRED)		progesterone cap	229	PROPRANOLOL SOLN	120
PRENATAL VITAMINS	251	PROGESTERONE SUPP	250	propranolol tab	120
(PRENATAL PLUS,		PROGLYCEM SUSP	52	propylthiouracil tab	239
PREPLUS, PRENAPLUS)		PROLENSA OPTH	224	PROSCAR TAB	177
PRETOMANID TAB	80	SOLN		pro-stat liquid	212
PREVACID CAP	242	PROMACTA POWDER	186	PROTOPIC OINT	153

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ALPHABETICAL LISTING OF DRUGS

protriptyline tab	48	quinidine sulfate tab	25	REPATHA PUSHTRONEX	68
PROVERA TAB	229	QVAR REDIHALER	29	INJ	
PROVIGIL TAB	5	R			
PROZAC CAP	46	RABAVERT INJ	247	REQUIP TAB	102
prucalopride succinate tab	170	rabeprazole EC tab	242	RESCRIPTOR TAB	112
PULMICORT INH SUSP	29	RADICAVA ORS	211	RESTORIL CAP 15MG	190
PULMOZYME INH SOLN	236	STARTER KIT		RESTORIL CAP 22.5MG	190
pyrazinamide tab	80	RADICAVA ORS SUSP	211	RESTORIL CAP 30MG	190
pyridostigmine CR tab	80	raloxifene tab	163	RESTORIL CAP 7.5MG	190
pyridostigmine tab	80	ramelteon tab	190	RETACRIT INJ	187
pyridstigmine soln	80	ramipril cap	69	RETEVMO CAP	95
pyrimethamine tab	79	RANEXA TAB	22	RETEVMO CAP 40MG	95
PYRUKYND TAB	185	ranolazine tab	22	RETEVMO TAB	95
PYRUKYND TAPER	185	rasagiline tab	103	RETEVMO TAB 40MG	95
PACK		RAZADYNE ER CAP	231	RETIN-A CREAM	141
Q		RAZADYNE TAB	231	REVATIO SUSP	126
QBRELIS SOLN	69	REBINYN INJ	182	REVATIO TAB	126
QINLOCK TAB	95	RECOMBIMATE INJ	182	REVLIMID CAP	203
QSYMIA CAP	2	REGLAN TAB	171	REYATAZ POWDER	112
QUESTRAN LITE	65	REGRANEX GEL	155	PACK	
POWDER		RELENZA DISKHALER	117	REYVOW TAB	199
QUESTRAN POWDER	65	REMERON SOLUTAB	44	REZDIFFRA TAB	171
QUESTRAN POWDER	65	REMERON TAB	44	REZLIDHIA CAP	95
PACK		renaphro cap	206	REZUROCK TAB	203
quetiapine tab	107	RENOVA CREAM	142	RHEUMATREX TAB	6
quetiapine XR tab	107	REVELA TAB	174	RHOFADE CREAM	155
quinapril tab	69	repaglinide tab	55	ribavirin cap	115
quinidine gluconate CR tab	25	REPATHA INJ	67	RIBAVIRIN TAB	115
				rifabutin cap	80

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ALPHABETICAL LISTING OF DRUGS

RIFADIN CAP	81	RIVIVE, REXTOVY	58	SANCUSO PATCH	59
RIFAMATE CAP	80	SPRAY		SANDIMMUNE SOLN	118
rifampin cap	81	RIXUBIS INJ	182	100MG/ML	
RIFATER TAB	80	rizatriptan ODT	199	SANTYL OINT	152
RIFLOZA INJ 160MG	176	rizatriptan tab	199	SAPHRIS SL TAB	107
riluzole tab	211	ROBAXIN TAB	209	sapropterin	165
RIMANTADINE TAB	117	ROBINUL TAB	241	dihydrochloride powder	
RINVOQ ER TAB	6	ROCALTROL CAP	165	packet	
RINVOQ ORAL SOLN	6	ROCALTROL SOLN	165	sapropterin	165
RIOMET SOLN	51	roflumilast tab	28	dihydrochloride soluble	
risedronate DR tab	162	ropinirole ER tab	103	tab	
risedronate tab	162	ropinirole tab	103	SAVELLA PAK	232
RISPERDAL M ODT	105	rosuvastatin tab	67	SAVELLA TAB	232
RISPERDAL SOLN	105	ROXICODONE TAB	16	SAXENDA INJ	2
RISPERDAL TAB	105	ROZEREM TAB	191	SCSEMBLIX TAB	96
risperidone microspheres	105	ROZLYTREK CAP	96	SCSEMBLIX TAB 100 MG	96
inj		ROZLYTREK PAK	96	scopolamine patch	59
RISPERIDONE ODT	106	RUBRACA TAB	96	selegiline cap	103
risperidone soln	106	rufinamide susp	39	selegiline tab	103
risperidone tab	106	rufinamide tab	39	selenium sulfide lotion	147
RITALIN LA CAP,	5	RUKOBIA ER TAB	112	selenium sulfide shampoo	147
APTENSIO XR CAP		RYBELSUS TAB	53	SELZENTRY SOLN	112
RITALIN TAB	5	RYDAPT CAP	96	SELZENTRY TAB	112
ritonavir tab	112	RYTHMOL SR CAP	26	SEMGLEE INJ, INSULIN	55
rivastigmine cap	231	S		GLARGINE-YFGN INJ	
rivastigmine patch	231	SALAGEN TAB	205	SEMGLEE PEN, INSULIN	55
RIVFLOZA INJ	176	SALEX SHAMPOO	153	GLARGINE-YFGN PEN	
RIVFLOZA VIAL	176	salsalate tab	12	SEMPREX-D CAP	138

