



**L.A. Care**  
*PASC-SEIU*

# **L.A. Care Health Plan**

## *PASC-SEIU Formulary*



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 All previous versions of the formulary are no longer in effect.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 available health care services, visit our website:  
<http://www.lacare.org/members/welcome-la-care/member-documents/pasc-seiu-plan>

# INTRODUCTION

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## Foreword

The L.A. Care Health Plan (L.A. Care) PASC-SEIU formulary is a preferred list of covered drugs, approved by the L.A. Care's 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, and (iii) any changes of utilization management restrictions, including any additions of these restrictions. Updated documents are available online at:

**[lacare.org/members/getting-care/pharmacy-services](https://lacare.org/members/getting-care/pharmacy-services).**

If you have questions about your pharmacy coverage, call the **Member Services** at **1-844-854-7272 (TTY 711)**, available 24 hours a day, 7 days a week.

## How to Use the Formulary

The formulary drug listing begins on Page 11. 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’s PASC-SEIU Plan covers generic and brand name drugs. However, when available, Food and Drug Administration (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 7.

## How Drugs Are Listed

Drugs are listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

The generic name of the brand name drug is included after the brand name in parenthesis and all ***bold and italicized lowercase*** letters.

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. The description must include an example of a drug available both as a brand name drug and a generic equivalent to illustrate how such a drug is listed.

## Non-Formulary Medications

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

Sometimes, the doctor may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from L.A. Care. 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 7.

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 and/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 the **Member Services** at **1-844-854-7272** (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.

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/members/getting-care/pharmacy-services** for information on whether a medication must be filled at a specialty pharmacy.

## Description of Coverage

L.A. Care will provide medically necessary drugs when prescribed by a licensed participating provider acting within the scope of his or her licensure and included on the L.A. Care drug formulary.

L.A. Care will provide non-formulary medications based on medical necessity. In cases where the formulary drug has a medical contraindication, a non-formulary drug will be provided. Non-formulary drugs need to be requested through a medication request process. If denied after the review, the request can be appealed through the L.A. Care Grievance and Appeals process and will be responded to within 30 days or within three days if necessary because of your medical condition.

Brand name drugs will not be provided as a plan benefit if FDA approved generic equivalents are available (unless such generic equivalents are medically contraindicated). All of the following will be provided, as medically necessary:

- Injectable medication (including insulin)
- Needles and syringes
- Diabetic supplies: insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices, pen delivery systems, blood glucose monitors including monitors for the visually impaired, and ketone urine testing strips
- FDA-approved birth control pills/drugs and birth control devices on the L.A. Care formulary
- Emergency contraception
- Glucagon
- EpiPens
- Lancets and lancet puncture devices

## How Much I Will Pay for My Drugs

The table below is a summary of your PASC-SEIU Plan covered pharmacy benefits:

COVERED SERVICES	MEMBER PAYS
30-day supply for covered generic drugs	\$5 per prescription
90-day supply of maintenance drugs — generic only	\$5 per prescription
Prescription drugs provided in an inpatient setting	No co-payment
Drugs administered in the doctor's office or in an outpatient facility	No co-payment
FDA-approved contraceptive drugs and devices	No co-payment
Respiratory Devices for the management and treatment of asthma	No co-payment

Note: The annual co-payment maximum amount for the PASC-SEIU program is \$1,000.

The annual copayment maximum is the highest total co-payment amount you are required to pay during one benefit year. All copayments count toward the annual maximum, including prescription drug copayments.

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

Please refer to the formulary listing beginning on Page 11 for details regarding specific agents.

# Medication Request Process

## 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 Pharmacy & Therapeutics (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.

Please see [lacare.org/providers/provider-resources/pharmacy-services/prior-authorizations](https://lacare.org/providers/provider-resources/pharmacy-services/prior-authorizations) for more information on the medication request process. A decision for approval or denial of the exception request or prior authorization can be made within 24 hours for urgent requests or 72 hours for standard requests. 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
- D. Experimental drug products, or any drug product used in an experimental manner
- E. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
- F. Foreign drugs or drugs not approved by the United States FDA

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 FDA.

## 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 Providers 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.

“**Non-formulary 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 PASC-SEIU Homecare Workers Formulary**

**Last Updated 3/1/2024**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<b>AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<i>amphetamine/dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 5MG</i> (ADDERALL XR Equiv)	F	-
<i>amphetamine/dextroamphetamine tab 10MG, 12.5MG, 15MG, 20MG, 30MG, 5MG, 7.5MG</i> (ADDERALL Equiv)	F	-
<i>dextroamphetamine ER cap 10MG, 15MG, 5MG</i> (DEXEDRINE Equiv)	F	-
<i>dextroamphetamine tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (DEXEDRINE Equiv)	F	-
<i>lisdexamfetamine dimesylate cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG</i> (VYVANSE Equiv)	F	-
<i>lisdexamfetamine dimesylate chew tab 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (VYVANSE Equiv)	F	-
<b>ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss</b>		
<i>phentermine cap 15MG, 30MG, 37.5MG</i> (ADIPEX Equiv)	F	PA-QL QL= 1 cap/day
<i>phentermine tab 37.5MG</i> (ADIPEX Equiv)	F	PA-QL QL= 1 tab/day

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

1

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	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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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ( <i>phentermine hcl-topiramate</i> )	F	PA-QL QL= 1 cap/day
<b>ANTI-OBESITY AGENTS - Drugs to help weight loss</b>		
IMCIVREE INJ 10MG/ML ( <i>setmelanotide acetate</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
SAXENDA INJ 18MG/3ML ( <i>liraglutide (weight management)</i> )	F	PA-QL QL= 5 pens/30 days
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML ( <i>semaglutide (weight management)</i> )	F	PA-QL QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML ( <i>semaglutide (weight management)</i> )	F	PA-QL QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML ( <i>semaglutide (weight management)</i> )	F	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> )	F	PA-QL QL= 4 inj/28 days
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	F	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	F	-

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2

<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	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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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	F	-
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders</b>		
SUNOSI TAB 150MG, 75MG ( <i>solriamfetol hcl</i> )	F	PA-QL QL= 1 tab/day
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders</b>		
WAKIX TAB 17.8MG, 4.45MG ( <i>pitolisant hcl</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
<b>STIMULANTS - MISC. - Miscellaneous stimulant drugs</b>		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	F	QL QL= 1 tab/day
<i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv)	F	-
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	F	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	F	-
<i>methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG</i> (RITALIN LA Equiv)	F	-
METHYLPHENIDATE ER TAB 18MG ( <i>methylphenidate hcl</i> )	F	-

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3

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	OL	Quantity Limit
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SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<i>methylphenidate ER tab 18MG, 27MG, 36MG, 54MG</i>	F	-
<i>methylphenidate ER tab 10mg, 20mg 10MG, 20MG</i> (RITALIN Equiv)	F	-
<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	F	-
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	F	-
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	F	QL QL= 2 tabs/day
<b>AMINOGLYCOSIDES - Drugs to treat bacterial infections</b>		
<b>AMINOGLYCOSIDES - Drugs to treat infections</b>		
<i>neomycin tab 500MG</i>	F	-
TOBI PODHALER 28MG ( <i>tobramycin</i> )	F	LD-PA Only available through Walgreens 888-347-3416
<i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv)	F	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system</b>		
OLUMIANT TAB 1MG, 2MG, 4MG ( <i>baricitinib</i> )	F	LMSP-PA-QL QL= 1 tab/day
RINVOQ ER TAB 15MG, 30MG, 45MG ( <i>upadacitinib</i> )	F	LMSP-PA-QL QL= 1 tab/day

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4

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

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Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XELJANZ SOLN 1MG/ML ( <i>tofacitinib citrate</i> )	F	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG ( <i>tofacitinib citrate</i> )	F	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ( <i>tofacitinib citrate</i> )	F	LMSP-PA-QL QL= 1 tab/day
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system</b>		
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (HYRIMOZ Equiv) ( <i>adalimumab-adaz</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ 40MG/0.4ML ( <i>adalimumab-adaz</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO Equiv) ( <i>adalimumab-fkjp</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML 20MG/0.4ML ( <i>adalimumab-fkjp</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML ( <i>adalimumab-fkjp</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.4ML ( <i>adalimumab-bwvd</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML ( <i>adalimumab-bwvd</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.4ML ( <i>adalimumab-bwvd</i> )	F	LMSP-PA-QL QL= 2 inj/28 days

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HADLIMA PUSH INJ 40MG/0.8ML 40MG/0.8ML ( <i>adalimumab-bwwd</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
HUMIRA INJ 10MG 10MG/0.1ML ( <i>adalimumab</i> )	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML ( <i>adalimumab</i> )	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML ( <i>adalimumab</i> )	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 80MG 80MG/0.8ML ( <i>adalimumab</i> )	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML, 80MG/0.8ML ( <i>adalimumab</i> )	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 80MG/0.8ML ( <i>adalimumab</i> )	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML ( <i>adalimumab</i> )	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UEVITIS STARTER PACK 40MG/0.8ML ( <i>adalimumab</i> )	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML ( <i>adalimumab</i> )	F	LMSP-PA-QL QL= 2 pens/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML ( <i>golimumab</i> )	F	LMSP-PA-QL QL=1 inj/28 days
SIMPONI INJ 100MG 100MG/ML ( <i>golimumab</i> )	F	LMSP-PA-QL QL=1 inj/28 days

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<b>GOLD COMPOUNDS - Drugs to treat disorders of the immune system</b>		
RIDAURA CAP 3MG ( <i>auranofin</i> )	F	-
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis</b>		
KINERET INJ 100MG/0.67ML ( <i>anakinra</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis</b>		
ACTEMRA ACTPEN INJ 162MG/0.9ML ( <i>tocilizumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML ( <i>tocilizumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ( <i>sarilumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation</b>		
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	F	-
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	F	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	F	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	F	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	F	-
<i>etodolac tab 400MG, 500MG</i>	F	-

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FLURBIPROFEN TAB 50MG (ANSAID Equiv) <i>(flurbiprofen)</i>	F	-
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	F	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	F	-
<i>ibuprofen tab 800MG</i>	F	RX only
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	F	-
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	F	-
<i>ketorolac inj 15mg/ml 15MG/ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days
<i>ketorolac inj 30mg/ml 30MG/ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days
<i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	F	QL QL= 20 tabs/5 days
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	F	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	F	-
<i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv)	F	-
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	F	-
<i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv)	F	-
<i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv)	F	-

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<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system</b>		
OTEZLA STARTER PACK ( <i>apremilast</i> )	F	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG ( <i>apremilast</i> )	F	LMSP-PA-QL QL= 2 tabs/day
<b>PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system</b>		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	F	-
<b>SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system</b>		
ORENCIA CLICK INJ 125MG/ML ( <i>abatacept</i> )	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML ( <i>abatacept</i> )	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML ( <i>abatacept</i> )	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML ( <i>abatacept</i> )	F	LMSP-PA-QL QL= 4 inj/28 days
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system</b>		
ENBREL INJ 25MG 25MG ( <i>etanercept</i> )	F	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML ( <i>etanercept</i> )	F	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	F	MSP-PA-QL QL= 4 inj/28 days

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ENBREL SURECLICK INJ 50MG 50MG/ML (etanercept)	F	LMSP-PA-QL QL= 4 inj/28 days
<b>ANALGESICS - NONNARCOTIC - Drugs to treat pain</b>		
<b>SALICYLATES - Drugs to treat pain</b>		
aspirin chew tab 81mg 81MG	\$0	OTC Covered for females (no age restriction)
aspirin ec tab 81mg 81MG	\$0	OTC Covered for females (no age restriction)
salsalate tab 500MG, 750MG (DISALCID Equiv)	F	-
<b>ANALGESICS - OPIOID - Drugs to treat pain</b>		
<b>OPIOID AGONISTS - Drugs to treat pain</b>		
CODEINE SULFATE TAB 15MG 15MG (codeine sulfate)	F	QL QL= 240 tabs/30 days
codeine sulfate tab 15mg, 30mg 30MG	F	QL QL=240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG (codeine sulfate)	F	QL QL=180 tabs/30 days
codeine sulfate tab 60mg	F	QL QL=180 tabs/30 days
fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (DURAGESIC Equiv)	F	QL QL=10 patches/30 days

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<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	F	QL QL=240 tabs/30 days
<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	F	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	F	QL QL=120 tabs/30 days
<i>methadone conc 10MG/ML</i>	F	QL QL=600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i>	F	QL QL=600ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i>	F	QL QL = 1200ml/30 days
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	F	QL QL=120/30 days
<i>methadone tablet 10mg 10MG</i> (DOLOPHINE Equiv)	F	QL QL=240/30 days
MORPHINE SULF SOLN 10MG/5ML 10MG/5ML ( <i>morphine sulfate</i> )	F	QL QL= 120ml/30 days
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	F	QL QL= 90 tabs/ 30 days
MORPHINE SULFATE SOLN 20MG/5ML ( <i>morphine sulfate</i> )	F	QL QL=120ml/30 days
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i>	F	QL QL=120ml/30 days

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<i>morphine sulfate tab 15MG, 30MG</i>	F	QL QL=180 tabs/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	F	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	F	QL QL= 120 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	F	QL QL=240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ( <i>oxycodone</i> )	F	PA-QL QL= 120 caps/30 days
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	F	QL QL=240ml/30 days
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	F	QL QL=180 tabs/30 days
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML ( <i>acetaminophen w/ codeine</i> )	F	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)	F	QL QL=1800ml/30 days

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<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv)	F	QL QL=120 tabs/30 days
<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv)	F	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG ( <i>oxycodone-aspirin</i> )	F	QL QL= 120 tabs/30 days
<b>OPIOID PARTIAL AGONISTS - Drugs to treat pain</b>		
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	F	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE SL FILM Equiv)	F	-
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv)	F	-
<i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv)	F	QL QL= 1 bottle/fill, 2 fills/30 days
<b>ANDROGENS-ANABOLIC - Drugs to regulate male hormones</b>		
<b>ANDROGENS - Drugs to treat low testosterone level</b>		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ( <i>testosterone</i> )	F	PA-QL QL= 1 patch/day
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	F	-
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	F	-

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TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML ( <i>testosterone enanthate</i> )	F	QL QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG ( <i>testosterone</i> )	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 25mg 25MG/2.5GM</i>	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	F	PA-QL QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP ( <i>testosterone</i> )	F	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	F	PA-QL QL= 2 bottles/30 days
<b>ANORECTAL AGENTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	F	-
<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	F	-
<b>RECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		

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<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	F	-
<b>ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum</b>		
<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1% ( <i>hydrocortisone acetate w/ pramoxine</i> )	F	-
<b>ANTHELMINTICS - Drugs to treat worm infections</b>		
<b>ANTHELMINTICS - Drugs to treat parasites</b>		
BENZNIDAZOLE TAB 100MG, 12.5MG ( <i>benznidazole</i> )	F	RS Restricted to Infectious Disease Specialist
EMVERM TAB 100MG ( <i>mebendazole</i> )	F	PA
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	F	PA
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	F	-
<b>ANTIANGINAL AGENTS - Drugs to treat chest pain</b>		
<b>ANTIANGINALS-OTHER - Drugs to treat chest pain</b>		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	F	-
<b>NITRATES - Drugs to treat chest pain</b>		
<i>isosorbide dinitrate SL tab</i>	F	-
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	F	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	F	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG (MONOKET Equiv) ( <i>isosorbide mononitrate</i> )	F	-

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<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	F	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	F	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	F	-
<b>ANTIANXIETY AGENTS - Drugs to treat anxiety</b>		
<b>ANTIANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs</b>		
<i>buspirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	F	-
<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	F	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	F	-
<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	F	-
<b>BENZODIAZEPINES - Drugs to treat anxiety</b>		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	F	QL QL= 5 tabs/day
<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	F	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	F	QL QL= 180ml/30 days
<i>diazepam oral soln 5mg/5ml 5MG/5ML</i> (DIAZEPAM Equiv)	F	QL QL= 180ml/30 days

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<i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv)	F	QL QL= 4 tabs/day
<i>diazepam tab 5mg 5MG</i> (VALIUM Equiv)	F	QL QL= 3 tabs/day
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	F	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	F	-
<b>ANTIARRHYTHMICS - Drugs to control heart rhythm</b>		
<b>ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm</b>		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	F	-
<i>quinidine gluconate CR tab 324MG</i>	F	-
<i>quinidine sulfate tab 200MG, 300MG</i>	F	-
<b>ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm</b>		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	F	-
<b>ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm</b>		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	F	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	F	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	F	-
<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	F	-

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<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	F	-
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	F	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	F	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> )	F	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML ( <i>tezepelumab-ekko</i> )	F	LMSP-PA-QL QL= 1 pen/28 days
<b>ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD</b>		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	F	-
<b>BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders</b>		
ATROVENT HFA INHALER 17MCG/ACT ( <i>ipratropium bromide hfa</i> )	F	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ( <i>umeclidinium bromide</i> )	F	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	F	-

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SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	F	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
<b>LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD</b>		
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	F	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	F	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	F	-
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD</b>		
<i>roflumilast tab 250MCG, 500MCG</i>	F	-
<b>STEROID INHALANTS - Drugs to treat asthma and COPD</b>		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>fluticasone furoate (inhalation)</i> )	F	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	F	-

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ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	F	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv)	F	-
FLUTICASONE DISKUS INHALER 50MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )	F	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT ( <i>fluticasone propionate hfa</i> )	F	-
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT 100MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )	F	-
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT 250MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )	F	-
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT 50MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )	F	-
<b>SYMPATHOMIMETICS - Drugs to treat asthma and COPD</b>		