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ALPHABETICAL LISTING OF DRUGS

SEROQUEL TAB	107	SINGULAIR GRANULE	27	SODIUM OXYBATE	230
SEROQUEL XR TAB	107	PACK		SOLN	
sertraline conc	46	SINGULAIR TAB	28	sodium polystyrene	118
sertraline tab	46	sirolimus soln	203	powder	
sevelamer powder pak	174	sirolimus tab	118	sodium polystyrene susp	118
sevelamer tab	174	SIVEXTRO TAB	77	sodium sulfacetamide	141
SEVENFACT INJ	182	SKELAXIN TAB	209	lotion	
SFROWASA ENEMA	173	SKYCLARYS CAP	212	sodium	141
SHINGRIX INJ	247	SKYRIZI INJ 150MG/ML	145	sulfacetamide/sulfur	
SIGNIFOR INJ	167	SKYRIZI INJ 180	173	cleanser 10-5%	
sildenafil susp	126	MG/1.2ML		sodium	141
sildenafil tab	123	SKYRIZI INJ	173	sulfacetamide/sulfur	
sildenafil tab 20mg	126	360MG/2.4ML		cleanser 9-4.5%	
SILVADENE CREAM	147	SKYTROFA INJ	163	sodium	141
silver sulfadiazine cream	147	SLO-NIACIN TAB	252	sulfacetamide/sulfur	
SIMBRINZA OPTH	215	SLYND TAB	133	emulsion 10-5%	
SUSP		smz/tmp (DS) tab	75	sodium/magnesium/potassi	191
SIMLANDI INJ	8	smz/tmp susp	75	um soln	
(adalimumab-ryvk)		SOD CHLORIDE INJ	202	SOFOSBUVIR/VELPATAS	115
SIMLANDI KIT	8	sodium chloride neb soln	139	VIR TAB	
(adalimumab-ryvk)		sodium citrate/citric acid	175	SOGROYA INJ	163
SIMPONI	8	soln		SOHONOS CAP 1.5MG	210
AUTO-INJECTOR 100MG		sodium fluoride cream	205	SOHONOS CAP 10MG	210
SIMPONI INJ 100MG	8	sodium fluoride gel	205	SOHONOS CAP 1MG	210
simvastatin tab	67	sodium fluoride paste	205	SOHONOS CAP 2.5MG	210
SINEMET CR TAB	103	sodium fluoride rinse	205	SOHONOS CAP 5MG	210
SINEMET TAB	103	sodium fluoride soln	200	solifenacin tab	243
SINGULAIR CHEW TAB	27	sodium fluoride tab	200	SOLU-CORTEF INJ	136

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SOLU-CORTEF INJ 100MG	136	SPS	204	SULFAMYLDON CREAM	147
SOLU-MEDROL INJ	136	STALEVO TAB	104	sulfasalazine EC tab	173
SOLU-MEDROL INJ 2GM	136	STAVUDINE CAP	112	sulfasalazine tab	173
SOLU-MEDROL PF INJ	136	STELARA INJ	146	sulindac tab	11
SOMA TAB	209	STENDRA TAB	123	SUMADAN WASH	141
SOMAVERT INJ	162	STEQUEYMA INJ	146	9-4.5%	
sorafenib tosylate tab	96	STEQUEYMA INJ 90MG	146	SUMATRIPTAN INJ	200
sotalol AF tab	120	STIMATE NASAL SOLN	166	SUMATRIPTAN INJ 6MG/0.5ML	200
sotalol tab	120	STIOLTO INHALER	32	sumatriptan tab	200
SOTYLIZE SOLN 5MG/ML	120	STIVARGA TAB	96	sunitinib malate cap	96
SPECTRACEF TAB	129	STRENSIQ INJ	165	SUNOSI TAB	3
SPEVIGO INJ	146	STRIBILD TAB	112	SUPRAX CAP	129
SPIKEVAX INJ	247	STRIVERDI RESPIMAT INHALER	32	SUPRAX CHEW TAB	129
SPIKEVAX INJ 50MCG/0.5ML	247	STROMECTOL TAB	22	SUPRAX SUSP	129
SPINOSAD SUSP	155	SUBOXONE SL FILM	19	SUPRAX SUSP 500MG/5ML	129
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	27	sucralfate susp	242	SURMONTIL CAP	48
spironolactone susp	160	sucralfate tab	241	SYMAX DUOTAB	241
spironolactone tab	160	SUFLAVE SOLN	192	SYMBYAX CAP	232
spironolactone/hydrochlor	159	sulfacetamide sodium ophth soln	217	SYMDEKO TAB	236
othiazide tab		sulfacetamide	221	SYMPROIC TAB	174
SPORANOX CAP	62	sodium/prednisolone ophth soln		SYMTUZA TAB	113
SPORANOX SOLN	62	SULFACETAMIDE/PRED	221	SYNAREL NASAL SOLN	164
sprintec 28 tab	131	NISOLONE OPTH		SYNJARDY TAB	50
		SOLN		SYNJARDY XR TAB	50
		sulfadiazine tab	237	10-1000MG, 25-1000MG	