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ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ( <i>fluticasone-salmeterol</i> )	F	-
<i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv)	F	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	F	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML ( <i>albuterol sulfate</i> )	F	-
<i>albuterol sulfate syrup 2MG/5ML</i>	F	-
<i>albuterol sulfate tab 2MG, 4MG</i>	F	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv)	F	-
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT ( <i>umeclidinium-vilanterol</i> )	F	-
BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	F	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	F	-

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BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT ( <i>budesonide-glycopyrrolate-formoterol fumarate</i> )	F	-
<i>budesonide/formoterol inhaler</i> 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)	F	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ( <i>ipratropium-albuterol</i> )	F	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	F	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	F	-
<i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv)	F	-
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT ( <i>fluticasone-salmeterol</i> )	F	-
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT ( <i>fluticasone-salmeterol</i> )	F	-

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FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT 14MCG/ACT-55MCG/ACT ( <i>fluticasone-salmeterol</i> )	F	-
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	F	-
METAPROTERENOL SYRUP 10MG/5ML ( <i>metaproterenol sulfate</i> )	F	-
SEREVENT DISKUS INHALER 50MCG/DOSE ( <i>salmeterol xinafoate</i> )	F	-
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	F	-
TRELEGY ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH ( <i>fluticasone-umeclidinium-vilanterol</i> )	F	-
VENTOLIN HFA INHALER 108MCG/ACT ( <i>albuterol sulfate</i> )	F	QL QL= 2 inhalers/30 days
<b>XANTHINES - Drugs to treat asthma and COPD</b>		
ELIXOPHYLLIN ELIXIR ( <i>theophylline</i> )	F	-
<i>theophylline ER tab 400MG, 600MG</i> (THEOPHYLLINE ER Equiv)	F	-
<i>theophylline soln 80MG/15ML</i>	F	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG ( <i>theophylline</i> )	F	-

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<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	F	-
<b>DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood</b>		
<i>ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG</i> ( <i>apixaban</i> )	F	-
<i>XARELTO STARTER PACK</i> ( <i>rivaroxaban</i> )	F	-
<i>XARELTO SUSP 1MG/ML</i> ( <i>rivaroxaban</i> )	F	-
<i>XARELTO TAB 10MG, 15MG, 2.5MG, 20MG</i> ( <i>rivaroxaban</i> )	F	-
<b>HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood</b>		
<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv)	F	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	F	PA
<b>ANTICONVULSANTS - Drugs to treat seizures</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures</b>		
<i>clobazam susp 2.5MG/ML</i> (ONFI Equiv)	F	PA Members age 9 or older require Prior Authorization
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	F	PA

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<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	F	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	F	QL QL= 2 packs/fill
DIAZEPAM GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	F	QL QL= 2 packs/fill
<i>diazepam rectal gel 10MG, 20MG</i>	F	QL QL= 2 packs/fill
<b>ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs</b>		
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	F	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	F	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	F	-
<i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv)	F	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	F	-
DIACOMIT CAP 250MG, 500MG ( <i>stiripentol</i> )	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG ( <i>stiripentol</i> )	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	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 PASC-SEIU Homecare Workers Formulary**

**Last Updated 3/1/2024**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
EPIDIOLEX SOLN 100MG/ML ( <i>cannabidiol</i> )	F	LD-PA Only available through Lumicera 855-847-3553
FINTEPLA SOLN 2.2MG/ML ( <i>fenfluramine hcl</i> ( <i>anticonvulsant</i> ))	F	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	F	QL QL= 9 caps/day
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	F	QL QL= 72 mls/day
<i>gabapentin tab 600mg 600MG</i> (NEURONTIN Equiv)	F	QL QL= 6 tabs/day
<i>gabapentin tab 800mg 800MG</i> (NEURONTIN Equiv)	F	QL QL= 4.5 tabs/day
<i>lacosamide oral solution 10MG/ML</i> (VIMPAT Equiv)	F	-
<i>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv)	F	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	F	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	F	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	F	-

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<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	F	-
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	F	-
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	F	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	F	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG</i> (LYRICA Equiv)	F	QL QL= 3 caps/day
<i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv)	F	QL QL= 2 caps/day
<i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv)	F	QL QL= 2 caps/day
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	F	QL QL= 30ml/day
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	F	-
<i>rufinamide susp 40MG/ML</i> (BANZEL Equiv)	F	PA
<i>rufinamide tab 200MG, 400MG</i> (BANZEL TAB Equiv)	F	PA
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	F	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	F	-

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<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	F	-
ZTALMY SUSP 50MG/ML ( <i>ganaxolone</i> )	F	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
<b>CARBAMATES - Drugs to treat seizures</b>		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	F	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	F	-
XCOPRI PAK 100-150MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day

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<b>GABA MODULATORS - Drugs to treat seizures</b>		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	F	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<i>vigadrone powder pack 500MG</i>	F	LD-PA Only available through PantheRx 855-726-8479
<b>HYDANTOINS - Drugs to treat seizures</b>		
DILANTIN CAP 30MG 30MG ( <i>phenytoin sodium extended</i> )	F	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	F	-
<b>SUCCINIMIDES - Drugs to treat seizures</b>		
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	F	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	F	-
<i>methsuximide cap 300MG</i> (CELONTIN Equiv)	F	-

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<b>VALPROIC ACID - Drugs to treat seizures</b>		
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	F	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	F	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	F	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	F	-
<i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv)	F	-
<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	F	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	F	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	F	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	F	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	F	-
MAPROTILINE TAB 25MG, 50MG, 75MG ( <i>maprotiline hcl</i> )	F	-
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression</b>		
MARPLAN TAB 10MG ( <i>isocarboxazid</i> )	F	-

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PHENELZINE SULFATE TAB 15MG ( <i>phenelzine sulfate</i> )	F	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	F	-
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	F	-
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression</b>		
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	F	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	F	-
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	F	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	F	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	F	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	F	-
<i>fluoxetine tab 60mg 60MG</i>	F	-
<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	F	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	F	-
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	F	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	F	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	F	-

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<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	F	-
<b>SEROTONIN MODULATORS - Drugs to treat depression</b>		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ( <i>nefazodone hcl</i> )	F	-
<i>nefazodone tab 50mg, 250mg</i>	F	-
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	F	-
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression</b>		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	F	-
<i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	F	-
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	F	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	F	-
<b>TRICYCLIC AGENTS - Drugs to treat depression</b>		
<i>amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (ELAVIL Equiv)	F	-
<i>amoxapine tab 100MG, 150MG, 25MG, 50MG</i> (AMOXAPINE Equiv)	F	-
<i>desipramine tab</i> (NORPRAMIN Equiv)	F	-
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	F	-

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<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	F	-
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	F	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	F	-
<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	F	-
<b>ANTIDIABETICS - Drugs to regulate blood sugar</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar</b>		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	F	-
<b>ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB 12.5MG-45MG ( <i>alogliptin-pioglitazone</i> )	F	QL QL= 1 tab/day
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ( <i>alogliptin-metformin hcl</i> )	F	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG ( <i>alogliptin-pioglitazone</i> )	F	QL QL= 1 tab/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-30MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ( <i>alogliptin-pioglitazone</i> )	F	QL QL= 1 tab/day
<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv)	F	-

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

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XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (dapagliflozin-metformin hcl)	F	QL QL= 1 tab/day
<b>BIGUANIDES - Drugs to regulate blood sugar</b>		
metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)	F	-
metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)	F	-
<b>DIABETIC OTHER - Drugs to regulate blood sugar</b>		
BAQSIMI NASAL POWDER 3MG/DOSE (glucagon)	F	QL QL= 2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG (glucagon hcl (rdna))	F	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML (glucagon hcl)	F	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG (glucagon (rdna))	F	QL QL= 2 inj/fill
GLUCAGON KIT 1MG (glucagon (rdna))	F	QL QL= 2 inj/fill
GVOKE INJ .5MG/0.1ML, 1MG/0.2ML (glucagon)	F	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML (glucagon)	F	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML (glucagon)	F	QL QL= 2 inj/fill

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<i>mifepristone tab 300MG</i> (KORLYM Equiv)	F	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
ZEGALOGUE INJ .6MG/0.6ML ( <i>dasiglucagon hcl</i> )	F	QL QL= 2 inj/fill
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ( <i>alogliptin benzoate</i> )	F	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ( <i>sitagliptin phosphate</i> )	F	QL QL= 1 tab/day
<b>INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar</b>		
OZEMPIC INJ 2MG/3ML ( <i>semaglutide</i> )	F	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ( <i>exenatide</i> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ ( <i>exenatide</i> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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BYDUREON PEN INJ 2MG ( <i>exenatide</i> )	F	QL-RDX QL= 4 inj/28 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> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 8MG/3ML ( <i>semaglutide</i> )	F	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG ( <i>semaglutide</i> )	F	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML ( <i>dulaglutide</i> )	F	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	F	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
<b>INSULIN - Drugs to regulate blood sugar</b>		
HUMALOG JR KWIKPEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	F	-
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML ( <i>insulin lispro</i> )	F	-

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HUMALOG MIX INJ 25UNIT/ML-75UNIT/ML, 50UNIT/ML ( <i>insulin lispro protamine &amp; lispro</i> )	F	-
HUMALOG MIX KWIKPEN INJ 50UNIT/ML ( <i>insulin lispro protamine &amp; lispro (human)</i> )	F	-
HUMALOG PEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	F	-
HUMULIN MIX INJ ( <i>insulin isophane &amp; reg (human)</i> )	F	OTC
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	F	OTC
HUMULIN N INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	F	OTC
HUMULIN N PEN INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	F	OTC
HUMULIN R INJ 100UNIT/ML ( <i>insulin regular (human)</i> )	F	OTC
HUMULIN R INJ U-500 500UNIT/ML ( <i>insulin regular (human)</i> )	F	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ( <i>insulin regular (human)</i> )	F	-
INSULIN LISPRO INJ 100UNIT/ML (HUMALOG Equiv) ( <i>insulin lispro</i> )	F	-
LYUMJEV INJ 100UNIT/ML ( <i>insulin lispro-aabc</i> )	F	-
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML ( <i>insulin lispro-aabc</i> )	F	-

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SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML ( <i>insulin glargine-yfgn</i> )	F	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML ( <i>insulin glargine-yfgn</i> )	F	-
<b>INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar</b>		
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS TAB Equiv)	F	-
<b>MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar</b>		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	F	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	F	-
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar</b>		
FARXIGA TAB 10MG, 5MG ( <i>dapagliflozin propanediol</i> )	F	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG ( <i>empagliflozin</i> )	F	QL QL= 1 tab/day
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	F	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	F	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	F	-
GLYBURID MCR TAB 1.5MG, 3MG, 6MG ( <i>glyburide micronized</i> )	F	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	F	-

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TOLAZAMIDE TAB ( <i>tolazamide</i> )	F	-
TOLBUTAMIDE TAB 500MG ( <i>tolbutamide</i> )	F	-
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ( <i>diphenoxylate w/ atropine</i> )	F	-
<b>ANTIDIARRHEALS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	F	-
<b>ANTIDOTES - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
CHEMET CAP 100MG ( <i>succimer</i> )	F	-
FERRIPROX SOLN 100MG/ML ( <i>deferiprone</i> )	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
<i>naltrexone tab 50MG</i> (REVIA Equiv)	F	-
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP

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<i>deferasirox tab 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
<i>deferasirox tab for oral susp 125MG, 250MG, 500MG</i> (EXJADE Equiv)	F	LMSP
<i>deferiprone tab 1000MG, 500MG</i> (FERRIPROX Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
KLOXXADO NASAL SPRAY 8MG/0.1ML ( <i>naloxone hcl</i> )	F	-
<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	F	OTC
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	F	-
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> )	F	OTC
OPVEE NASAL SPRAY 1MG/ML, 2.7MG/0.1ML ( <i>nalmefene hcl (antidote)</i> )	F	-
ZIMHI SOLN 5MG/0.5ML ( <i>naloxone hcl</i> )	F	-
<b>ANTIEMETICS - Drugs to treat nausea and vomiting</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	F	QL QL= 9 tabs/fill

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<i>ondansetron ODT 4MG, 8MG</i> (ZOFTRAN Equiv)	F	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	F	-
ONDANSETRON TAB 24MG ( <i>ondansetron hcl</i> )	F	-
<i>ondansetron tab 4MG, 8MG</i>	F	-
<b>ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting</b>		
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	F	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	F	OTC
<i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	F	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	F	-
<b>ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics</b>		
AKYNZEO CAP .5MG-300MG ( <i>netupitant-palonosetron</i> )	F	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	F	PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<i>aprepitant cap 125MG, 40MG, 80MG</i> (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<i>aprepitant pak</i> (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist

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VARUBI TAB 90MG ( <i>rolapitant hcl</i> )	F	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	F	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	F	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	F	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	F	-
<i>nystatin powder</i>	F	-
<i>nystatin tab 500000UNIT</i>	F	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	F	-
<b>IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections</b>		
<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	F	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	F	-
<i>itraconazole cap 100MG</i> (SPORANOX Equiv)	F	-
<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	F	-
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	F	-
<b>ANTIHISTAMINES - Drugs to treat allergies</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	F	Only 50mg covered

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<b>ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cetirizine syrup 1MG/ML, 5MG/5ML</i> (Zyrtec Equiv)	F	OTC
<i>cetirizine tab 10MG, 5MG</i> (Zyrtec Equiv)	F	OTC
<i>loratadine chew tab 5MG</i> (Claritin Equiv)	F	OTC
<i>loratadine ODT 10MG, 5MG</i> (Claritin Equiv)	F	OTC
<i>loratadine syrup 5MG/5ML</i> (Claritin Equiv)	F	OTC
<i>loratadine tab 10MG</i> (Claritin Equiv)	F	OTC
<b>ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>promethazine supp</i> (Phenergan Equiv)	F	-
<i>promethazine syrup 6.25MG/5ML</i>	F	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (Phenergan Equiv)	F	-
Promethegan Supp 50MG ( <i>promethazine hcl</i> )	F	-
<b>ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cyproheptadine syrup 2MG/5ML</i>	F	-
<i>cyproheptadine tab 4MG</i>	F	-
<b>ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol</b>		
Nexletol Tab 180MG ( <i>bempedoic acid</i> )	F	PA-QL QL= 1 tab/day
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol</b>		
Nexlizet Tab 10MG-180MG ( <i>bempedoic acid-ezetimibe</i> )	F	PA-QL QL= 1 tab/day
<b>ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol</b>		

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<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	F	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	F	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	F	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	F	-
<i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	F	-
<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	F	-
<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	F	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	F	-
<b>FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	F	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	F	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	F	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	F	-
<b>HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol</b>		

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<i>atorvastatin tab 10MG, 20MG, 40MG, 80MG</i> (LIPITOR Equiv)	\$0	-
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
<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
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol</b>		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	F	-
<b>NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	F	-
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		
REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		

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<i>benazepril tab 10MG, 20MG, 40MG, 5MG</i> (LOTENSIN Equiv)	F	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	F	-
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	F	-
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	F	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	F	-
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	F	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	F	-
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	F	LMSP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure</b>		
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	F	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	F	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	F	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	F	-

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<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	F	-
<b>ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	F	-
<i>clonidine tab</i> (CATAPRES Equiv)	F	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	F	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	F	-
METHYLDOPA TAB 250MG, 500MG (ALDOMET Equiv) ( <i>methyldopa</i> )	F	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	F	-
<i>prazosin cap 1MG, 2MG, 5MG</i> (MINIPRESS Equiv)	F	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	F	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	F	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	F	-

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<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	F	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	F	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv)	F	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv)	F	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	F	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv)	F	-
<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG</i> (AVALIDE Equiv)	F	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv)	F	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv)	F	-
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ( <i>methyldopa &amp; hydrochlorothiazide</i> )	F	-

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<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i> (LOPRESSOR HCT Equiv)	F	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	F	-
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG ( <i>propranolol &amp; hydrochlorothiazide</i> )	F	-
<b>QUINAPRIL/HCTZ TAB 12.5MG-20MG</b>	F	-
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	F	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	F	-
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure</b>		
<i>eplerenone tab 25MG, 50MG</i> (INSPIRA Equiv)	F	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	F	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	F	-
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
IMPAVIDO CAP 50MG ( <i>miltefosine</i> )	F	PA

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<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	F	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	F	LMSP
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	F	-
TRIMETHOPRIM TAB 100MG (PROLOPRIM Equiv) ( <i>trimethoprim</i> )	F	-
<i>trimethoprim tab</i> (PROLOPRIM Equiv)	F	-
XIFAXAN TAB 550MG 550MG ( <i>rifaximin</i> )	F	QL QL= 60 tabs/30 days
<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	F	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	F	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		
ALINIA SUSP 100MG/5ML ( <i>nitazoxanide</i> )	F	PA-QL QL= 60ml/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	F	-
LAMPIT TAB 120MG, 30MG ( <i>nifurtimox</i> )	F	RS Restricted to Infectious Disease Specialist
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	F	PA-QL QL= 6 tabs/3 days
<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		

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

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XENLETA TAB 600MG ( <i>lefamulin acetate</i> )	F	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	F	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	F	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	F	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<b>ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)</b>		
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	F	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<i>chloroquine tab</i> (ARALEN Equiv)	F	-
<i>hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG</i> (PLAQUENIL Equiv)	F	-
KRINTAFEL TAB 150MG ( <i>tafenoquine succinate</i> )	F	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	F	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	F	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	F	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		