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ALPHABETICAL LISTING OF DRUGS

SYNJARDY XR TAB	50	tamsulosin cap	177	tenofovir disoproxil	113
5-1000MG,		TAPAZOLE TAB	239	fumarate tab	
12.5-1000MG		TASIGNA CAP	97	TENORETIC TAB	73
SYNTHROID TAB	239	TASMAR TAB	102	TENORMIN TAB	119
T					
TABLOID TAB	82	tavaborole soln	144	TEPMETKO TAB	97
TABRECTA TAB	96	TAVNEOS CAP	183	TERAZOL CREAM	249
tacrolimus cap	118	tazarotene cream 0.05%	146	terazosin cap	71
tacrolimus oint	153	tazarotene cream 0.1%	146	terbinafine tab	61
tadalafil tab	124	TAZORAC CREAM	146	terbutaline sulfate tab	32
tadalafil tab (PAH)	126	TAZVERIK TAB	97	terconazole cream	249
tadalafil tab 2.5mg, 5mg	124	TECHLITE INSULIN	197	TERCONAZOLE CREAM	249
TADLIQ SUSP	126	SYRINGE		0.8%	
TAFINLAR CAP	97	TECHLITE PEN NEEDLE	197	terconazole supp	249
TAFINLAR TAB	97	TEGRETOL SUSP	39	teriflunomide tab	234
TAGRISSO TAB	84	TEGRETOL TAB	39	TERIPARATIDE INJ	162
TAKHZYRO INJ	184	TEGRETOL XR TAB	39	620MCG/2.48ML	
TAKHZYRO INJ	184	TEKTURN HCT TAB	73	TESSALON CAP	137
150MG/ML		TEKTURN TAB	74	testosterone cypionate inj	20
TALTZ INJ	146	telmisartan tab	70	TESTOSTERONE	20
TALTZ INJ 20MG/0.25ML	146	temazepam cap 15mg	190	ENANTHATE INJ	
TALTZ INJ 40 MG/0.5ML	146	temazepam cap 22.5mg	190	200MG/ML	
TALZENNA CAP 0.25MG	97	temazepam cap 30mg	190	testosterone gel 1% 25mg	20
TALZENNA CAP 0.5MG,	97	temazepam cap 7.5mg	190	testosterone gel 1% 50mg	20
0.75MG, 1MG		TEMOVATE CREAM	150	testosterone gel 1% pump	20
TAMIFLU CAP	117	TEMOVATE OINT	150	testosterone gel 1.62%	20
TAMIFLU CAP 30MG	117	temozolomide cap	82	1.25gm	
tamoxifen tab	87	TEMPO SMART BUTTON	197	testosterone gel 1.62%	20
				2.5gm	

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ALPHABETICAL LISTING OF DRUGS

TESTOSTERONE GEL	20	TIMOPTIC-XE OPHTH	213	tolcapone tab	102
PUMP 1%		GEL		tolterodine SR cap	243
testosterone gel pump	20	TINDAMAX TAB	75	tolterodine tab	243
1.62%		tinidazole tab	75	TOPAMAX SPRINKLE	39
testosterone soln	21	tiopronin tab	177	CAP	
TETANUS/DIPHThERIA	240	tiopronin tab delayed	177	TOPAMAX TAB	40
TOXOID INJ		release		TOPICORT CREAM	150
tetrabenazine tab	233	TIROSINT-SOL	240	TOPICORT OINT	151
tetracycline cap	238	TIVICAY PD TAB	113	topiramate sprinkle cap	40
TEZSPIRE INJ	26	TIVICAY TAB	113	topiramate tab	40
THALOMID CAP	117	tizanidine tab	209	TOPROL XL TAB	119
THEO-24 CAP	33	TOBI PODHALER	5	toremifene tab	87
theophylline ER tab	33	TOBRADEX OPHTH	221	torsemide tab	160
theophylline soln	33	OINT		TOVIAZ TAB	243
THEOPHYLLINE TAB ER	33	TOBRADEX OPHTH	221	TRACLEER TAB 32MG	126
thioridazine hcl tab	108	SOLN		tramadol ER tab	16
thiothixene cap	108	TOBRADEX ST OPHTH	221	TRAMADOL HCL ER TAI	16
THYROLAR TAB	239	SUSP		tramadol tab	16
tiagabine tab	41	tobramycin neb soln	6	tramadol/acetaminophen	18
TIAZAC CAP	122	tobramycin ophth soln	217	tab	
TIBSOVO TAB	97	tobramycin/dexamethason	221	tranexamic acid tab	189
TICOVAC INJ	248	e ophth soln		TRANSDERM-SCOP	59
TIGAN CAP	59	TOBREX OPHTH OINT	217	PATCH	
TIKOSYN CAP	26	TOBREX OPHTH SOLN	217	tranylcypromine tab	45
timolol maleate ophth gel	213	TODAY SPONGE	249	TRAVATAN Z DROPS	224
timolol maleate ophth soln	213	TOFRANIL TAB	48	travoprost ophth soln	224
timolol maleate tab	120	TOLAZAMIDE TAB	56	trazodone tab	47
TIMOPTIC OPHTH SOLN	213	TOLBUTAMIDE TAB	56	TRECTOR TAB	81

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ALPHABETICAL LISTING OF DRUGS

TRELEGY ELLIPTA INHALER	32	TRIFLURIDINE OPHTH SOLN	217	TRUEPLUS PEN NEEDLE	198
TREMFYA INJ	146	trihexyphenidyl elixir	103	TRULANCE TAB	170
TREMFYA INJ 200MG/2ML	173	TRIHEXYPHENIDYL SOLN	103	TRULICITY INJ	53
tretinoin cap	81	trihexyphenidyl tab	101	TRUMENBA INJ	245
tretinoin cream	141	TRIKAFTA TAB	236	TRUQAP TAB	97
tretinoin gel	142	TRIKAFTA THERAPY PACK	237	TRUQAP THERAPY PACK	98
tretinoin gel 0.08%	142	tri-legest tab	131	TRUSOPT OPHTH SOLN	224
TRETEN INJ	182	TRILEPTAL SUSP	40	TUKYSA TAB	83
triamcinolone acetate inj	136	TRILEPTAL TAB	40	TURALIO CAP	98
triamcinolone cream	151	TRI-LUMA CREAM	154	tussigon tab	137
triamcinolone in orabase paste	205	trimethobenzamide cap	59	TWIRLA PATCH	132
triamcinolone lotion	151	TRIMETHOPRIM TAB	75	TYBLUME TAB	131
triamcinolone oint	151	trimipramine cap	49	TYENNE INJ	9
triamcinolone OTC nasal spray	211	TRINTELLIX TAB	47	TYLENOL/CODEINE TAF	18
triamterene/hydrochlorothiazide cap	159	tri-sprintec tab	131	TYMLOS INJ	162
triamterene/hydrochlorothiazide tab	159	TRIUMEQ PD TAB	113	TYPHIM VI INJ	245
triazolam tab	190	TRIUMEQ TAB	113	TYVASO DPI POWDER	124
tricitrates soln	175	TRI-VITAMIN FLUORIDE DROPS	207	TYVASO DPI POWDER MAINTENANCE KIT	124
tricon cap	188	TRIZIVIR TAB	113	TYVASO DPI POWDER 32-48MCG	125
TRICOR TAB	65	tropicamide ophth soln	214	TYVASO DPI POWDER 16-32-48MCG	125
trientine cap	202	trospium chloride SR cap	243	TYVASO DPI POWDER TITRATION KIT	125
trifluoperazine tab	108	trospium tab	243	TYVASO DPI POWDER 16-32MCG	
		TRUEPLUS INSULIN	197		
		SYRINGE			

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TYVASO INH SOLN 0.6 MG/ML	125	VALIUM TAB 5MG	25	VEMLIDY TAB	115
		valproic acid cap	43	VENCLEXTA STARTER PACK	83
		valproic acid syrup	43	VENCLEXTA TAB	84
		valsartan tab	70	VENELEX OINT	155
		valsartan/hydrochlorothiazide tab	73	venlafaxine ER cap	47
		VALTOCO NASAL SPRAY	35	venlafaxine tab	47
		VALTREX TAB	116	VENTAVIS INH SOLN	125
		VANCOCIN CAP	76	VENTOLIN HFA INHALER	33
		vancomycin cap	76	verapamil SR cap	122
		VANFLYTA TAB	98	verapamil SR tab	122
		VANFLYTA TAB 26.5MG	98	verapamil tab	122
		VANIQA CREAM	152	VERELAN CAP	122
		varденаfil ODT	124	VERZENIO TAB	98
		varденаfil tab	124	VESICARE TAB	244
		VARENICLINE TAB	235	VFEND SUSP	62
		varenicline tartrate tab	235	VFEND TAB	62
		varenicline tartrate tab starter pack	235	V-GO INJ KIT	197
		VARIVAX INJ	248	VIBRAMYCIN CAP	238
		VARUBI TAB	60	VIBRAMYCIN SUSP	238
		VASERETIC TAB	73	VIBRAMYCIN SYRUP	238
		VASOTEC TAB	69	VIDEX SOLN	113
		VAXCHORA SUSP	245	vigabatrin powder pack	42
		VAXNEUVANCE INJ	245	vigabatrin tab	42
		v-c forte cap	206	vigadrone powder pack	42
		VELIVET PAK	131	VIGAMOX OPHTH SOLN	217
		VELPHORO CHEW TAB	175		
U					
UBRELVIY TAB	198				
UCERIS RECTAL FOAM	21				
UCERIS TAB	136				
ULORIC TAB	178				
ULTRAM TAB	16				
ULTRAVATE CREAM	151				
ULTRAVATE OINT	151				
UPNEEQ SOLN	224				
UPTRAVI TAB	127				
URECHOLINE TAB	244				
UROCIT-K TAB	176				
UROXATRAL TAB	177				
URSO FORTE TAB	171				
ursodiol cap	171				
ursodiol tab	171				
V					
VAGIFEM TAB	250				
valacyclovir tab	116				
VALCHLOR GEL	145				
VALCYTE TAB	114				
valganciclovir soln	114				
valganciclovir tab	114				
VALIUM TAB 2MG, 10MG	25				