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FIRDAPSE TAB 10MG ( <i>amifampridine phosphate</i> )	F	LD-PA Only available through AnovoRx 844-288-5007
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	F	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	F	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		
RIFAMATE CAP 150MG-300MG ( <i>isoniazid &amp; rifampin</i> )	F	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	F	-
<i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv)	F	-
ISONIAZID TAB 100MG ( <i>isoniazid</i> )	F	-
<i>isoniazid tab 100MG, 300MG</i>	F	-
PRETOMANID TAB 200MG ( <i>pretomanid</i> )	F	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	F	-
<i>pyrazinamide tab 500MG</i>	F	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	F	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	F	-
<b>ANTINEOPLASTICS - Drugs to treat cancer</b>		

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<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
HEXALEN CAP ( <i>altretamine</i> )	F	LMSP
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	F	-
<i>methotrexate tab 2.5MG</i> (TREXALL Equiv)	F	-
TABLOID TAB 40MG ( <i>thioguanine</i> )	F	-
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	F	LMSP-PA-SF
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
ACTIMMUNE INJ 2000000UNIT/0.5ML ( <i>interferon gamma-1b</i> )	F	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	F	-
INTRON-A INJ ( <i>interferon alfa-2b inj</i> )	F	KMSP
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	F	-
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	F	LMSP
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	F	-
MESNEX TAB 400MG ( <i>mesna</i> )	F	LMSP
<b>TOPOISOMERASE I INHIBITORS - Drugs to treat cancer</b>		
HYCANTIN CAP .25MG, 1MG ( <i>topotecan hcl</i> )	F	LMSP-PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		

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<i>cyclophosphamide cap 25MG, 50MG</i>	F	-
CYCLOPHOSPHAMIDE TAB 25MG, 50MG ( <i>cyclophosphamide</i> )	F	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG ( <i>lomustine</i> )	F	-
MELPHALAN TAB 2MG ( <i>melfalan</i> )	F	LMSP
MYLERAN TAB 2MG ( <i>busulfan</i> )	F	LMSP
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	F	LMSP
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	F	LMSP
<i>methotrexate inj 1000MG/40ML, 1GM/40ML, 250MG/10ML, 50MG/2ML</i>	F	-
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer</b>		
INLYTA TAB 1MG, 5MG ( <i>axitinib</i> )	F	KMSP-PA-QL-SF QL= 8 tabs/day
LENVIMA CAP 10MG, 4MG ( <i>lenvatinib mesylate</i> )	F	LD-PA-QL QL= 3 caps/day; Only available through Optum 877-445-6874
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer</b>		
TUKYSA TAB 150MG, 50MG ( <i>tucatinib</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer</b>		

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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	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 PASC-SEIU Homecare Workers Formulary**

**Last Updated 3/1/2024**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
VENCLEXTA STARTER PACK ( <i>venetoclax</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG ( <i>venetoclax</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
<b>ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer</b>		
<i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
<i>gefitinib tab 250MG</i> (IRESSA Equiv)	F	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
GILOTRIF TAB 20MG, 30MG, 40MG ( <i>afatinib dimaleate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TAGRISSE TAB 40MG, 80MG ( <i>osimertinib mesylate</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
VIZIMPRO TAB 15MG, 30MG, 45MG ( <i>dacomitinib</i> )	F	KMSP-PA-QL-SF QL= 1 tab/day
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	F	LMSP-PA-SF
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	F	LMSP-PA-SF

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<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer</b>		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	F	LMSP-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	F	-
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	F	-
ERLEADA TAB 60MG ( <i>apalutamide</i> )	F	LMSP-PA-QL QL= 4 tabs/day
ERLEADA TAB 240MG 240MG ( <i>apalutamide</i> )	F	LMSP-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG ( <i>flutamide</i> )	F	-
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
FLUTAMIDE CAP 125MG ( <i>flutamide</i> )	F	-
<i>flutamide cap 125MG</i>	F	-
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	F	-
LYSODREN TAB 500MG ( <i>mitotane</i> )	F	LD Only available through Walgreens 888-347-3416

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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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<i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv)	F	-
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	F	-
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	F	LMSP
NUBEQA TAB 300MG ( <i>darolutamide</i> )	F	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG ( <i>relugolix</i> )	F	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306
ORSERDU TAB 86MG ( <i>elacestrant hydrochloride</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Onco360 877-662-6633
ORSERDU TAB 345MG 345MG ( <i>elacestrant hydrochloride</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Onco360 877-662-6633
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	F	-
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors</b>		
WELIREG TAB 40MG ( <i>belzutifan</i> )	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer</b>		

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SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

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POMALYST CAP 1MG, 2MG, 3MG, 4MG ( <i>pomalidomide</i> )	F	KMSP-PA-QL QL= 21 caps/28 days
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer</b>		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG ( <i>avapritinib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer</b>		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG ( <i>selinexor</i> )	F	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer</b>		
INQOVI TAB 35MG-100MG ( <i>decitabine-cedazuridine</i> )	F	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG ( <i>ribociclib succinate-letrozole</i> )	F	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG ( <i>trifluridine-tipiracil</i> )	F	MSP-PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
ALECENSA CAP 150MG ( <i>alectinib hcl</i> )	F	LMSP-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG ( <i>brigatinib</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306

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ALUNBRIG TAB 90MG, 180MG 180MG, 90MG ( <i>brigatinib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG ( <i>erdafitinib</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG ( <i>erdafitinib</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG ( <i>erdafitinib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF TAB 100MG, 400MG, 500MG ( <i>bosutinib</i> )	F	KMSP-PA-SF
BRAFTOVI CAP 75MG 75MG ( <i>encorafenib</i> )	F	LD-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	F	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> )	F	MSP-PA-QL-SF QL= 1 tab/day
CALQUENCE TAB 100MG ( <i>acalabrutinib maleate</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306

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CAPRELSA TAB 100MG, 300MG ( <i>vandetanib</i> )	F	LD-PA Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG ( <i>cabozantinib s-malate</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ( <i>duvelisib</i> )	F	LD-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	F	LMSP-PA-QL QL= 3 tabs/day
<i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR DISPERZ Equiv)	F	LMSP-PA-QL QL= 1 tab/day
FOTIVDA CAP .89MG, 1.34MG ( <i>tivozanib hcl</i> )	F	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306
GAVRETO CAP 100MG ( <i>pralsetinib</i> )	F	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> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144

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

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KOSELUGO CAP 10MG 10MG ( <i>selumetinib sulfate</i> )	F	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB 200MG ( <i>adagrasib</i> )	F	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	F	LMSP-PA
LORBRENA TAB 100MG 100MG ( <i>lorlatinib</i> )	F	KMSP-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG ( <i>lorlatinib</i> )	F	KMSP-PA-QL-SF QL= 3 tabs/day
LUMAKRAS TAB 120MG ( <i>sotorasib</i> )	F	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG 320MG ( <i>sotorasib</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
LYNPARZA TAB 100MG, 150MG ( <i>olaparib</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI THERAPY PACK 4MG ( <i>futibatinib</i> )	F	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633
MEKINIST SOLN .05MG/ML ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA

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MEKINIST TAB 0.5MG .5MG ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ( <i>binimetinib</i> )	F	MSP-PA-QL QL= 6 tabs/day
NERLYNX TAB 40MG ( <i>neratinib maleate</i> )	F	LD-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> )	F	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
<i>pazopanib tab 200MG</i> (VOTRIENT Equiv)	F	LMSP-PA-QL QL= 4 tabs/day
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG ( <i>pemigatinib</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG ( <i>alpelisib</i> )	F	LMSP-PA-SF
QINLOCK TAB 50MG ( <i>ripretinib</i> )	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306

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RETEVMO CAP 40MG, 80MG ( <i>selpercatinib</i> )	F	LMSP-PA-QL-SF QL= 4 caps/day
REZLIDHIA CAP 150MG ( <i>olutasidenib</i> )	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306
ROZLYTREK CAP 100MG, 200MG ( <i>entrectinib</i> )	F	LMSP-PA-QL QL= 3 caps/day
ROZLYTREK PAK 50MG ( <i>entrectinib</i> )	F	LMSP-PA-QL QL= 6 packs/day
RUBRACA TAB 200MG, 250MG, 300MG ( <i>rucaparib camsylate</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG ( <i>midostaurin</i> )	F	LMSP-PA-QL QL= 56 caps/28 days
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	F	LMSP-PA
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ( <i>dasatinib</i> )	F	LMSP-PA-SF
STIVARGA TAB 40MG ( <i>regorafenib</i> )	F	MSP-PA-QL-SF QL= 4 tabs/day
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	F	LMSP-PA
TABRECTA TAB 150MG, 200MG ( <i>capmatinib hcl</i> )	F	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG ( <i>dabrafenib mesylate</i> )	F	LMSP-PA-QL QL= 4 caps/day

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TAFINLAR TAB 10MG ( <i>dabrafenib mesylate</i> )	F	LMSP-PA
TALZENNA CAP 0.25MG .25MG ( <i>talazoparib tosylate</i> )	F	KMSP-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG ( <i>talazoparib tosylate</i> )	F	KMSP-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ( <i>nilotinib hcl</i> )	F	LMSP-PA-SF
TAZVERIK TAB 200MG ( <i>tazemetostat hbr</i> )	F	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG ( <i>tepotinib hcl</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG ( <i>ivosidenib</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP 125MG, 200MG ( <i>pexidartinib hcl</i> )	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ( <i>abemaciclib</i> )	F	LMSP-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ( <i>larotrectinib sulfat</i> )	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523

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VITRAKVI CAP 25MG 25MG ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN 20MG/ML ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP 100MG ( <i>pacritinib citrate</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306
XALKORI CAP 200MG, 250MG ( <i>crizotinib</i> )	F	KMSP-PA-QL-SF QL= 2 caps/day
XALKORI SPRINKLE CAP 150MG, 20MG, 50MG ( <i>crizotinib</i> )	F	MSP-PA-QL-SF QL= 4 caps/day
XOSPATA TAB 40MG ( <i>gilteritinib fumarate</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG ( <i>niraparib tosylate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ( <i>vemurafenib</i> )	F	LMSP-PA-QL QL= 8 tabs/day

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ZYDELIG TAB 100MG, 150MG ( <i>idelalisib</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP ( <i>ceritinib</i> )	F	LMSP-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG ( <i>ceritinib</i> )	F	LMSP-PA-QL-SF QL= 3 tabs/day
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	F	LMSP-PA
<b>MITOTIC INHIBITORS - Drugs to treat cancer</b>		
ETOPOSIDE CAP 50MG ( <i>etoposide</i> )	F	LMSP
<b>ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease</b>		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	F	-
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>benztropine tab .5MG, 1MG, 2MG</i>	F	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	F	-
<b>ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease</b>		
<i>entacapone tab 200MG</i> (COMTAN Equiv)	F	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	F	-
<i>amantadine syrup</i> (SYMMETREL Equiv)	F	-
<i>amantadine tab 100MG</i>	F	-
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	F	-

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<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	F	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	F	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	F	-
<i>carbidopa/levodopa tab 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (SINEMET Equiv)	F	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	F	-
<i>ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG</i> (REQUIP XL Equiv)	F	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	F	-
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease</b>		
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	F	-
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	F	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	F	-
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	F	-
TRIHEXYPHENIDYL SOLN .4MG/ML (trihexyphenidyl hcl)	F	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		

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CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG ( <i>carbidopa-levodopa</i> )	F	-
<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)	F	-
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
<i>lithium carbonate cap</i> (ESKALITH ER Equiv)	F	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	F	-
<i>lithium carbonate tab 300MG</i>	F	-
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		
EQUETRO CAP ( <i>carbamazepine (antipsychotic)</i> )	F	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG</i> (LATUDA Equiv)	F	-
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	F	-
<b>BENZISOXAZOLES - Drugs to treat mood disorders</b>		
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	F	-
RISPERIDONE ODT .25MG (RISPERDAL M Equiv) ( <i>risperidone</i> )	F	-

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<i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv)	F	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	F	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	F	-
<b>BUTYROPHENONES - Drugs to treat mood disorders</b>		
<i>haloperidol lactate conc 2MG/ML</i> (HALDOL Equiv)	F	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	F	-
<b>DIBENZAPINES - Drugs to treat mood disorders</b>		
<i>asenapine maleate SL tab 10MG, 2.5MG, 5MG</i> (SAPHRIS Equiv)	F	QL QL= 2 tabs/day
<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	F	-
<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	F	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	F	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	F	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	F	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	F	-

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<b>PHENOTHIAZINES - Drugs to treat mood disorders</b>		
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	F	-
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv)	F	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	F	-
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	F	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	F	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	F	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	F	-
<b>QUINOLINONE DERIVATIVES - Drugs to treat mood disorders</b>		
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	F	-
<b>THIOXANTHENES - Drugs to treat mood disorders</b>		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	F	-
<b>ANTIVIRALS - Drugs to treat viral infection</b>		
<b>ANTIRETROVIRALS - Drugs to treat viral infections</b>		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	F	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	F	-

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<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	F	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	F	-
APTIVUS CAP 250MG ( <i>tipranavir</i> )	F	-
APTIVUS SOLN 100MG/ML ( <i>tipranavir</i> )	F	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	F	-
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	F	QL QL= 1 tab/ day
CIMDUO TAB 300MG ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	F	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	F	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG ( <i>indinavir sulfate</i> )	F	MSP
<i>darunavir tab 600MG, 800MG</i> (PREZISTA Equiv)	F	-
DELSTRIGO TAB 100MG-300MG ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	F	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)	F	-

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DOVATO TAB 50MG-300MG ( <i>dolutegravir sodium-lamivudine</i> )	F	QL QL= 1 tab/day
EDURANT TAB 25MG ( <i>rilpivirine hcl</i> )	F	-
EFVIRENZ CAP 200MG, 50MG ( <i>efavirenz</i> )	F	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	F	-
<i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG</i> (ATRIPLA Equiv)	F	QL QL= 1 tab/day
<i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv)	F	QL QL= 1 tab/day
<i>emtricitabine cap 200MG</i> (EMTRIVA Equiv)	F	-
<i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv)	\$0	-
EMTRIVA SOLN 10MG/ML ( <i>emtricitabine</i> )	F	-
<i>etravirine tab 100MG, 200MG</i> (INTELENCE Equiv)	F	-
EVOTAZ TAB 150MG-300MG ( <i>atazanavir sulfate-cobicistat</i> )	F	-
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	F	-
FUZEON INJ 90MG ( <i>enfuvirtide</i> )	F	-
GENVOYA TAB 10MG-150MG-200MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	F	QL QL= 1 tab/day
INTELENCE TAB 25MG ( <i>etravirine</i> )	F	-
INVIRASE CAP ( <i>saquinavir mesylate</i> )	F	-

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INVIRASE TAB 500MG ( <i>saquinavir mesylate</i> )	F	-
ISENTRESS (HD) TAB 400MG, 600MG ( <i>raltegravir potassium</i> )	F	-
ISENTRESS CHEW TAB 100MG, 25MG ( <i>raltegravir potassium</i> )	F	-
ISENTRESS POWDER PACK 100MG ( <i>raltegravir potassium</i> )	F	-
JULUCA TAB 25MG-50MG ( <i>dolutegravir sodium-rilpivirine hcl</i> )	F	QL QL= 1 tab/ day
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	F	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	F	-
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	F	-
LEXIVA SUSP 50MG/ML ( <i>fosamprenavir calcium</i> )	F	-
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	F	-
<i>lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv)	F	-
<i>maraviroc tab 150MG, 300MG</i> (SELZENTRY Equiv)	F	-
NEVIRAPINE ER TAB 100MG (VIRAMUNE XR Equiv) ( <i>nevirapine</i> )	F	-
<i>nevirapine ER tab 400MG</i> (VIRAMUNE XR Equiv)	F	-
NEVIRAPINE SUSP 50MG/5ML ( <i>nevirapine</i> )	F	-
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	F	-

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NORVIR CAP ( <i>ritonavir</i> )	F	-
NORVIR POWDER PACK 100MG ( <i>ritonavir</i> )	F	-
NORVIR SOLN 80MG/ML ( <i>ritonavir</i> )	F	-
ODEFSEY TAB 25MG-200MG ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> )	F	QL QL= 1 tab/day
PIFELTRO TAB 100MG ( <i>doravirine</i> )	F	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG ( <i>darunavir-cobicistat</i> )	F	-
PREZISTA SUSP 100MG/ML ( <i>darunavir</i> )	F	-
PREZISTA TAB 150MG, 75MG ( <i>darunavir</i> )	F	-
RESCRIPTOR TAB 200MG ( <i>delavirdine mesylate</i> )	F	-
REYATAZ POWDER PACK 50MG ( <i>atazanavir sulfate</i> )	F	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	F	-
RUKOBIA ER TAB 600MG ( <i>fostemsavir tromethamine</i> )	F	-
SELZENTRY SOLN 20MG/ML ( <i>maraviroc</i> )	F	-
SELZENTRY TAB 25MG, 75MG ( <i>maraviroc</i> )	F	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG ( <i>stavudine</i> )	F	-
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i>	F	-

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 3/1/2024**

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STRIBILD TAB 150MG-200MG-300MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	F	QL QL= 1 tab/day
SYMTUZA TAB 10MG-150MG-200MG-800MG ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	F	-
<i>tenofovir disoproxil fumarate tab 300mg 300MG</i> (VIREAD Equiv)	F	-
TIVICAY PD TAB 5MG ( <i>dolutegravir sodium</i> )	F	-
TIVICAY TAB 10MG, 25MG, 50MG ( <i>dolutegravir sodium</i> )	F	-
TRIUMEQ PD TAB 5MG-30MG-60MG ( <i>abacavir-dolutegravir-lamivudine</i> )	F	QL QL= 1 tab/day
TRIUMEQ TAB 50MG-300MG-600MG ( <i>abacavir-dolutegravir-lamivudine</i> )	F	QL QL= 1 tab/day
TRIZIVIR TAB 150MG-300MG ( <i>abacavir sulfate-lamivudine-zidovudine</i> )	F	-
VIDEX SOLN 2GM ( <i>didanosine</i> )	F	-
VIRACEPT TAB 250MG, 625MG ( <i>nelfinavir mesylate</i> )	F	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ( <i>tenofovir disoproxil fumarate</i> )	F	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	F	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	F	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	F	-