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VIJOICE GRANULES PACKET	203	VORANIGO TAB 10MG	99	wymzya FE tab	132
VIJOICE TAB	203	voriconazole susp	62	X	
VIJOICE TAB 250MG	203	voriconazole tab	62	XACIATO GEL	248
VIMKUNYA INJ	248	VOSEVI TAB	116	XADAGO TAB	103
viorele tab, kariva tab	131	VOWST CAP	174	XALATAN OPHTH SOLN	224
VIRACEPT TAB	113	VOXZOGO INJ	166	XALKORI CAP	99
VIREAD TAB 150MG, 200MG, 250MG	113	VOYDEYA TAB	183	XALKORI SPRINKLE CAP	99
VISTARIL CAP	24	VOYDEYA TAB THERAPY PACK	183	XAQUIL XR TAB	157
VITAFOL STRIPS	208	VP-PNV-DHA CAP	208	XARELTO STARTER PACK	33
vitamin D cap	251	VYNDAMAX CAP	127	XARELTO SUSP	34
vitamin D cap 1000unit	251	VYNDAQEL CAP	127	XARELTO TAB	34
vitamin D cap 400unit	251	VYVANSE CAP	1	XCOPRI PAK	41
VITAMIN D TAB 400UNIT	251	VYVANSE CHEW TAB	2	100-150MG	
VITRAKVI CAP 100MG	98	W		XCOPRI PAK	41
VITRAKVI CAP 25MG	98	WAINUA INJ	235	150-200MG	
VITRAKVI SOLN	99	WAKIX TAB	3	XCOPRI PAK 50-200MG	41
VIVELLE-DOT PATCH	169	warfarin tab	33	XCOPRI TAB 150MG, 200MG	41
VIVOTIF CAP	245	WEGOVY INJ	2	XCOPRI TAB 25MG	41
VIZIMPRO TAB	84	WEGOVY INJ	2	XCOPRI TAB 50MG, 100MG	41
VOGELXO GEL PUMP 1%	21	1.7MG/0.75ML		XCOPRI TITRATION PAK	41
VOLTAREN GEL	144	WEGOVY INJ	3	12.5-25MG	
VONJO CAP	99	2.4MG/0.75ML		XCOPRI TITRATION PAK	41
VONVENDI INJ	182	WELIREG TAB	87	150-200MG	
VORANIGO TAB	99	WELLBUTRIN SR TAB	44		
		WELLBUTRIN XL TAB	44		
		WILATE INJ	182		
		WINREVAIR INJ	125		

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	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

XCOPRI TITRATION PAK 41	YESINTEK SYRINGE 146	ZETONNA NASAL SPRA' 211
50-100MG	YESINTEK SYRINGE 147	ZIAC TAB 74
XDEMVIY OPTH SOLN 218	90MG	zidovudine cap 113
XELJANZ SOLN 6	YF-VAX INJ 248	zidovudine syrup 113
XELJANZ TAB 6	YORVIPATH INJ 165	zidovudine tab 113
XELJANZ XR TAB 6	YORVIPATH INJ 294MCG 165	ZILBRYSQ INJ 183
XEMBIFY INJ 227	YORVIPATH INJ 420MCG 166	ZILBRYSQ INJ 23MG 183
XENLETA TAB 78	Z	ZILBRYSQ INJ 32.4MG 183
XIFAXAN TAB 200MG 75	zafemy patch 132	ZIMHI SOLN 58
XIFAXAN TAB 550MG 75	zafirlukast tab 28	ziprasidone cap 105
XIGDUO XR TAB 50	zaleplon cap 190	ZIRGAN OPTH GEL 218
XIGDUO XR TAB 50	ZANAFLEX TAB 209	ZITHROMAX POWDER 192
10-1000MG	ZANOSAR INJ 82	PACK
XIGDUO XR TAB 50	ZARONTIN CAP 43	ZITHROMAX SUSP 192
2.5-1000MG, 5-1000MG	ZARONTIN SOLN 43	ZITHROMAX TAB 192
XIGDUO XR TAB 50	ZARXIO INJ 187	ZOCOR TAB 67
5-500MG, 10-500MG, 10-1000MG	ZAVZPRET NASAL 198	ZOFRAN ODT 59
XOLREMDI CAP 188	SPRAY	ZOFRAN SOLN 59
XOPENEX NEB SOLN 33	ZEGALOGUE INJ 52	ZOFRAN TAB 59
XOSPATA TAB 99	ZEJULA CAP 100	ZOKINVY CAP 204
XPHOZAH TAB 165	ZEJULA TAB 100	ZOLINZA CAP 100
XPOVIO PAK 88	ZELAPAR ODT 103	zolmitriptan tab 200
XTAMPZA ER CAP 16	ZELBORAF TAB 100	ZOLOFT CONC 46
XYNTHA INJ 182	ZEMPLAR CAP 166	ZOLOFT TAB 47
XYZBAC TAB 157	ZEPBOUND INJ 3	zolpidem ER tab 190
Y	ZEPOSIA CAP 234	zolpidem tab 189
YESINTEK INJ 146	ZEPOSIA STARTER PACK 234	ZONEGRAN CAP 40
	ZESTORETIC TAB 74	ZONISADE SUSP 40

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VAC	Vaccine Program				

ALPHABETICAL LISTING OF DRUGS

zonisamide cap	40
ZONTIVITY TAB	184
ZORYVE CREAM	154
ZOVIRAX CAP	116
ZOVIRAX SUSP	116
ZOVIRAX TAB	116
ZTALMY SUSP	40
ZURZUVAE CAP 20MG, 25MG	44
ZURZUVAE CAP 30MG	45
ZUTRIPRO LIQUID	138
ZYDELIG TAB	100
ZYKADIA CAP	100
ZYKADIA TAB	100
ZYLET OPHTH SUSP	221
ZYLOPRIM TAB	178
ZYMAXID OPHTH SOLN	218
ZYPREXA TAB	107
ZYPREXA ZYDIS TAB	107
ZYRTEC CHILD CHEW TAB	63
ZYVOX SUSP	78
ZYVOX TAB	78

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L.A. CARE HOME INFUSION DRUG LIST

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Search Tip:

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

NC =Not Covered

generic =small letters

BRANDS =CAPITAL LETTERS

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

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

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

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Drug Name	Special Code	Tier	Category
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABELCET INJ	-	F	ANTIFUNGALS
ABRAXANE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR HP GEL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
acyclovir sodium IV soln	-	F	ANTIVIRALS
ADAKVEO INJ	PA	F	HEMATOPOIETIC AGENTS
ADCETRIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
adriamycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADUHELM INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADVATE INJ, KOVALTRY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ADYNOVATE INJ	-	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.
ALTUVIIIO 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

Symbols and abbreviations are defined on page 1.

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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.
BESPONSA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BICILLIN C-R INJ	-	F	PENICILLINS
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLINCYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bortezomib inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

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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 IM SUSP	-	NC	ANTIVIRALS
CABENUVA SUSP 600MG-900MG/3ML	-	NC	ANTIVIRALS
calcium gluconate inj	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
cefazolin inj	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
CEFEPIME INJ	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS

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Drug Name	Special Code	Tier	Category
cefotetan inj	-	F	CEPHALOSPORINS
cefoxitin inj	-	F	CEPHALOSPORINS
CEFTAZIDIME INJ	-	F	CEPHALOSPORINS
CEFTRIAZONE INJ	-	F	CEPHALOSPORINS
CEFTRIAZONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
chromic chloride inj (CHROMIUM CHLORIDE equiv)	-	F	MINERALS & ELECTROLYTES
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ (QL= 6 vials/28 days)	PA-QL	F	ASTHMA 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	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
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

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Drug Name	Special Code	Tier	Category
COPPER INJ	-	F	MINERALS & ELECTROLYTES
CORIFACT KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CRYSVITA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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

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Drug Name	Special Code	Tier	Category
dexamethasone sodium phosphate inj	-	F	CORTICOSTEROIDS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
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	ANTI-ANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
DILTIAZEM INJ	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
DOBUTAMINE/D5W INJ	-	F	CARDIOTONICS
DOCETAXEL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	CARDIOTONICS
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin hcl inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOXORUBICIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline hyclate inj	-	F	TETRACYCLINES
DURAMORPH INJ 0.5MG/ML	-	EXC	ANALGESICS - OPIOID
DURAMORPH INJ 1MG/ML	-	EXC	ANALGESICS - OPIOID
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

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
ELELYSO INJ	PA	F	HEMATOPOIETIC AGENTS
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ELFABRIO SOL	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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eribulin mesylate inj (HALAVEN INJ equiv)	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	NC	MACROLIDES
erythromycin inj	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
ESPEROCT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUFLEXXA	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ	PA	F	ANTIHYPERLIPIDEMICS
EVOMELA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXONDYS 51 SOLN	-	EXC	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ (QL= 1 inj/56 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA INJ 10MG/0.5ML (QL= 1 inj/56 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FEIBA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
FERAHEME INJ	-	NC	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
ferumoxytol inj	-	F	HEMATOPOIETIC AGENTS
FIBRYGA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRMAGON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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, VELETTRI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
fluconazole/nacl inj	-	F	ANTIFUNGALS
fludarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
folic acid inj	-	F	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS
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

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gemcitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/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

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HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ibandronate sodium inj (BONIVA equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION SOLN	-	NC	HEMATOLOGICAL AGENTS - MISC.
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA SOLN	-	NC	DERMATOLOGICALS
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
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

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ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F	OPHTHALMIC AGENTS
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
JEVTANA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JIVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANUMA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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.