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<b>ANTIVIRAL COMBINATIONS- Drugs to treat viral infections</b>		
PAXLOVID TAB 150-100MG 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	\$0	QL QL= 20 tabs/fill
PAXLOVID TAB 300-100MG 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	\$0	QL QL= 30 tabs/fill
<b>CMV AGENTS - Drugs to treat viral infections</b>		
LIVTENCITY TAB 200MG ( <i>maribavir</i> )	F	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS TAB 240MG, 480MG ( <i>letermovir</i> )	F	LMSP-PA-QL QL= 1 tab/day; Limit 200 tabs/365 days
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	F	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	F	-
<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	F	LMSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	F	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbv)</i> )	F	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	F	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ( <i>ledipasvir-sofosbuvir</i> )	F	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG ( <i>glecaprevir-pibrentasvir</i> )	F	LMSP-PA-QL QL= 5 packs/day

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MAVYRET TAB 40MG-100MG (glecaprevir-pibrentasvir)	F	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML (peginterferon alfa-2a)	F	LMSP
PEG-INTRON INJ 50MCG/0.5ML (peginterferon alfa-2b)	F	LMSP
REBETOL SOLN (ribavirin (hepatitis c))	F	LMSP
RIBAVIRIN CAP 200MG (ribavirin (hepatitis c))	F	LMSP
ribavirin cap 200MG	F	LMSP
RIBAVIRIN TAB 200MG (ribavirin (hepatitis c))	F	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (sofosbuvir-velpatasvir)	F	LMSP-PA-QL QL= 1 tab/day
VEMLIDY TAB 25MG (tenofovir alafenamide fumarate)	F	LMSP
VOSEVI TAB 100MG-400MG (sofosbuvir-velpatasvir-voxilaprevir)	F	LMSP-PA-QL QL= 1 tab/day
<b>HERPES AGENTS - Drugs to treat viral infections</b>		
acyclovir cap 200MG (ZOVIRAX Equiv)	F	-
acyclovir susp 200MG/5ML (ZOVIRAX Equiv)	F	-
acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)	F	-
famciclovir tab 125MG, 250MG, 500MG (FAMVIR Equiv)	F	-
valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)	F	-

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<b>INFLUENZA AGENTS - Drugs to treat viral infections</b>		
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	F	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	F	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	F	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ( <i>zanamivir</i> )	F	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	F	-
<b>MISC. ANTIVIRALS- Drugs to treat viral infections</b>		
LAGEVRIO CAP (EUA) 200MG ( <i>molnupiravir</i> )	\$0	QL QL= 40 caps/fill
LAGEVRIO CAP 200MG 200MG ( <i>molnupiravir</i> )	\$0	QL QL= 40 caps/fill
<b>ASSORTED CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
D-PENAMINE TAB ( <i>penicillamine</i> )	F	-
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
THALOMID CAP 100MG, 150MG, 200MG, 50MG ( <i>thalidomide</i> )	F	KMSP
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	F	-

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

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<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	F	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	F	-
<b>BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv)	F	-
<i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv)	F	-
<i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv)	F	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	F	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (LOPRESSOR Equiv)	F	-
<i>nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG</i> (BYSTOLIC Equiv)	F	-
<b>BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>nadolol tab 20MG, 40MG, 80MG</i> (CORCARD Equiv)	F	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	F	-
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	F	-
<i>propranolol oral soln 20mg/5ml 20MG/5ML</i> (PROPRANOLOL Equiv)	F	-
PROPRANOLOL SOLN 40MG/5ML ( <i>propranolol hcl</i> )	F	-

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<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	F	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	F	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	F	-
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	F	-
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure</b>		
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease</b>		
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	F	-
<i>diltiazem ER cap 120MG, 60MG, 90MG</i> (CARDIZEM CD Equiv)	F	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	F	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	F	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	F	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	F	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	F	-
VERAPAMIL SR CAP 360mg 360MG ( <i>verapamil hcl</i> )	F	-

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<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	F	-
<b>CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm</b>		
<b>CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm</b>		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	F	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML ( <i>digoxin</i> )	F	-
<i>digoxin tab</i> (LANOXIN Equiv)	F	-
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions</b>		
<b>CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy</b>		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG ( <i>mavacamten</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>IMPOTENCE AGENTS - Drugs to treat erectile dysfunction</b>		
<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	F	QL QL=6 tabs/30 days
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG</i> (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG ( <i>treprostinil</i> )	F	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523

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TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG ( <i>treprostinil</i> )	F	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG ( <i>treprostinil</i> )	F	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> )	F	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> )	F	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ( <i>iloprost</i> )	F	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension</b>		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	F	LMSP-PA-QL QL= 2 tabs/day

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OPSUMIT TAB 10MG ( <i>macitentan</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TRACLEER TAB 32MG 32MG ( <i>bosentan</i> )	F	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension</b>		
<i>sildenafil susp 10MG/ML</i> (REVATIO Equiv)	F	PA Members age 9 or older require Prior Authorization
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	F	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	F	LMSP-PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>selexipag</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension</b>		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ( <i>riociguat</i> )	F	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
<b>TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis</b>		

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VYNDAMAX CAP 61MG ( <i>tafamidis</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAREL CAP 20MG ( <i>tafamidis meglumine (cardiac)</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	F	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	F	-
<b>CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections</b>		
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	F	-
<b>CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections</b>		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	F	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	F	-
<b>CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy</b>		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-
<i>ashlyna tab, daysee tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	-

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<i>cryselle tab .3MG-30MCG</i>	\$0	-
<i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab</i> (DESOGEN Equiv)	\$0	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
<i>layolis FE tab, wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE 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	-
NATAZIA TAB ( <i>estradiol valerate-dienogest</i> )	\$0	-
NEXTSTELLIS TAB 3MG-14.2MG ( <i>drospirenone-estetrol</i> )	\$0	-
<i>norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG</i> (TAYTULLA Equiv)	\$0	-

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<i>norethindrone acetate/ethinyl estradiol FE chew tab 1MG-20MCG-75MG</i> (MINASTRIN Equiv)	\$0	-
<i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>nortrel 7/7/7 tab, pirmella 7/7/7 tab</i> (TRI-NORINYL Equiv)	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
TYBLUME TAB .1MG-20MCG ( <i>levonorgestrel &amp; eth estradiol</i> )	\$0	-
VELIVET PAK ( <i>desogestrel-ethinyl estradiol (triphasic)</i> )	\$0	-
<i>velivet tab</i> (CYCLESSA Equiv)	\$0	-
<i>vienva tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		

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TWIRLA PATCH 30MCG/24HR-120MCG/24HR ( <i>levonorgestrel-ethinyl estradiol</i> )	\$0	-
zafemy patch 35MCG/24HR-150MCG/24HR (XULANE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy</b>		
ANNOVERA RING .013MG/24HR-.15MG/24HR ( <i>segesterone acetate-ethinyl estradiol</i> )	\$0	QL QL= 1 ring/year
NUVARING .015MG/24HR-.12MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	\$0	-
<b>EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	\$0	-
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
PLAN B TAB 1.5MG ( <i>levonorgestrel (emergency oc)</i> )	\$0	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy</b>		
NEXPLANON IMPLANT 68MG ( <i>etonogestrel</i> )	EXC	-
NEXPLANON IMPLANT 68MG ( <i>etonogestrel</i> )	EXC	-
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones</b>		
DEPO-PROVERA INJ 150MG/ML ( <i>medroxyprogesterone acetate (contraceptive)</i> )	EXC	-
<b>PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones</b>		
<i>norethindrone tab .35MG</i> (NORA-QD Equiv)	\$0	-
SLYND TAB 4MG ( <i>drospirenone</i> )	\$0	-
<b>CORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		

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<b>GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	F	-
DEXAMETHASONE CONC 1MG/ML ( <i>dexamethasone</i> )	F	-
<i>dexamethasone elixir .5MG/5ML</i>	F	-
<i>dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML</i>	F	-
DEXAMETHASONE SOLN .5MG/5ML ( <i>dexamethasone</i> )	F	-
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 1MG, 2MG, 4MG, 6MG</i> (DECADRON Equiv)	F	-
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	F	-
<i>methylprednisolone acetate inj 40MG/ML, 80MG/ML</i> (DEPO-MEDROL Equiv)	F	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	F	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	F	-
<i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG</i> (SOLU-MEDROL Equiv)	F	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	F	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG ( <i>prednisolone sodium phosphate</i> )	F	-

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<i>prednisolone soln 15MG/5ML</i> (PEDIAPRED Equiv)	F	-
PREDNISON SOLN 5MG/5ML ( <i>prednisone</i> )	F	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	F	-
SOLU-CORTEF INJ 1000MG, 250MG, 500MG ( <i>hydrocortisone sod succinate</i> )	F	QL QL= 1 vial/fill
SOLU-CORTEF INJ 100MG 100MG ( <i>hydrocortisone sod succinate</i> )	F	QL QL= 2 vials/fill
SOLU-MEDROL INJ 2GM 2GM ( <i>methylprednisolone sod succ</i> )	F	-
<i>triamcinolone acetonide inj 200MG/5ML, 400MG/10ML, 40MG/ML</i> (KENALOG Equiv)	F	-
<b>MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions</b>		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	F	-
<b>COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<b>ANTITUSSIVES - Drugs to treat cough</b>		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG</i> (TESSALON Equiv)	F	-
<i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML</i> (HYCODAN Equiv)	F	-
<b>COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cetirizine/pseudoephedrine 12-hour tab 5MG-120MG</i> (ZYRTEC Equiv)	F	OTC

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<i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML</i> (BRONTEX Equiv)	F	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv) ( <i>guaifenesin-codeine</i> )	F	OTC-QL QL= 240ml/fill
<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML</i> (TUSSI-ORGANIDIN-S Equiv)	F	OTC-QL QL= 240ml/fill
<i>loratadine/pseudoephedrine 12-hour tab 5MG-120MG</i> (CLARITIN-D Equiv)	F	OTC
<i>loratadine/pseudoephedrine 24-hour tab 10MG-240MG</i> (CLARITIN-D Equiv)	F	OTC
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv) ( <i>promethazine &amp; phenylephrine</i> )	F	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> (PHENERGAN VC Equiv)	F	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML ( <i>promethazine-phenylephrine-codeine</i> )	F	-
<i>promethazine VC/codeine syrup 5MG/5ML-6.25MG/5ML-10MG/5ML</i>	F	-

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<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML</i> (PHENERGAN/CODEINE Equiv)	F	-
<b>MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants</b>		
NEBUSAL NEB SOLN 3.5%, 6% ( <i>sodium chloride (inhalant)</i> )	F	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	F	-
<b>MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	F	-
<b>DERMATOLOGICALS - Drugs to treat skin conditions</b>		
<b>ACNE PRODUCTS - Drugs to treat skin conditions</b>		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv)	F	-
<i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5%</i> (EPIDUO FORTE Equiv)	F	-

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<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (ACCUTANE Equiv)	F	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	F	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	F	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	F	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	F	-
ERY PAD 2% ( <i>erythromycin (acne aid)</i> )	F	-
<i>erythromycin gel 2%</i>	F	-
<i>erythromycin pad</i>	F	-
<i>erythromycin soln 2%</i>	F	-
<i>sodium sulfacetamide/sulfur cleanser 10-5% 5%-10%</i> (SUMAXIN Equiv)	F	-
<i>sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9%</i> (SUMADAN WASH Equiv)	F	-
<i>sodium sulfacetamide/sulfur emulsion 10-5%</i>	F	-
<i>tretinoin cream .025%, .05%, .1%</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .01%, .025%, .05%</i> (RETIN-A GEL Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses</b>		

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RENOVA CREAM .02%, .05% ( <i>tretinoin (facial wrinkles)</i> )	EXC	-
<b>ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections</b>		
<i>gentamicin sulfate cream</i>	F	-
<i>gentamicin sulfate oint .1%</i>	F	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	F	-
<b>ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections</b>		
<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	F	-
<i>ciclopirox gel .77%</i> (LOPROX GEL Equiv)	F	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	F	-
<i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv)	F	-
<i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv)	F	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	F	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	F	-
<i>ketoconazole cream 2%</i> (NIZORAL CREAM Equiv)	F	-
<i>ketoconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv)	F	-
NIZORAL A-D SHAMPOO 1% ( <i>ketoconazole (topical)</i> )	EXC	OTC
<i>nizoral a-d shampoo 1%</i>	EXC	OTC
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	F	-
<i>nystatin oint 100000UNIT/GM</i>	F	-

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	OL	Quantity Limit
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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 3/1/2024**

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<i>nystatin topical powder 100000UNIT/GM</i>	F	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	F	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	F	-
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation</b>		
<i>diclofenac gel 1% 1% (VOLTAREN Equiv)</i>	F	OTC-QL QL= 5 tubes/fill
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer</b>		
<i>bexarotene gel 1% (TARGRETIN Equiv)</i>	F	LMSP-PA
<i>diclofenac gel 3% (SOLARAZE Equiv)</i>	F	PA-QL QL= 300gm/30 days
<i>fluorouracil cream 5% (EFUDEX CREAM Equiv)</i>	F	-
FLUOROURACIL SOLN 2%, 5% ( <i>fluorouracil (topical)</i> )	F	-
VALCHLOR GEL .016% ( <i>mechlorethamine hcl (topical)</i> )	F	LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
<b>ANTIPSORIATICS - Drugs to treat psoriasis</b>		
<i>acitretin cap 10MG, 17.5MG, 25MG (SORIATANE Equiv)</i>	F	LMSP
<i>calcipotriene cream .005% (DOVONEX CREAM Equiv)</i>	F	QL QL= 120gm/30 days
<i>calcipotriene oint .005%</i>	F	-

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<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	F	-
METHOXSALEN CAP 10MG ( <i>methoxsalen rapid</i> )	F	LMSP
<i>methoxsalen cap 10MG</i>	F	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML ( <i>risankizumab-rzaa</i> )	F	LMSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML ( <i>risankizumab-rzaa</i> )	F	LMSP-PA-QL QL= 2 inj/84 days
STELARA INJ 45MG/0.5ML, 90MG/ML ( <i>ustekinumab</i> )	F	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML ( <i>ixekizumab</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	F	-
TREMFYA INJ 100MG/ML ( <i>guselkumab</i> )	F	LMSP-PA-QL QL= 1 inj/56 days
ZORYVE CREAM .3% ( <i>roflumilast (topical)</i> )	F	PA-QL QL= 60 grams/30 days
<b>ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions</b>		
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	F	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
<i>acyclovir oint 5%</i> (ZOVIRAX Equiv)	F	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	F	-

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SULFAMYLLON CREAM 85MG/GM ( <i>mafenide acetate</i> )	F	-
<b>CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation</b>		
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	F	-
<i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv)	F	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	F	-
BETAMETHASONE AUGMENTED GEL .05% ( <i>betamethasone dipropionate augmented</i> )	F	-
<i>betamethasone augmented gel</i>	F	-
<i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv)	F	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv)	F	-
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv)	F	-
<i>betamethasone dipropionate lotion .05%</i>	F	-
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv)	F	-
<i>betamethasone valerate cream .1%</i>	F	-
<i>betamethasone valerate lotion .1%</i>	F	-
<i>betamethasone valerate oint .1%</i>	F	-
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	F	-

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<i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv)	F	-
<i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv)	F	-
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	F	-
<i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv)	F	-
<i>desoximetasone oint .25%</i> (TOPICORT Equiv)	F	-
EPIFOAM AEROSOL 1% ( <i>pramoxine-hc</i> )	F	-
FLUOCINOLONE ACET CREAM .01% ( <i>fluocinolone acetonide</i> )	F	-
<i>fluocinolone acetonide cream .01%, .025%</i>	F	-
<i>fluocinolone acetonide oint .025%</i>	F	-
<i>fluocinolone acetonide soln .01%</i>	F	-
<i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv)	F	-
<i>fluocinonide cream 0.1% .1%</i> (VANOS CREAM Equiv)	F	-
<i>fluocinonide emollient cream .05%</i>	F	-
<i>fluocinonide gel .05%</i>	F	-
<i>fluocinonide oint .05%</i>	F	-
<i>fluocinonide soln .05%</i>	F	-
<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	F	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	F	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	F	-

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<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	F	PA
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	F	-
<i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv)	F	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	F	-
<i>mometasone cream .1%</i> (ELOCON Equiv)	F	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	F	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	F	-
<i>triamcinolone cream .025%, .1%, .5%</i>	F	-
<i>triamcinolone lotion .025%, .1%</i>	F	-
<i>triamcinolone oint .025%, .1%, .5%</i>	F	-
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		
ADBRY INJ 150MG/ML ( <i>tralokinumab-ldrm</i> )	F	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG ( <i>abrocitinib</i> )	F	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML ( <i>dupilumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 200MG/1.14ML, 300MG/2ML ( <i>dupilumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
<b>EMOLLIENTS - Drugs to treat skin conditions</b>		
<i>ammonium lactate lotion 12%, 5%</i> (LAC-HYDRIN Equiv)	EXC	OTC