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KORSUVA INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F	GOUT AGENTS
KYMRIAH SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
lacosamide iv inj	-	F	ANTICONVULSANTS
lactated ringers inj	-	F	MINERALS & ELECTROLYTES
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

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lincomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
linezolid IV soln	-	F	ANTI-INFECTIVE AGENTS - MISC.
LIOTHYRONINE INJ	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
LOQTORZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lorazepam inj	-	F	ANTIANXIETY 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

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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
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

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MYOZYME/LUMIZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NAFCILLIN INJ	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nelarabine iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
NEXVIAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NICARDIPINE INJ	-	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.
NUWIQ KIT	-	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

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

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Drug Name	Special Code	Tier	Category
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
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
PHENYTOIN INJ	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
plerixafor subcutaneous inj (MOZOBIL equiv)	RS	F	HEMATOPOIETIC AGENTS
(Restricted to Oncology or Hematology Specialist)			
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

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Drug Name	Special Code	Tier	Category
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
procainamide inj	-	F	ANTIARRHYTHMICS
PROCHLORPERAZINE INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
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.

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Drug Name	Special Code	Tier	Category
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
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

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Drug Name	Special Code	Tier	Category
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
SKYRIZI SOLN (QL=1 vial per 28 days with up to 4 fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SMOFLIPID EMULSION	-	F	NUTRIENTS
sodium bicarbonate inj	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTIDOTES
SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE INJ (QL= 1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMATULINE INJ	PA-QL	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F	DERMATOLOGICALS
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
STELARA IV INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
STERILE DILUENT SOLN	-	F	PHARMACEUTICAL ADJUVANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
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

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Drug Name	Special Code	Tier	Category
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
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

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Drug Name	Special Code	Tier	Category
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tobramycin inj	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRIESENCE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
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

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Drug Name	Special Code	Tier	Category
TYSABRI INJ (QL= 1 vial/4 weeks)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TZIELD INJ (QL= 14 vials/month)	PA-QL	F	ANTIDIABETICS
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPLIZNA SOLN (QL= 3 vials/6 months)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
valrubicin inj (QL= 24 vials/3 months)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANCOMYCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VECTIBIX IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ, BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
VEOPOZ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VIDAZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VILTEPSO SOLN	-	EXC	NEUROMUSCULAR AGENTS
VIMIZIM INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VISCO-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISUDYNE INJ	PA	F	OPHTHALMIC AGENTS
vitamin K1 inj	-	F	VITAMINS
VONVENDI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
voriconazole inj	-	F	ANTIFUNGALS
VPRIV INJ	PA	F	HEMATOPOIETIC AGENTS
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F	DERMATOLOGICALS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS
VYVGART HYTRULO INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYXEOS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
XENPOZYME SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAVA 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

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ZINPLAVA SOLN	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zoledronic acid inj (ZOMETA INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid IV soln (RECLAST INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYNLONTA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTÉGLO 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		
DURAMORPH INJ 0.5MG/ML	-	EXC
DURAMORPH INJ 1MG/ML	-	EXC
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
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
procainamide inj	-	F

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

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

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
ANTIDOTES		
ANTIDOTES		
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.		

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
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ANTI-INFECTIVE AGENTS - MISC.		
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/NACL INJ	-	F
LINCOSAMIDES		
CLEOCIN INJ	-	EXC
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		

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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALKYLATING AGENTS		
HEPZATO INJ	-	EXC
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		

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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ANTINEOPLASTIC - ANTIBODIES		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
RUXIENCE INJ	PA	F
RYBREVA NT SOLN	PA	F
SARCLISA SOLN	PA	F
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	PA-QL	F
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	PA-QL	F
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	F
TRUXIMA INJ	PA	F
YERVOY INJ	PA	F
ZYNLONTA SOLN	PA	F
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F
CAMPATH INJ	-	NC
DANYELZA INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
UNITUXIN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
MARGENZA INJ	PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC
ONTRUZANT INJ	-	NC
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
OMISIRGE SUS	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC
TECELRA SUS	-	EXC
BREYANZI INJ	-	NC
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ	PA	F
VECTIBIX IV SOLN	PA	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F

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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F
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

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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
bortezomib inj	PA	F
FYARRO SUSP	PA	F
KYPROLIS SOLN	PA	F
romidepsin for iv inj	PA	F
ROMIDEPSIN INJ	PA	F
RYTELO INJ	PA	F
temsirolimus soln	-	F
ALIQOPA INJ	-	NC
BORTEZOMIB INJ	-	NC
ISTODAX (OVERFILL) INJ	-	NC
VELCADE INJ	-	NC
VELCADE INJ, BORTEZOMIB INJ	-	NC
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	EXC
ASPARLAS INJ	PA	F
ONCASPAS 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

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Symbols and abbreviations are defined on page 1.