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LACTIC ACID LOTION 10%, 5% ( <i>lactic acid (ammonium lactate)</i> )	F	-
<b>ENZYMES - TOPICAL - Drugs to treat skin conditions</b>		
SANTYL OINT 250UNIT/GM ( <i>collagenase</i> )	F	QL QL= 90gm/30 days
<b>HAIR GROWTH AGENTS - Drugs to grow hair</b>		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
<b>HAIR REDUCTION AGENTS - Drugs to remove hair</b>		
VANIQA CREAM 13.9% ( <i>eflornithine hcl</i> )	EXC	-
<b>IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	F	-
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
HYFTOR GEL .2% ( <i>sirolimus (topical)</i> )	F	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	F	-
<b>KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions</b>		
PODOCON SOLN 25% ( <i>podophyllum resin</i> )	F	-
PODOFILOX SOLN .5% (CONDYLOX Equiv) ( <i>podofilox</i> )	F	-
<i>podofilox soln .5%</i> (CONDYLOX Equiv)	F	-
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	F	-

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<i>lidocaine gel 2%</i> (XYLOCAINE Equiv)	F	-
<i>lidocaine oint</i>	F	QL QL= 107gm/30 days
<i>lidocaine patch 5% 5%</i> (LIDODERM Equiv)	F	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	F	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	F	-
<b>MISC. TOPICAL - Miscellaneous topical products</b>		
DRYSOL SOLN 20% ( <i>aluminum chloride</i> )	F	-
<b>PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration</b>		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ( <i>fluocinolone-hydroquinone-tretinoin</i> )	EXC	-
<b>ROSACEA AGENTS - Drugs to treat skin conditions</b>		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	F	-
<i>brimonidine tartrate gel .33%</i> (MIRVASO Equiv)	EXC	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	F	-
<i>metronidazole gel 1%</i> (METROGEL Equiv)	F	-
<i>metronidazole gel 0.75% .75%</i> (METROGEL Equiv)	F	-
<i>metronidazole lotion .75%</i> (METROLOTION Equiv)	F	-
MIRVASO GEL .33% ( <i>brimonidine tartrate (topical)</i> )	EXC	-
RHOFADE CREAM 1% ( <i>oxymetazoline hcl (topical)</i> )	EXC	-
<b>SCABICIDES &amp; PEDICULICIDES - Drugs to treat skin conditions</b>		
<i>malathion lotion .5%</i> (OVIDE Equiv)	F	QL

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<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	F	-
SPINOSAD SUSP .9% ( <i>spinosad</i> )	F	QL QL= 1 bottle/fill
<b>WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers</b>		
REGRANEX GEL .01% ( <i>becaplermin</i> )	F	QL QL= 30gm/fill
VERNELEX OINT 87MG/GM-788MG/GM ( <i>balsam peru-castor oil</i> )	F	-
<b>DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products</b>		
<b>DIAGNOSTIC TESTS - Miscellaneous diagnostic test products</b>		
COVID-19 TEST ( <i>covid-19 at home test</i> )	\$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 INJ 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> )	F	OTC
KETOSTIX ( <i>acetone (urine) test</i> )	F	OTC
ONETOUCH TEST STRIP ( <i>glucose blood</i> )	F	OTC
ONETOUCH VERIO TEST STRIP ( <i>glucose blood</i> )	F	OTC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition</b>		
<b>DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency</b>		
ASTAMED MYO CAP ( <i>astaxanthin-tocotrienol-zinc-cholecalciferol</i> )	EXC	-

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DEPLIN CAP ( <i>l-methylfolate-algae</i> )	EXC	-
ELIGEN B12 TAB ( <i>cyanocobalamin-salcaprozate sodium</i> )	EXC	-
FALESSA TAB ( <i>levomefolate glucosamine</i> )	EXC	-
GLYGEST PAK ( <i>2-fucosyllactose &amp; lacto-n-neotetraose</i> )	EXC	-
L-METHYLFOLATE TAB ( <i>l-methylfolate</i> )	EXC	-
LUVIRA CAP ( <i>omega-3-acid ethyl esters (dietary management)</i> )	EXC	-
METANX CAP ( <i>l-methylfolate w/ algae-vitamin b12-vitamin b6</i> )	EXC	-
OLLIZAC POWDER ( <i>2-fucosyllactose &amp; lacto-n-neotetraose</i> )	EXC	-
PODIAPN CAP ( <i>l-methylfolate w/ vitamin b6-vitamin b12</i> )	EXC	-
XAQUIL XR TAB ( <i>levomefolate glucosamine</i> )	EXC	-
XYZBAC TAB ( <i>dietary management product</i> )	EXC	-
<b>INFANT FOODS</b>		
INFANT FORMULA LIQUID ( <i>infant foods</i> )	F	OTC-PA
INFANT FORMULA POWDER ( <i>infant foods</i> )	F	OTC-PA
<b>NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency</b>		
NUTRITIONAL SUPPLEMENT LIQUID ( <i>nutritional supplements</i> )	F	OTC-PA

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NUTRITIONAL SUPPLEMENT POWDER ( <i>nutritional supplements</i> )	F	OTC-PA
<b>DIGESTIVE AIDS - Drugs to treat low digestive enzymes</b>		
<b>DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes</b>		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	F	-
<b>DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	F	-
<i>acetazolamide tab 125MG, 250MG</i>	F	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	F	-
<b>DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
AMILORIDE/HCTZ TAB 5MG-50MG ( <i>amiloride &amp; hydrochlorothiazide</i> )	F	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	F	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	F	-

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<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	F	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	F	-
<b>LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	F	-
<i>ethacrynic tab 25MG</i> (EDECRIN Equiv)	F	-
FUROSCIX KIT 80MG/10ML ( <i>furosemide</i> )	F	LD-QL QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679
FUROSEMIDE SOLN 40MG/5ML, 8MG/ML ( <i>furosemide</i> )	F	-
<i>furosemide soln 10MG/ML</i>	F	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	F	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	F	-
<b>POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	F	-
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	F	-
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
CHLOROTHIAZIDE TAB ( <i>chlorothiazide</i> )	F	-

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<i>chlorothiazide tab</i>	F	-
<i>chlorthalidone tab 25MG, 50MG</i>	F	-
DIURIL SUSP 250MG/5ML ( <i>chlorothiazide</i> )	F	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	F	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	F	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	F	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	F	-
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones</b>		
<b>BONE DENSITY REGULATORS - Drugs to treat bone disease</b>		
<i>alendronate tab 10MG, 35MG, 70MG</i> (FOSAMAX Equiv)	F	-
ALENDRONATE TAB 40MG 5MG ( <i>alendronate sodium</i> )	F	-
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	F	-
<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	F	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ( <i>parathyroid hormone (recombinant)</i> )	F	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	F	ST Step Therapy requires trial of alendronate
TERIPARATIDE INJ 620MCG/2.48ML 620MCG/2.48ML ( <i>teriparatide (recombinant)</i> )	F	LMSP
TYMLOS INJ 3120MCG/1.56ML ( <i>abaloparatide</i> )	F	LMSP
<b>CORTICOTROPIN ***</b>		
ACTHAR GEL INJ 80UNIT/ML ( <i>corticotropin</i> )	F	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>FERTILITY REGULATORS - Drugs to regulate fertility</b>		
CLOMID TAB 50MG ( <i>clomiphene citrate</i> )	EXC	INF
CLOMIPHENE TAB 50MG ( <i>clomiphene citrate</i> )	EXC	INF
OVIDREL INJ 250MCG/0.5ML ( <i>choriogonadotropin alfa</i> )	EXC	INF
<b>GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis</b>		
<i>cetrorelix acetate for inj kit .25MG</i> (CETROTIDE Equiv)	EXC	INF
ORILISSA TAB 150MG 150MG ( <i>elagolix sodium</i> )	F	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG ( <i>elagolix sodium</i> )	F	PA-QL QL= 2 tabs/day
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		

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SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ( <i>pegvisomant</i> )	F	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution</b>		
EGRIFTA INJ 1MG, 2MG ( <i>tesamorelin acetate</i> )	EXC	-
<b>GROWTH HORMONES - Drugs to regulate hormones</b>		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG ( <i>somatropin</i> )	F	LMSP-PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML ( <i>somatropin</i> )	F	LMSP-PA
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG ( <i>lonapegsomatropin-tcgd</i> )	F	LMSP-PA
SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML ( <i>somapacitan-beco</i> )	F	LMSP-PA
<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones</b>		

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INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	F	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones</b>		
SYNAREL NASAL SOLN 2MG/ML ( <i>nafarelin acetate</i> )	F	LMSP
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	F	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	F	-
<i>carglumic acid tab 200MG</i> (CARBAGLU Equiv)	F	LD-PA Only available through AnovoRx 844-288-5007
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	F	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	F	-
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	F	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	F	-
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML ( <i>pegvaliase-pqpz</i> )	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	F	-

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PHEBURANE ORAL PELLETS 483MG/GM ( <i>sodium phenylbutyrate</i> )	F	LD Only available through Accredo 800-803-2523
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	F	LMSP-PA
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	F	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ( <i>asfotase alfa</i> )	F	LD-PA Only available through PantherRx Pharmacy 855-726-8479
<b>NATRIURETIC PEPTIDES ***</b>		
VOXZOGO INJ .4MG, .56MG, 1.2MG ( <i>vosoritide</i> )	F	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
<b>POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones</b>		
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	F	-
STIMATE NASAL SOLN 1.5MG/ML ( <i>desmopressin acetate</i> )	F	LMSP
<b>PROGESTERONE RECEPTOR ANTAGONISTS ***</b>		
<i>mifepristone tab 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG ( <i>mifepristone</i> )	EXC	-
<b>PROLACTIN INHIBITORS - Drugs to regulate hormones</b>		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	F	-
<b>SOMATOSTATIC AGENTS - Drugs to regulate hormones</b>		

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<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	F	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML ( <i>octreotide acetate</i> )	F	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ( <i>pasireotide diaspartate</i> )	F	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<b>VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
JYNARQUE PAK 15MG ( <i>tolvaptan</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ( <i>tolvaptan</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
<b>ESTROGENS - Drugs to replace female hormones</b>		
<b>ESTROGEN COMBINATIONS - Drugs to replace female hormones</b>		
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	F	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	F	-
MYFEMBREE TAB .5MG-1MG-40MG ( <i>relugolix-estradiol-norethindrone acetate</i> )	F	PA-QL QL= 1 tab/day

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ORIAHNN CAP .5MG-1MG-300MG ( <i>elagolix sodium-estradiol-norethindrone acetate</i> )	F	PA-QL QL= 2 caps/day
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	F	-
<b>ESTROGENS - Drugs used for contraception</b>		
<i>estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR</i> (CLIMARA Equiv)	F	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	F	-
<i>estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv)	F	QL QL= 5ml/fill
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ( <i>estrogens, conjugated</i> )	F	-
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<i>ciprofloxacin susp 500MG/5ML, 5GM/100ML</i> (CIPRO Equiv)	F	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	F	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	F	-
LEVOFLOXACIN SOLN 25MG/ML 25MG/ML ( <i>levofloxacin</i> )	F	-

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<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	F	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	F	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	F	-
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs</b>		
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation</b>		
TRULANCE TAB 3MG ( <i>plecanatide</i> )	F	PA-QL QL= 1 tab/day
<b>BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders</b>		
CHOLBAM CAP 250MG, 50MG ( <i>cholic acid</i> )	F	LD-PA Only available through Dohmen LSS 844-246-5226
<b>FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis</b>		
OCALIVA TAB 10MG, 5MG ( <i>obeticholic acid</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	F	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	F	-
<b>GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	F	-
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation</b>		

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<i>lubiprostone cap 24MCG, 8MCG</i> (AMITIZA Equiv)	F	PA-QL QL= 2 caps/day
<b>GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	F	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	F	-
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions</b>		
BYLVAY CAP 1200MCG 1200MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML ( <i>maralixibat chloride</i> )	F	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481
<b>INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system</b>		

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<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	F	-
CIMZIA INJ 200MG/ML ( <i>certolizumab pegol</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML ( <i>certolizumab pegol</i> )	F	LMSP-PA-QL QL= 1 kit/plan year
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	F	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	F	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	F	-
SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML ( <i>risankizumab-rzaa (crohn's)</i> )	F	LMSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML ( <i>risankizumab-rzaa (crohn's)</i> )	F	LMSP-PA-QL QL= 1 inj/56 days
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	F	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	F	-
<b>INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>lactulose soln 10GM/15ML</i>	F	-
<b>LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections</b>		
VOWST CAP ( <i>fecal microbiota spores, live-brpk</i> )	F	LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
SYMPROIC TAB ( <i>naldemedine tosylate</i> )	F	PA
SYMPROIC TAB .2MG ( <i>naldemedine tosylate</i> )	F	PA
<b>PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels</b>		

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OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 3/1/2024**

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<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	F	-
FOSRENOL POWDER PACK 1000MG, 750MG ( <i>lanthanum carbonate</i> )	F	-
<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv)	F	-
PHOSLYRA SOLN 667MG/5ML ( <i>calcium acetate (phosphate binder)</i> )	F	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv)	F	-
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	F	-
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs</b>		
<b>ALKALINIZERS - Drugs to treat low pH</b>		
CYTRA K CRYSTALS 1002MG-3300MG ( <i>potassium citrate-citric acid</i> )	F	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ( <i>pot &amp; sod citrates w/citric ac</i> )	F	-
ORACIT SOLN 490MG/5ML-640MG/5ML ( <i>sodium citrate &amp; citric acid</i> )	F	-
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROCIT-K TAB Equiv)	F	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv)	F	-

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<i>potassium citrate/citric acid soln</i> <b>334MG/5ML-1100MG/5ML</b> (POLYCITRA-K Equiv)	F	-
<i>sodium citrate/citric acid soln</i> <b>1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML</b> (BICITRA Equiv)	F	-
<i>tricitrates soln</i> <b>334MG/5ML-500MG/5ML-550MG/5ML</b> (POLYCITRA-LC Equiv)	F	-
<b>CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies</b>		
CYSTAGON CAP 150MG, 50MG ( <i>cysteamine bitartrate</i> )	F	LD-PA Only available through CVS Specialty 800-238-7828
<b>GENITOURINARY IRRIGANTS - Drugs to treat the urinary system</b>		
<i>sodium chloride 0.9% irr soln .9%</i>	F	-
<b>IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease</b>		
FILSPARI TAB 200MG, 400MG ( <i>sparsentan</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
<b>INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence</b>		
ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	F	-
<b>PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate</b>		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	F	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	F	-

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<i>finasteride tab 5MG</i> (PROSCAR Equiv)	F	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	F	-
<b>URINARY ANALGESICS - Drugs to treat urinary pain</b>		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	F	-
<b>URINARY STONE AGENTS - Drugs to prevent kidney stones</b>		
<i>tiopronin tab 100MG</i> (THIOLA Equiv)	F	LMSP-PA
<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	F	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<i>allopurinol tab</i> (ZYLOPRIM Equiv)	F	-
<i>colchicine tab .6MG</i> (COLCRYS Equiv)	F	-
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	F	ST Step Therapy requires trial of allopurinol
<b>URICOSURICS - Drugs to treat gout</b>		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	F	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML ( <i>emicizumab-kxwh</i> )	F	LMSP-PA

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<b>COMPLEMENT INHIBITORS - Drugs to treat blood disorders</b>		
EMPAVELI INJ 1080MG/20ML ( <i>pegcetacoplan</i> )	F	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG ( <i>avacopan</i> )	F	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders</b>		
TAVALISSE TAB 100MG, 150MG ( <i>fostamatinib disodium</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	F	-
<b>PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions</b>		
TAKHZYRO INJ 300MG/2ML ( <i>lanadelumab-flyo</i> )	F	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> )	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
<b>PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood</b>		
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	F	-
BRILINTA TAB 60MG, 90MG ( <i>ticagrelor</i> )	F	-

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CABLIVI INJ KIT 11MG ( <i>caplacizumab-yhdp</i> )	F	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	F	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	F	-
<i>dipyridamole tab</i> (PERSANTINE Equiv)	F	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	F	-
<b>HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency</b>		
PYRUKYND TAB 20MG, 50MG, 5MG ( <i>mitapivat sulfate</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK 5MG ( <i>mitapivat sulfate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
<b>HEMATOPOIETIC AGENTS - Drugs to treat blood disorders</b>		
<b>AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders</b>		
CERDELGA CAP 84MG ( <i>eliglustat tartrate</i> )	F	MSP-PA
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	F	LD-PA Only available through Accredo 800-803-2523
<b>AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders</b>		
DROXIA CAP 200MG, 300MG, 400MG ( <i>hydroxyurea (sickle cell disease)</i> )	F	-

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ENDARI POWDER PACK 5GM ( <i>glutamine (sickle cell)</i> )	F	LMSP-PA-QL QL= 6 packets/day
<b>AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders</b>		
OXBRYTA TAB FOR ORAL SUSP 300MG ( <i>voxelotor</i> )	F	LD-PA-QL QL= 5 tabs/day; Only available through Accredo 800-803-2523
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	F	-
<b>FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency</b>		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		
DOPTELET TAB 20MG ( <i>avatrombopag maleate</i> )	F	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	F	LMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-aafi</i> )	F	LMSP
NYVEPRIA INJ 6MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	F	LMSP

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PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG ( <i>eltrombopag olamine</i> )	F	LMSP-PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML ( <i>epoetin alfa-epbx</i> )	F	LMSP
RETACRIT INJ 40000UNIT/ML ( <i>epoetin alfa-epbx</i> )	F	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-sndz</i> )	F	LMSP
<b>HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders</b>		
<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	F	-
<i>folbee tab 1MG-2.5MG-25MG</i>	F	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ( <i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i> )	F	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ( <i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i> )	F	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ( <i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i> )	F	-

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NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG ( <i>ferrous fumarate w/ fa-dss-b complex-vit c</i> )	F	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	F	-
<b>HEMOSTATICS - Drugs to stop bleeding/treat blood disorders</b>		
<b>HEMOSTATICS - SYSTEMIC - Drugs to thin the blood</b>		
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	F	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	F	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	F	-
<b>HYPNOTICS - Drugs to treat insomnia</b>		
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	F	QL QL= 1 tab/day
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia</b>		
<b>ANTI HISTAMINE HYPNOTICS - Drugs to treat insomnia</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	F	Only 50mg covered
<b>BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>phenobarbital elixir 20MG/5ML</i>	F	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	F	-

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<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	F	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	F	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)	F	RS Restricted to Neurology Specialist
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	F	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	F	-
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	F	-
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	F	QL QL= 1 cap/day
<i>zolpidem ER tab 12.5MG, 6.25MG</i> (AMBIEN CR Equiv)	F	QL QL= 1 tab/day
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia</b>		
<i>ramelteon tab 8MG</i> (ROZEREM Equiv)	F	QL QL= 1 tab/day
<b>LAXATIVES - Drugs to treat constipation</b>		
<b>LAXATIVE COMBINATIONS - Drugs to treat constipation</b>		
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	\$0	QL Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay

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NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
<i>peg 3350 soln (100 gram Moviprep equiv)</i> 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM (MOVIPREP Equiv)	\$0	QL QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
<i>peg 3350/electrolytes soln</i> 2.97GM-5.86GM-6.74GM-22.74GM-236GM (COLYTE Equiv)	\$0	QL Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
<i>sodium/magnesium/potassium soln</i> 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP Equiv)	\$0	QL QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM ( <i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i> )	F	QL QL= 2 fills/calendar year
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		
<i>lactulose soln</i>	F	-

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<b>MACROLIDES - Drugs to treat bacterial infections</b>		
<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	F	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	F	-
<b>CLARITHROMYCIN - Drugs to treat bacterial infections</b>		
CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML ( <i>clarithromycin</i> )	F	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	F	-
<b>ERYTHROMYCINS - Drugs to treat bacterial infections</b>		
ERYTHROMYCIN EC CAP 250MG ( <i>erythromycin base</i> )	F	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	F	-
<b>FIDAXOMICIN - Drugs to treat infections</b>		
DIFICID SUSP 40MG/ML ( <i>fidaxomicin</i> )	F	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN

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DIFICID TAB 200MG ( <i>fidaxomicin</i> )	F	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	\$0	-
DIAPHRAGM 2% ( <i>diaphragm wide seal</i> )	\$0	-
FEMALE CONDOMS ( <i>condoms - female</i> )	\$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS ( <i>condoms non-latex lubricated - male</i> )	\$0	OTC-QL QL= 12 condoms/fill
<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
CALIBRATION LIQUID ( <i>blood glucose calibration</i> )	F	OTC
DEXCOM G6 RECEIVER ( <i>continuous blood glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR ( <i>continuous blood glucose system sensor</i> )	F	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER ( <i>continuous blood glucose system transmitter</i> )	F	PA-QL QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER ( <i>continuous blood glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year

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DEXCOM G7 SENSOR <i>(continuous blood glucose system sensor)</i>	F	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER <i>(continuous blood glucose system receiver)</i>	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR <i>(continuous blood glucose system sensor)</i>	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3 READER <i>(continuous blood glucose system receiver)</i>	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR <i>(continuous blood glucose system sensor)</i>	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER <i>(continuous blood glucose system receiver)</i>	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY) <i>(continuous blood glucose system sensor)</i>	F	PA-QL QL= 2 sensors/28 days
LANCET KIT <i>(lancets misc.)</i>	F	OTC
LANCETS <i>(lancets)</i>	F	OTC
OMNIPOD 5 G7 KIT INTRO <i>(insulin infusion disposable pump)</i>	F	QL QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS <i>(insulin infusion disposable pump)</i>	F	QL QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT <i>(insulin infusion disposable pump)</i>	F	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS <i>(insulin infusion disposable pump)</i>	F	QL QL= 10 pods/month

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

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<b>MISC. DEVICES - Drugs for miscellaneous use</b>		
ALCOHOL SWABS 70% ( <i>alcohol swabs</i> )	F	OTC
<b>PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies</b>		
B-D INSULIN SYRINGE U-500 ( <i>insulin syringe/needle u-500</i> )	F	-
B-D PEN AUTOSHIELD DUO PEN NEEDLE ( <i>insulin pen needle</i> )	F	OTC
CARETOUCH MIS ( <i>needle (disp) 27 g</i> )	F	OTC
TECHLITE INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	F	OTC
TECHLITE PEN NEEDLE ( <i>insulin pen needle</i> )	F	OTC
TRUEPLUS INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	F	OTC
TRUEPLUS PEN NEEDLE ( <i>insulin pen needle</i> )	F	-
<b>RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders</b>		
AEROCHAMBER ( <i>spacer/aerosol-holding chamber supplies - masks</i> )	\$0	OTC
PEAK FLOW METER ( <i>peak flow meter</i> )	\$0	OTC
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache</b>		
UBRELVY TAB 100MG, 50MG ( <i>ubrogepant</i> )	F	PA-QL QL= 10 tabs/30 days, 6 fills/year

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ZAVZPRET NASAL SPRAY 10MG/ACT ( <i>zavegepant hcl</i> )	F	PA-QL QL= 6 units/fill; 60 units/365 days
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches</b>		
AIMOVIG INJ 140MG/ML, 70MG/ML ( <i>erenumab-aooe</i> )	F	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML ( <i>fremanezumab-vfrm</i> )	F	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	F	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML ( <i>galcanezumab-gnlm</i> )	F	PA-QL QL= 3 inj/fill, 6 fills/year
<b>SEROTONIN AGONISTS - Drugs to treat migraine headaches</b>		
REYVOW TAB 100MG, 50MG ( <i>lasmiditan succinate</i> )	F	PA-QL QL= 8 tabs/30 days, 6 fills/year
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML ( <i>sumatriptan succinate</i> )	F	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	F	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ( <i>sumatriptan succinate</i> )	F	QL QL= 4 inj/fill, 2 fills/30 days

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<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
<b>MINERALS &amp; ELECTROLYTES - Drugs to treat electrolyte disorders</b>		
<b>FLUORIDE - Drugs to treat mineral deficiency</b>		
<i>sodium fluoride chew tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<b>PHOSPHATE - Drugs to treat electrolyte deficiency</b>		
<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	F	-
<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	F	-
<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
<i>potassium bicarbonate efffer tab 25MEQ</i> (K-LYTE Equiv)	F	-

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<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	F	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	F	-
<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	F	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	F	-
<i>potassium chloride soln 10%, 20%</i>	F	-
<b>ZINC - Drugs to treat mineral deficiency</b>		
GALZIN CAP 25MG, 50MG ( <i>zinc acetate (oral)</i> )	F	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	F	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	F	LMSP-PA
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
JOENJA TAB 70MG ( <i>leniolisib phosphate</i> )	F	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)	F	LD-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416

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REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ( <i>lenalidomide</i> )	F	LD-QL-RS QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist
REZUROCK TAB 200MG ( <i>belumosudil mesylate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
ENSPRYNG INJ 120MG/ML ( <i>satralizumab-mwge</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
<i>everolimus tab .25MG, .5MG, .75MG, 1MG</i> (ZORTRESS Equiv)	F	LMSP-PA
LUPKYNIS CAP 7.9MG ( <i>voclosporin</i> )	F	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)	F	-
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		
LOKELMA PAK 10GM, 5GM ( <i>sodium zirconium cyclosilicate</i> )	F	LMSP-PA
SPS SUSP 15GM/60ML ( <i>sodium polystyrene sulfonate</i> )	F	-
<b>PROGERIA TREATMENT AGENTS ***</b>		

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ZOKINVY CAP 50MG, 75MG ( <i>lonafarnib</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		
BENLYSTA AUTO-INJECTOR 200MG/ML ( <i>belimumab</i> )	F	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ( <i>belimumab</i> )	F	LMSP-PA-QL QL= 4 inj/28 day
<b>MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth</b>		
<b>ANESTHETICS TOPICAL ORAL - Drugs for numbing</b>		
<i>lidocaine viscous soln 2%</i> (XYLOCAINE HCL (MOUTH-THROAT) Equiv)	F	-
<b>ANTI-INFECTIVES - THROAT - Drugs to treat throat infections</b>		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	F	-
<i>nystatin susp 100000UNIT/ML</i>	F	-
<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		
<i>chlorhexidine gluconate soln</i> (PERIDEX Equiv)	F	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% ( <i>sodium fluoride-potassium nitrate</i> )	F	-
PREVIDENT SOLN .2% ( <i>sodium fluoride (dental)</i> )	F	-

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<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	F	-
<b>STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling</b>		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	F	-
<b>THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat</b>		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	F	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	F	-
<b>MULTIVITAMINS - Drugs to treat vitamin deficiency</b>		
<b>B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency</b>		
DIALYVITE TAB ( <i>b-complex w/ c-biotin-e-minerals &amp; folic acid</i> )	F	-
DIALYVITE/ZINC TAB ( <i>b-complex w/ c-zn &amp; folic acid</i> )	F	-
FOLBEE PLUS CZ TAB ( <i>b-complex w/ c-biotin-minerals &amp; folic acid</i> )	F	-
<i>renaphro cap</i> (NEPHROCAP Equiv)	F	-

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<b>MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency</b>		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	F	-
<b>PED MULTI VITAMINS W/FL &amp; FE - Drugs to treat vitamin deficiency</b>		
<i>pediatric multiple vitamins/fluoride/iron soln</i>	F	-
<b>PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency</b>		
FLORIVA PLUS DROPS ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN/FLOURIDE CHEW 0.25MG ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN/FLOURIDE CHEW 1MG ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN/FLUORIDE CHEW TAB ( <i>pediatric multivitamins w/fl</i> )	F	-
<i>pediatric multiple vitamins/fluoride chew tab</i>	F	-
<i>pediatric multiple vitamins/fluoride soln</i>	F	-
<b>PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency</b>		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	-
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv)	F	-
<i>carisoprodol tab 350MG</i> (SOMA Equiv)	F	QL QL=120 tabs/30 days

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<i>chlorzoxazone tab 500mg 500MG</i>	F	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	F	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	F	-
<i>methocarbamol tab 500MG, 750MG</i> (ROBAXIN Equiv)	F	-
<i>tizanidine tab</i> (ZANAFLEX Equiv)	F	-
<b>DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	F	-
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<b>NASAL AGENTS - MISC. - Miscellaneous nasal agents</b>		
ALCOHOL SWABS 62% ( <i>alcohol (nasal)</i> )	F	OTC
<b>NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	F	-
<b>NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	F	-
<b>NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	F	QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	F	OTC-QL QL= 2 bottles/fill
<b>NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles</b>		

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<b>ALS AGENTS - Drugs to treat ALS</b>		
RADICAVA ORS STARTER KIT 105MG/5ML ( <i>edaravone</i> )	F	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP 105MG/5ML ( <i>edaravone</i> )	F	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
RELYVRIO PAK 1GM-3GM ( <i>sodium phenylbutyrate-taurursodiol</i> )	F	LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	F	-
<b>FRIEDRICH'S ATAXIA AGENTS ***</b>		
SKYCLARYS CAP 50MG ( <i>omaveloxolone</i> )	F	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
<b>RETT SYNDROME AGENTS ***</b>		
DAYBUE SOLN 200MG/ML ( <i>trofinetide</i> )	F	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy</b>		
EVRYSDI SOLN .75MG/ML ( <i>risdiplam</i> )	F	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
<b>NUTRIENTS - Drugs to treat nutrient disorders</b>		

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<b>LIPIDS - Drugs to treat nutrient disorders</b>		
LIQUIGEN ( <i>medium chain triglycerides</i> )	F	OTC-PA
MCT OIL ( <i>medium chain triglycerides</i> )	F	OTC-PA
<b>MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances</b>		
CREATINE PACKET 5000MG ( <i>creatine</i> )	F	OTC-PA
<b>PROTEINS - Drugs to treat nutrient disorders</b>		
CITRULLINE PACKET ( <i>citrulline</i> )	F	OTC-PA
<i>phlexy-10 tab</i>	F	OTC-PA
<i>pro-stat liquid</i>	F	OTC-PA
<b>OPHTHALMIC AGENTS - Drugs to treat eye conditions</b>		
<b>BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>brimonidine/timolol ophth soln .2%-.5%</i> (COMBIGAN Equiv)	F	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	F	-
LEVOBUNOLOL OPTH SOLN .5% (BETAGAN Equiv) ( <i>levobunolol hcl</i> )	F	-
<i>levobunolol ophth soln</i> (BETAGAN Equiv)	F	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	F	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	F	-
<b>CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions</b>		

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<i>atropine ophth oint 1%</i>	F	-
<i>atropine ophth soln 1%</i> (ISOPTO ATROPINE Equiv)	F	-
ATROPINE SULFATE OPHTH OINT 1% ( <i>atropine sulfate (ophthalmic)</i> )	F	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ( <i>cyclopentolate w/ phenylephrine</i> )	F	-
<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	F	-
HOMATROPINE OPHTH SOLN 5% ( <i>homatropine hbr</i> )	F	-
<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	F	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	F	-
<b>MIOTICS - Drugs to treat eye conditions</b>		
ISOPTO CARBACHOL OPHTH SOLN ( <i>carbachol (ophth)</i> )	F	-
<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	F	-
<b>OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions</b>		
APRACLONIDINE OPHTH SOLN .5% (IOPIDINE Equiv) ( <i>apraclonidine hcl</i> )	F	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	F	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	F	-

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<i>brimonidine ophth soln 0.2% .2%</i>	F	-
<i>brimonidine tartrate ophth soln 0.1% .1%</i> (ALPHAGAN Equiv)	F	-
IOPIDINE OPTH SOLN 1% ( <i>apraclonidine hcl</i> )	F	-
SIMBRINZA OPTH SUSP .2%-1% ( <i>brinzolamide-brimonidine tartrate</i> )	F	-
<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% ( <i>azithromycin (ophth)</i> )	F	-
BACITRACIN OPTH OINT 500UNIT/GM ( <i>bacitracin (ophthalmic)</i> )	F	-
<i>bacitracin/neomycin/polymyxin b ophth oint</i> <b>3.5MG/GM-400UNIT/GM-10000UNIT/GM,</b> <b>5MG/GM-400UNIT/GM-10000UNIT/GM</b> (NEOSPORIN Equiv)	F	-
<i>bacitracin/polymyxin b ophth oint</i> <b>500UNIT/GM-10000UNIT/GM</b> (POLYSPORIN Equiv)	F	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	F	-
<i>erythromycin ophth oint 5MG/GM</i>	F	-
GENTAK OPTH OINT .3% ( <i>gentamicin sulfate (ophth)</i> )	F	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	F	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	F	-
LEVOFLOXACIN OPTH SOLN 0.5% .5% ( <i>levofloxacin (ophth)</i> )	F	-

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<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	F	-
NATACYN OPHTH SUSP 5% ( <i>natamycin</i> )	F	QL QL= 15ml/fill
NEOMYCIN/POLYMXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-gramicidin</i> )	F	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	F	-
<i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv)	F	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	F	-
<i>tobramycin ophth soln .3%</i> (TOBREX Equiv)	F	-
TRIFLURIDINE OPHTH SOLN 1% ( <i>trifluridine</i> )	F	-
ZIRGAN OPHTH GEL .15% ( <i>ganciclovir ophthalmic</i> )	F	-
<b>OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes</b>		
<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	F	RS Restricted to Ophthalmology or Optometry Specialist
<b>OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing</b>		
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	F	-
<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		

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<i>bacitracin/polymyxin/neomycin/hydrocortisone ophthalmic ointment .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)</i>	F	-
DEXAMETHASONE OPHTH SOLN .1% ( <i>dexamethasone sodium phosphate (ophth)</i> )	F	-
<i>difluprednate ophthalmic emulsion .05%</i> (DUREZOL Equiv)	F	-
<i>fluorometholone ophthalmic solution .1%</i> (FML LIQUIFILM Equiv)	F	-
LOTEMAX OPHTH GEL .5% ( <i>loteprednol etabonate</i> )	F	-
LOTEMAX OPHTH OINT .5% ( <i>loteprednol etabonate</i> )	F	-
<i>loteprednol etabonate ophthalmic gel .5%</i> (LOTEMAX Equiv)	F	-
<i>loteprednol ophthalmic suspension .2%, .5%</i> (LOTEMAX Equiv)	F	-
MAXIDEX OPHTH SOLN .1%, 9% ( <i>dexamethasone (ophth)</i> )	F	-
<i>neomycin/polymyxin/dexamethasone ophthalmic ointment .1%-3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	F	-
<i>neomycin/polymyxin/dexamethasone ophthalmic solution .1%-3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv)	F	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-hc (ophth)</i> )	F	-