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

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
ANTIVIRALS Cont.		
ANTIRETROVIRALS		
APRETUDE SUSP (QL=7 inj/year)	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)		F
CABENUVA IM SUSP	-	NC
CABENUVA SUSP 600MG-900MG/3ML	-	NC
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		

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
CARDIOTONICS Cont.		
INOTROPES		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F
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		

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
CORTICOSTEROIDS Cont.		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
DERMATOLOGICALS		
ANTIPSORIATICS		
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	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 (ZOMETA INJ equiv)	-	F
zoledronic acid IV soln (RECLAST INJ equiv)	-	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.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
BONIVA INJ	-	NC
PAMIDRONATE INJ	-	NC
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
REVCovi INJ	PA	F
VIMIZIM INJ	PA	F
XENPOZYME SOLN	PA	F
POSTERIOR PITUITARY HORMONES		
desmopressin (DDAVP) inj	PA	F
SOMATOSTATIC AGENTS		
lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 day)	PA-QL	F
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F
SOMATULINE INJ (QL= 1 syringe/28 days)	PA-QL	F
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F
SOMATULINE INJ	-	NC
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
CIPROFLOXACIN INJ	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
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
ALTUVIIIIO INJ	PA	F
BEQVEZ INJ (QL= 1 kit/lifetime)	PA-QL	F
ESPEROCT INJ	PA	F
FEIBA INJ	PA	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.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
VEOPOZ INJ	-	NC
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA KIT	PA	F
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ	PA	F
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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	RS	F
MOZOBIL INJ	-	NC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj	-	F
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
NORMOSOL-R INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
KCL/NACL INJ	-	NC
LACTATED RINGERS INJ	-	NC
MAGNESIUM		
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		
chromic chloride inj (CHROMIUM CHLORIDE equiv)	-	F
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
selenious acid inj (SELENIUM equiv)	-	F
SELENIUM INJ	-	F
ZINC		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
MISCELLANEOUS THERAPEUTIC CLASSES		
ENZYMES		
XIAFLEX INJ	PA	F
IMMUNOMODULATORS		
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F
VYVGART HYTRULO INJ	PA	F
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F
IMMUNOSUPPRESSIVE AGENTS		
AZATHIOPRINE INJ	-	F
GAMIFANT INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN (QL= 3 vials/6 months)	PA-QL	F
LYMPHATIC AGENTS		
SYLVANT INJ	PA	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
UREMIC PRURITUS AGENTS		
KORSUVA INJ	PA	F
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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F
RADICAVA INJ	-	NC
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F
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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
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		
LUXTURN A SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
OPHTHALMIC STEROIDS		
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F
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		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PENICILLINS Cont.		
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
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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
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

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Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List
Prior Authorization Drug List
Last Updated* 4/1/2025**

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* 4/1/2025**

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
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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

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L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 4/1/2025

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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
LUXTURN A 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
ONCASPARG INJ	F
ONIVYDE INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
OPDUALAG SOLN	F
OPFOLD A CAP	F
OXLUMO INJ	F
paclitaxel protein-bound inj	F

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Prior Authorization Drug List
Last Updated* 4/1/2025**

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* 4/1/2025

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
treprostinil inj	F
TRIPTODUR SUSP	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
TZIELD INJ	F
ULTOMIRIS INJ	F
UPLIZNA SOLN	F
valrubicin inj	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
VONVENDI INJ	F
VPRIV INJ	F
VYJUVEK GEL	F
VYVGART HYTRULO INJ	F
VYVGART INJ	F
VYXEOS INJ	F
WILATE INJ	F
XENPOZYME SOLN	F
XEOMIN INJ	F
XGEVA INJ	F
XIAFLEX INJ	F
XOLAIR INJ	F
YERVOY INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 4/1/2025**

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)
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* 4/1/2025****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
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
KRYSTEXXA INJ	QL= 2 mL/28 days

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Last Updated* 4/1/2025

Quantity Limit (QL)

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

Quantity Limit (QL) Medications	
Drug Name	Quantity Limit
Ianreotide acetate extended release inj	QL= 1 syringe/28 days
LEMTRADA INJ	QL= 3.6 mL/year
LIBTAYO INJ	QL= 1 vial/3 weeks
LUPRON DEPO-PED INJ	QL= 1 kit/84 days
LUPRON DEPOT INJ 11.25 MG	QL= 1 kit/84 days
LUPRON DEPOT INJ 3.75 MG	QL= 1 kit/28 days
LUXTURNNA 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
TRIESENCE INJ	QL=2 inj/fill
TRIPTODUR SUSP	QL=1 inj every 24 weeks

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.**Last Updated* 4/1/2025****Quantity Limit (QL)**

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

<u>Quantity Limit (QL) Medications</u>	
<u>Drug Name</u>	<u>Quantity Limit</u>
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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