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PRED MILD OPHTH SOLN .12% ( <i>prednisolone acetate (ophth)</i> )	F	-
PRED-G OPHTH SOLN .3%-1% ( <i>gentamicin-prednisolone acetate</i> )	F	-
PREDNISOLONE OPHTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	F	-
PREDNISOLONE OPHTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	F	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ( <i>prednisolone sodium phosphate (ophth)</i> )	F	-
<i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv)	F	-
TOBRADEX OPHTH OINT .1%-.3% ( <i>tobramycin-dexamethasone</i> )	F	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	F	-
ZYLET OPHTH SUSP .3%-.5% ( <i>loteprednol etabonate-tobramycin</i> )	F	QL QL= 5ml/fill (10ml bottle is Not Covered)
<b>OPHTHALMICS - MISC. - Miscellaneous eye agents</b>		
ALOCRILOPHTH SOLN 2% ( <i>nedocromil sodium (ophth)</i> )	F	-
ALOMIDE OPHTH SOLN .1% ( <i>lodoxamide tromethamine</i> )	F	-

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<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	F	-
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	F	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	F	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	F	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	F	-
CROMOLYN SODIUM OPHTH SOLN 4% ( <i>cromolyn sodium (ophth)</i> )	F	-
CYSTADROPS SOLN .37% ( <i>cysteamine hcl</i> )	F	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN .44% ( <i>cysteamine hcl</i> )	F	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)	F	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	F	-
FLURBIPROFEN OPHTH SOLN .03% ( <i>flurbiprofen sodium</i> )	F	-
ILEVRO OPHTH SUSP .3% ( <i>nepafenac</i> )	F	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	F	-

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<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	F	OTC OTC covered only
NEVANAC OPTH SUSP .1% ( <i>nepafenac</i> )	F	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	F	OTC
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	F	OTC-QL QL= 2.5ml/30 days
UPNEEQ SOLN .1% ( <i>oxymetazoline hcl</i> ( <i>blepharoptosis</i> ))	EXC	-
<b>PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>bimatoprost ophth soln .03%</i>	F	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	F	QL QL= 2.5ml/30 days
LUMIGAN OPTH SOLN .01% ( <i>bimatoprost</i> )	F	QL QL= 2.5ml/30 days
<b>OTIC AGENTS - Drugs to treat ear infection</b>		
<b>OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents</b>		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	F	-
<b>OTIC ANTI-INFECTIVES - Drugs to treat ear infections</b>		
CIPROFLOXACIN OTIC SOLN .2% ( <i>ciprofloxacin hcl</i> ( <i>otic</i> ))	F	-
<b>OTIC COMBINATIONS - Drugs to treat ear conditions</b>		
<i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv)	F	-

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COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ( <i>neomycin-colistin-hc-thonzonium</i> )	F	-
<i>neomycin/polymixin/hydrocortisone otic soln</i> 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	F	-
<i>neomycin/polymixin/hydrocortisone otic susp</i> 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	F	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	F	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	F	-
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	F	QL QL= 28 tabs/fill, 1 fill/365 days
<b>PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human)</i> <i>subcutaneous</i> )	F	KMSP-PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency</b>		

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HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	F	KMSP-PA
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG ( <i>elxacaftor-tezacaftor-ivacaftor</i> )	F	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	F	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human)-klhw</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	F	-
AMOXICILLIN CHEW TAB 125MG, 250MG ( <i>amoxicillin</i> )	F	-

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<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	F	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	F	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	F	-
<b>NATURAL PENICILLINS - Drugs to treat bacterial infections</b>		
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	F	-
<b>PENICILLIN COMBINATIONS - Drugs to treat bacterial infections</b>		
<i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	F	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	F	-
<b>PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections</b>		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	F	-
<b>PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects</b>		
<b>SEMI SOLID VEHICLES - Miscellaneous compounding ingredients</b>		
<i>POLYETHYLENE GLYCOL 8000 GRANULES (polyethylene glycol 8000)</i>	F	-
<b>PROGESTINS - Drugs to replace female hormones</b>		
<b>PROGESTINS - Drugs used for contraception</b>		

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<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	F	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	F	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	F	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	F	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency</b>		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	F	-
<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	F	-
<b>ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders</b>		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM ( <i>sodium oxybate</i> )	F	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523
SODIUM OXYBATE SOLN 500MG/ML ( <i>sodium oxybate</i> )	F	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
<b>ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss</b>		
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day

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<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	F	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	F	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	F	ST Step Therapy requires trial of memantine tab
<i>memantine soln 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	F	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	F	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	F	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	F	ST Step Therapy requires trial of rivastigmine cap
<b>COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses</b>		
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	F	-

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PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG ( <i>perphenazine-amitriptyline</i> )	F	-
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK ( <i>milnacipran hcl</i> )	F	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ( <i>milnacipran hcl</i> )	F	QL QL= 2 tabs/day
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		
INGREZZA CAP 40MG, 60MG, 80MG ( <i>valbenazine tosylate</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
INGREZZA PACK 40-80MG ( <i>valbenazine tosylate</i> )	F	LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	F	LMSP
<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		
AVONEX INJ 30MCG/0.5ML ( <i>interferon beta-1a</i> )	F	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	F	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	F	LMSP

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EXTAVIA INJ .3MG ( <i>interferon beta-1b</i> )	F	LMSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	F	LMSP
GILENYA CAP 0.25MG .25MG ( <i>fingolimod hcl</i> )	F	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	F	LMSP
KESIMPTA INJ 20MG/0.4ML ( <i>ofatumumab (ms)</i> )	F	LMSP
MAVENCLAD THERAPY PAK 10MG ( <i>cladribine (multiple sclerosis)</i> )	F	LD Only available through Walgreens 888-347-3416
MAYZENT TAB .25MG, 1MG, 2MG ( <i>siponimod fumarate</i> )	F	LMSP
MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	F	LMSP
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	F	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	F	LMSP
<i>teriflunomide tab 14MG, 7MG</i> (AUBAGIO Equiv)	F	LMSP
ZEPOSIA CAP .92MG ( <i>ozanimod hcl</i> )	F	LMSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK ( <i>ozanimod hcl</i> )	F	LMSP-PA-QL QL= 1 cap/day
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders</b>		

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NUEDEXTA CAP 10MG-20MG ( <i>dextromethorphan hbr-quinidine sulfate</i> )	F	PA-QL QL= 2 caps/day
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs</b>		
PIMOZIDE TAB 1MG, 2MG ( <i>pimozide</i> )	F	-
<b>SMOKING DETERRENTS - Drugs to treat smoking urges</b>		
<i>bupropion SR tab 150MG</i> (ZYBAN Equiv)	\$0	QL-SMKG Limited to 180 days/plan year
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-QL-SMKG Limited to 180 days/plan year
NICOTINE KIT ( <i>nicotine</i> )	\$0	OTC-QL-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-QL-SMKG Limited to 180 days/plan year
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-QL-SMKG Limited to 182 days/plan year
NICOTROL INHALER 10MG ( <i>nicotine</i> )	\$0	QL-SMKG Limited to 180 days/plan year
NICOTROL NASAL SPRAY 10MG/ML ( <i>nicotine</i> )	\$0	QL-SMKG Limited to 180 days/plan year
VARENICLINE TAB .5MG, 1MG ( <i>varenicline tartrate</i> )	\$0	QL-SMKG Limited to 168 days/plan year
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	QL-SMKG Limited to 168 days/plan year

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<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	QL-SMKG Limited to 168 days/plan year
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis</b>		
TEGSEDI INJ 284MG/1.5ML ( <i>inotersen sodium</i> )	F	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG ( <i>ivacaftor</i> )	F	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	F	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG ( <i>lumacaftor-ivacaftor</i> )	F	KMSP-PA-QL QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ( <i>lumacaftor-ivacaftor</i> )	F	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML ( <i>dornase alfa</i> )	F	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ( <i>tezacaftor-ivacaftor</i> )	F	KMSP-PA-QL QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG ( <i>elexacaftor-tezacaftor-ivacaftor</i> )	F	KMSP-PA-QL QL= 84 tabs/28 days

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

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<b>PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis</b>		
OFEV CAP 100MG, 150MG ( <i>nintedanib esylate</i> )	F	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)	F	LMSP-PA-QL QL= 9 caps/day
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
<b>TETRACYCLINES - Drugs to treat bacterial infections</b>		
<b>TETRACYCLINES - Drugs to treat infections</b>		
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	F	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	F	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	F	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	F	-

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<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	F	-
<b>THYROID AGENTS - Drugs to regulate thyroid hormones</b>		
<b>ANTITHYROID AGENTS - Drugs to treat high thyroid level</b>		
<i>methimazole tab</i> (TAPAZOLE Equiv)	F	-
<i>propylthiouracil tab 50MG</i>	F	-
<b>THYROID HORMONES - Drugs to regulate thyroid hormones</b>		
ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 120MG, 130MG, 146.25MG, 15MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 30MG, 32.5MG, 325MG, 48.75MG, 60MG, 65MG, 81.25MG, 90MG, 97.5MG ( <i>thyroid</i> )	F	-
<i>levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG</i> (SYNTHROID Equiv)	F	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	F	-
<i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG</i> (ARMOUR THYROID, NATURE THROID Equiv)	F	-
THYROLAR TAB ( <i>liotrix (t3-t4)</i> )	F	-
<b>TOXOIDS - Drugs to prevent infection</b>		
<b>TOXOID COMBINATIONS - Drugs to prevent infection</b>		

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ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	EXC	VAC
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ 5LFU/0.5ML-25LFU/0.5ML ( <i>diphtheria-tetanus toxoids (dt)</i> )	EXC	VAC
KINRIX INJ, QUADRACEL DTAP-IPV INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ( <i>diph-tetanus tox ad-acell pertussis &amp; polio virus, ipv vac</i> )	EXC	VAC
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ( <i>diph-tetanus tox ad-acell pertussis &amp; polio virus, ipv vac</i> )	EXC	VAC
PEDIARIX INJ 10LFU/0.5ML-10MCG/0.5ML-25LFU/0.5ML-58MCG /0.5ML ( <i>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</i> )	EXC	VAC
PENTACEL INJ 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ( <i>diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac</i> )	EXC	VAC

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<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	F	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	F	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	F	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	F	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVVID Equiv)	F	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	F	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	F	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	F	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	F	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	F	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
<i>esomeprazole cap 20MG, 40MG</i> (NEXIUM Equiv)	F	OTC
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	F	Rx Only
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	F	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	F	-

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<i>rabeprazole EC tab 20MG</i> (ACIPHEX Equiv)	F	-
<b>ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	F	-
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	F	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
<i>omeprazole tab 20MG</i>	F	OTC
<b>ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions</b>		
ZEGERID CAP OTC 20MG-1100MG ( <i>omeprazole-sodium bicarbonate</i> )	F	OTC
<b>URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms</b>		
<i>fesoterodine fumarate ER tab 4MG, 8MG</i> (TOVIAZ Equiv)	F	-
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	F	-
<i>oxybutynin syrup 5MG/5ML</i>	F	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	F	-
OXYTROL PATCH (OTC) 3.9MG/24HR ( <i>oxybutynin</i> )	F	OTC
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	F	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	F	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	F	-

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<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms</b>		
MYRBETRIQ TAB 25MG, 50MG ( <i>mirabegron</i> )	F	-
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention</b>		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	F	-
<b>VACCINES - Drugs to prevent infection</b>		
<b>BACTERIAL VACCINES - Drugs to prevent infection</b>		
ACTHIB INJ, HIBERIX INJ 10MCG ( <i>haemophilus b polysac conj vac</i> )	EXC	VAC
BCG INJ 50MG ( <i>bcg vaccine</i> )	EXC	VAC
PEDVAXHIB INJ 7.5MCG/0.5ML ( <i>haemophilus b polysac conj vac</i> )	EXC	VAC
PENBRAYA INJ ( <i>mening (a,c,y&amp;w) polysacch tetanus conj-mening b (rcmb) vacc</i> )	EXC	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 vaccine/lifetime; Covered for members age 19 years or older
VAXNEUVANCE INJ ( <i>pneumococcal 15-valent conjugate vaccine</i> )	\$0	QL-VAC QL= 1 vaccine/lifetime
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
AFLURIA INJ ( <i>influenza virus vaccine split preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ ( <i>influenza virus vaccine split</i> )	\$0	QL-VAC QL= 1 inj/28 days
AREXVY INJ 120MCG/0.5ML ( <i>rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted</i> )	EXC	VAC
COMIRNATY INJ 30MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML 30MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 50MCG/0.5ML ( <i>covid-19 mrna bivalent virus vaccine (moderna)</i> )	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 30MCG/0.3ML ( <i>covid-19 mrna bivalent virus vaccine (pfizer)</i> )	\$0	QL-VAC QL= 1 inj/fill

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

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DENG VAXIA SUSP ( <i>dengue virus vaccine live tetravalent</i> )	EXC	VAC
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 5MCG/0.5ML ( <i>hepatitis b vaccine (recomb)</i> )	EXC	VAC
FLUAD INJ ( <i>influenza virus vaccine types a &amp; b surface antigen adjuvant</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUAD QUAD INJ .5ML ( <i>influenza virus vacc types a &amp; b surf antigen adjuvant quad</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUBLOK QUAD PF INJ ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX QUAD INJ ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUMIST QUAD RIVALENT NASAL SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HD PF INJ ( <i>influenza virus vac split high-dose quad preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ ( <i>influenza virus vaccine split high-dose preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
IMOVAX INJ 2.5UNIT/ML ( <i>rabies virus vaccine, hdc</i> )	EXC	VAC

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IPOL INJ ( <i>poliovirus vaccine, ipv</i> )	EXC	VAC
PREHEVBRIO SUSP 10MCG/ML ( <i>hepatitis b vaccine 3-antigen recombinant</i> )	EXC	VAC
PRIORIX INJ ( <i>measles, mumps &amp; rubella virus vaccines</i> )	EXC	VAC
RABAVERT INJ ( <i>rabies vaccine, pcec</i> )	EXC	VAC
ROTARIX SUSP ( <i>rotavirus vaccine, live oral</i> )	EXC	VAC
ROTATEQ INJ ( <i>rotavirus vaccine, live oral pentavalent</i> )	EXC	VAC
SHINGRIX INJ 50MCG/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	EXC	VAC
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
<b>VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections</b>		
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
CLINDESSE VAGINAL CREAM 2% ( <i>clindamycin phosphate (one dose)</i> )	F	QL QL= 1 applicator/fill
XACIATO GEL 2% ( <i>clindamycin phosphate vaginal</i> )	F	QL QL= 1 applicator/fill
<b>VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy</b>		

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 3/1/2024**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
PHEXXI GEL .4%-1%-1.8% ( <i>lactic acid-citric acid-potassium bitartrate</i> )	\$0	QL QL= 1 box/fill
<b>VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones</b>		
<b>SPERMICIDES - Drugs to prevent pregnancy</b>		
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
TODAY SPONGE 1000MG ( <i>nonoxynol-9</i> )	\$0	OTC
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	F	QL QL=1 tube/fill
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	F	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	F	-
TERCONAZOLE CREAM 0.8% .8% ( <i>terconazole vaginal</i> )	F	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	F	-
<b>VAGINAL ESTROGENS - Drugs to treat low hormones</b>		
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	F	-
<i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv)	F	QL QL= 8 tabs/28 days, 18 tabs on first fill
ESTRING 2MG, 7.5MCG/24HR ( <i>estradiol vaginal</i> )	F	-
PREMARIN VAGINAL CREAM .625MG/GM ( <i>estrogens, conjugated vaginal</i> )	F	-
<b>VAGINAL PROGESTINS - Drugs to treat low hormones</b>		

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CRINONE GEL 4%, 8% ( <i>progesterone (vaginal)</i> )	F	PA
ENDOMETRIN INSERT 100MG ( <i>progesterone (vaginal)</i> )	F	PA
<b>VASOPRESSORS - Drugs to treat heart and circulation conditions</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions</b>		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	F	QL QL= 2 inj/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
<i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	F	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	F	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	F	RX strength only
VITAMIN D TAB 400UNIT 400UNIT ( <i>ergocalciferol</i> )	\$0	OTC Covered for members 65 years or older
<b>WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>niacin cap 250MG, 500MG</i>	F	OTC
<i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv)	F	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	F	OTC
NIACIN TR TAB 1000MG ( <i>niacin</i> )	F	OTC
<i>niacinamide tab 100MG, 500MG</i>	F	OTC

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# ALPHABETICAL LISTING OF DRUGS

<b>A</b>			acyclovir cap	80	AFLURIA INJ, FLUZONE	166
abacavir soln	73		acyclovir oint	99	INJ	
abacavir tab	73		acyclovir susp	80	AIMOVIG INJ	134
abacavir/lamivudine tab	74		acyclovir tab	80	AJOVY INJ	134
abacavir/lamivudine/zidovu	74		ADACEL/BOOSTRIX INJ	162	AKYNZEO CAP	42
dine tab			ADALIMUMAB-ADAZ	5	albuterol HFA inhaler	21
abiraterone tab 250mg	58		INJ		albuterol neb soln	21
acamprosate calcium DR	154		ADALIMUMAB-ADAZ	5	ALBUTEROL	21
tab			PFS INJ		NEBULIZER SOLN	
acarbose tab	33		ADALIMUMAB-FKJP	5	albuterol sulfate syrup	21
acebutolol cap	83		AUTO-INJECTOR KIT		albuterol sulfate tab	21
acetaminophen/codeine	12		ADALIMUMAB-FKJP	5	albuterol/ipratropium neb	21
soln			PFS KIT 20 MG/0.4ML		soln	
acetaminophen/codeine tab	12		ADALIMUMAB-FKJP	5	alclometasone cream	100
acetazolamide ER cap	107		PFS KIT 40 MG/0.8ML		alclometasone oint	100
acetazolamide tab	107		adapalene cream	95	ALCOHOL SWABS	133
acetic acid otic soln	150		adapalene gel	95	ALECENSA CAP	60
acetic acid/hydrocortisone	151		adapalene/benzoyl	95	alendronate tab	109
otic soln			peroxide gel 0.1-2.5%		ALENDRONATE TAB	109
acetylcysteine soln	95		adapalene/benzoyl	95	40MG	
acitretin cap	98		peroxide gel 0.3-2.5%		alfuzosin SR tab	120
ACTEMRA ACTPEN INJ	7		ADBRY INJ	102	ALINIA SUSP	51
ACTEMRA SC INJ	7		adefovir dipivoxil tab	79	allopurinol tab	121
ACTHAR GEL INJ	110		ADEMPAS TAB	87	ALOCRILOPHTH SOLN	148
ACTHIB INJ, HIBERIX	165		ADVAIR HFA INHALER	21	ALOGLIPTIN TAB	36
INJ			AEROCHAMBER	133	ALOGLIPTIN/PIOGLITA2	33
ACTIMMUNE INJ	55		AFLURIA INJ	166	ONE TAB, OSENI TAB	

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# ALPHABETICAL LISTING OF DRUGS

ALOGLIPTIN-METFORMIN TAB	33	amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	96	APTIVUS CAP	74
ALOGLIPTIN-PIOGLITAZONE TAB	33	amoxapine tab	32	APTIVUS SOLN	74
ALOMIDE OPHTH SOLN	148	amoxicillin cap	152	AREXVY INJ	166
alprazolam tab	16	AMOXICILLIN CHEW TAB	152	aripiprazole tab	73
ALUNBRIG TAB 30MG	60	amoxicillin susp	153	armodafinil tab	3
ALUNBRIG TAB 90MG, 180MG	61	amoxicillin tab	153	ARMOUR THYROID TAB, NATURE THROID TAB	161
amantadine cap	69	amoxicillin/clavulanate susp	153	ARNUITY ELLIPTA INHALER	19
amantadine syrup	69	amoxicillin/clavulanate tab 500-125mg, 875-125mg	153	asenapine maleate SL tab	72
amantadine tab	69	amphetamine/dextroamphetamine ER cap	1	ashlyna tab, daysee tab	88
ambrisentan tab	86	amphetamine/dextroamphetamine tab	1	ASMANEX HFA INHALER	19
amethyst tab	88	ampicillin cap	153	ASMANEX INHALER	20
amiloride tab	108	anagrelide cap	122	aspirin chew tab 81mg	10
AMILORIDE/HCTZ TAB	107	anastrozole tab	58	aspirin ec tab 81mg	10
amiloride/hydrochlorothiazide tab	107	ANDRODERM PATCH	13	ASTAMED MYO CAP	105
aminocaproic acid soln	126	ANNOVERA RING	91	atazanavir cap	74
aminocaproic acid tab	126	ANORO ELLIPTA INHALER	21	atenolol tab	83
amiodarone tab	17	APAP/CODEINE SOLN	12	atenolol/chlorthalidone tab	49
amitriptyline tab	32	apraclonidine ophth soln	144	atomoxetine cap	2
amlodipine tab	84	aprepitant cap	42	atorvastatin tab	46
amlodipine/benazepril cap	48	aprepitant pak	42	atovaquone susp	51
amlodipine/olmesartan tab	48			atovaquone/proguanil tab	53
amlodipine/valsartan tab	49			atropine ophth oint	144
ammonium lactate lotion	102			atropine ophth soln	144

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# ALPHABETICAL LISTING OF DRUGS

ATROPINE SULFATE	144	BAQSIMI NASAL	35	betamethasone	100
OPHTH OINT		POWDER		dipropionate lotion	
ATROVENT HFA	18	BCG INJ	165	betamethasone	100
INHALER		B-D INSULIN SYRINGE	133	dipropionate oint	
AVONEX INJ	156	U-500		betamethasone valerate	100
AYVAKIT TAB	60	B-D PEN AUTOSHIELD	133	cream	
AZASITE SOLN	145	DUO PEN NEEDLE		betamethasone valerate	100
azathioprine tab	81	benazepril tab	47	lotion	
azelaic acid gel	104	benazepril/hydrochlorothia	49	betamethasone valerate	100
azelastine nasal spray 0.1%	141	zide tab		ointment	
azelastine ophth soln	149	BENLYSTA	138	bethanechol tab	165
azithromycin susp	129	AUTO-INJECTOR		bexarotene cap	69
azithromycin tab	129	BENLYSTA INJ	138	bexarotene gel	98
<b>B</b>		BENZNIDAZOLE TAB	15	bicalutamide tab	58
BACITRACIN OPHTH	145	benzonatate cap 100mg,	93	BIKTARVY TAB	74
OINT		200mg		bimatoprost ophth soln	103
bacitracin/neomycin/poly	145	benztropine tab	69	bisoprolol tab	83
myxin b ophth oint		betamethasone augmented	100	bisoprolol/hydrochlorothia	49
bacitracin/polymyxin b	145	cream		zide tab	
ophth oint		betamethasone augmented	100	bosentan tab	86
bacitracin/polymyxin/neo	147	gel		BOSULIF TAB	61
mycin/hydrocortisone		betamethasone augmented	100	BRAFTOVI CAP 75MG	61
ophth oint		lotion		BREO ELLIPTA	21
baclofen tab	140	betamethasone augmented	100	INHALER	
balsalazide cap	118	ointment		BREO ELLIPTA	21
BALVERSA TAB 3MG	61	betamethasone	100	INHALER 50-25	
BALVERSA TAB 4MG	61	dipropionate cream		MCG/ACT	
BALVERSA TAB 5MG	61				

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# ALPHABETICAL LISTING OF DRUGS

BREZTRI AEROSPHERE INHALER	22	buprenorphine/naloxone SL tab	13	calcium acetate cap	119
BRILINTA TAB	122	bupropion ER tab	30	CALIBRATION LIQUID	130
brimonidine ophth soln 0.15%	144	bupropion SR tab	158	CALQUENCE TAB	61
brimonidine ophth soln 0.2%	145	bupropion tab	30	CAMZYOS CAP	85
brimonidine tartrate gel	104	bupropion XL tab	30	capecitabine tab	56
brimonidine tartrate ophth soln 0.1%	145	buspirone tab	16	CAPRELSA TAB	62
brimonidine/timolol ophth soln	143	butorphanol nasal spray	13	captopril tab	47
brinzolamide ophth susp	149	BYDUREON BCISE AUTO INJ	36	carbamazepine chew tab	25
bromfenac ophth soln	149	BYDUREON INJ	36	carbamazepine ER cap	25
bromfenac sodium ophth soln 0.07%	149	BYDUREON PEN INJ	37	carbamazepine ER tab	25
bromocriptine cap	69	BYLVAY CAP 1200MCG	117	carbamazepine susp	25
bromocriptine tab	70	BYLVAY CAP 400MCG	117	carbamazepine tab	25
BRUKINSA CAP	61	BYLVAY SPRINKLE CAP 200MCG	117	carbidopa tab	69
budesonide inh susp	20	BYLVAY SPRINKLE CAP 600MCG	117	carbidopa/levodopa ER tab	70
budesonide SR cap	92	<b>C</b>		CARBIDOPA/LEVODOPA ODT	70
budesonide/formoterol inhaler	22	cabergoline tab	113	carbidopa/levodopa tab	70
bumetanide tab	108	CABLIVI INJ KIT	123	carbidopa-levodopa-entacapone tab	71
buprenorphine SL tab	13	CABOMETYX TAB	61	CARETOUCH MIS	133
buprenorphine/naloxone sl film	13	calcipotriene cream	98	carglumic acid tab	112
		calcipotriene oint	98	carisoprodol tab	140
		calcipotriene soln	99	carvedilol tab	83
		calcitonin nasal spray	109	CAYSTON INH SOLN	52
		calcitriol cap	112	cefdinir cap	88
		calcitriol soln	112	cefdinir susp	88
				cefuroxime tab	88
				celecoxib cap	7

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# ALPHABETICAL LISTING OF DRUGS

cephalexin cap	88	CIBINQO TAB	102	clindamycin topical soln	96
cephalexin susp	88	ciclopirox cream	97	clindamycin vaginal cream	170
CERDELGA CAP	123	ciclopirox gel	97	CLINDESSE VAGINAL	169
CERVICAL CAP	130	ciclopirox nail soln	97	CREAM	
cetirizine syrup	44	ciclopirox shampoo	97	clobazam susp	24
cetirizine tab	44	ciclopirox topical susp	97	clobazam tab	24
cetirizine/pseudoephedrine	93	cilostazol tab	123	clobetasol propionate	100
12-hour tab		CIMDUO TAB	74	cream	
cetrorelix acetate for inj	110	CIMZIA INJ	118	clobetasol propionate	101
kit		CIMZIA STARTER INJ	118	emollient cream	
cevimeline cap	139	KIT		clobetasol propionate gel	101
CHEMET CAP	40	cinacalcet tab	112	clobetasol propionate oint	101
chlordiazepoxide cap	16	ciprofloxacin ophth soln	145	CLOMID TAB	110
chlorhexidine gluconate	138	CIPROFLOXACIN OTIC	150	CLOMIPHENE TAB	110
soln		SOLN		clonazepam tab	25
chloroquine tab	53	ciprofloxacin susp	115	clonidine ER tab	2
chlorothiazide tab	108	ciprofloxacin tab	115	clonidine patch	48
chlorpromazine tab	73	ciprofloxacin/dexamethaso	150	clonidine tab	48
chlorthalidone tab	109	ne otic susp		clopidogrel tab 75mg	123
chlorzoxazone tab 500mg	141	citalopram soln	31	clotrimazole troches	138
CHOLBAM CAP	116	citalopram tab	31	clotrimazole/betamethason	97
cholestyramine lite	45	CITRULLINE PACKET	143	e cream	
powder		CLARITHROMYC SUSP	129	clozapine tab	72
cholestyramine lite	45	clarithromycin tab	129	CODEINE SULFATE TAB	10
powder pack		clindamycin cap	52	15MG	
cholestyramine powder	45	clindamycin gel	96	codeine sulfate tab 15mg,	10
cholestyramine powder	45	clindamycin lotion	96	30mg	
pack		clindamycin pad	96	codeine sulfate tab 60mg	10

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colchicine tab	121	COVID-19 VACCINE	167	CROMOLYN SODIUM	149
colchicine/probenecid tab	121	BIVALENT BOOSTER INJ.		OPHTH SOLN	
colesevelam pack	45	5-11Y (PFIZER)		cryselle tab	89
colesevelam tab	45	COVID-19 VACCINE	167	CUE COVID-19 INJ TEST	105
colestipol tab	45	BIVALENT BOOSTER INJ.		CARTRIDGE	
COLY-MYCIN S OTIC	151	6M-4Y (PFIZER)		CUE HEALTH MONITOR	105
SUSP		COVID-19 VACCINE	167	cyanocobalamin inj	124
COMBIVENT RESPIMAT	22	BIVALENT BOOSTER INJ.		cyclobenzaprine tab 10mg	141
INHALER		6M-5Y (MODERNA)		cyclobenzaprine tab 5mg	141
COMETRIQ KIT	62	COVID-19 VACCINE INJ	167	CYCLOMYDRIL OPHTH	144
COMIRNATY INJ	166	(JANSSEN)		SOLN	
COMIRNATY INJ	166	COVID-19 VACCINE INJ	167	cyclopentolate ophth soln	144
30MCG/0.3ML		(NOVAVAX)		cyclophosphamide cap	56
COMPLERA TAB	74	COVID-19 VACCINE INJ	167	CYCLOPHOSPHAMIDE	56
CONTRACEPTIVE FILM	170	5-11Y (PFIZER)		TAB	
CONTRACEPTIVE FOAM	170	COVID-19 VACCINE INJ	167	cyclosporine cap	82
CONTRACEPTIVE GEL	170	6M-11Y (MODERNA)		cyclosporine modified cap	82
COPIKTRA CAP	62	COVID-19 VACCINE INJ	167	cyclosporine modified	82
COTELLIC TAB	62	6M-4Y (PFIZER)		soln	
COVID-19 TEST	105	CREATINE PACKET	143	cyclosporine ophth	146
COVID-19 VACCINE	166	5000MG		emulsion	
BIVALENT BOOSTER INJ.		CREON CAP	107	cyproheptadine syrup	44
(MODERNA)		CRINONE GEL	171	cyproheptadine tab	44
COVID-19 VACCINE	166	CRIXIVAN CAP	74	CYSTADROPS SOLN	149
BIVALENT BOOSTER INJ.		cromolyn conc	116	CYSTAGON CAP	120
(PFIZER)		cromolyn neb soln	18	CYSTARAN OPHTH	149
		cromolyn ophth soln	149	SOLN	
				CYTRA K CRYSTALS	119

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CYTRA-3 SYRUP	119	DEXAMETHASONE	147	DIAZEPAM GEL	25
<b>D</b>		OPHTH SOLN		diazepam oral soln	16
dalfampridine ER tab	156	dexamethasone sodium	92	5mg/5ml	
danazol cap	13	phosphate inj		diazepam rectal gel	25
dantrolene cap	141	DEXAMETHASONE	92	diazepam tab 2mg, 10mg	17
dapsone tab	52	SOLN		diazepam tab 5mg	17
darunavir tab	74	dexamethasone tab	92	diclofenac gel	98
DAYBUE SOLN	142	DEXCOM G6 RECEIVER	130	diclofenac gel 1%	98
deferasirox granules	40	DEXCOM G6 SENSOR	130	diclofenac potassium tab	7
packet		DEXCOM G6	130	diclofenac sodium EC tab	7
deferasirox tab	41	TRANSMITTER		diclofenac sodium ophth	149
deferasirox tab for oral	41	DEXCOM G7 RECEIVER	130	soln	
susp		DEXCOM G7 SENSOR	131	diclofenac sodium XR tab	7
deferiprone tab	41	dexmethylphenidate ER	3	dicloxacillin cap	153
DELSTRIGO TAB	74	cap		dicyclomine cap	163
DENG VAXIA SUSP	168	dexmethylphenidate tab	3	dicyclomine soln	163
DEPLIN CAP	106	dextroamphetamine ER	1	dicyclomine tab	163
DEPO-PROVERA INJ	91	cap		didanosine DR cap	74
DESCOVY TAB	74	dextroamphetamine tab	1	DIFICID SUSP	129
desipramine tab	32	DIACOMIT CAP	25	DIFICID TAB	130
desmopressin acetate tab	113	DIACOMIT POWDER	25	difluprednate ophth	147
desoximetasone cream	101	PACK		emulsion	
desoximetasone oint	101	DIALYVITE TAB	139	digoxin soln	85
desvenlafaxine ER tab	32	DIALYVITE/ZINC TAB	139	DIGOXIN SOLN	85
DEXAMETHASONE	92	DIAPHRAGM	130	0.05MG/ML	
CONC		DIASTAT RECTAL GEL,	25	digoxin tab	85
dexamethasone elixir	92	DIAZEPAM RECTAL GEL		DILANTIN CAP 30MG	29
		diazepam conc	16	diltiazem ER cap	84

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# ALPHABETICAL LISTING OF DRUGS

diltiazem tab	84	doxazosin tab	48	efavirenz tab	75
dimethyl fumarate DR cap	156	doxepin cap	32	efavirenz/emtricitabine/ten	75
dimethyl fumarate DR	156	doxepin conc	33	ofovir df tab	
starter pack		doxercalciferol cap	112	efavirenz/lamivudine/tenof	75
diphenhydramine cap	43	doxycycline hyclate cap	160	ovir df (lo) tab	
50mg		doxycycline hyclate tab	160	EGRIFTA INJ	111
DIPHENOXYLATE/ATRO	40	doxycycline monohydrate	160	ELIGEN B12 TAB	106
PINE LIQUID		cap 100mg		ELIQUIS TAB, ELIQUIS	24
diphenoxylate/atropine tab	40	doxycycline monohydrate	160	STARTER PACK	
DIPHTHERIA/TETANUS	162	cap 50mg		ELIXOPHYLLIN ELIXIR	23
TOXOID (PEDIATRIC)		doxycycline monohydrate	160	ELLA TAB	91
INJ		tab		ELMIRON CAP	120
dipyridamole tab	123	doxycycline susp	160	EMCYT CAP	58
disopyramide cap	17	D-PENAMINE TAB	81	EMGALITY INJ	134
disulfiram tab	154	dronabinol cap	42	EMGALITY INJ	134
DIURIL SUSP	109	drospirenone/ethinyl	89	100MG/ML	
divalproex ER tab	30	estradiol/levomefolate tab		EMPAVELI INJ	122
divalproex sodium DR tab	30	DROXIA CAP	123	emtricitabine cap	75
divalproex sprinkle cap	30	DRYSOL SOLN	104	emtricitabine/tenofovir	75
dofetilide cap	18	DULERA INHALER	22	disoproxil fumarate tab	
donepezil ODT	154	duloxetine EC cap	32	EMTRIVA SOLN	75
donepezil tab	155	DUPIXENT INJ	102	EMVERM TAB	15
donepezil tab 23mg	155	DUPIXENT PEN INJ	102	enalapril tab	47
DOPTELET TAB	124	dutasteride cap	120	enalapril/hydrochlorothiasi	49
dorzolamide ophth soln	149			de tab	
dorzolamide/timolol ophth	143	<b>E</b>		ENBREL INJ 25MG	9
soln		econazole cream	97	ENBREL INJ 50MG	9
DOVATO TAB	75	EDURANT TAB	75	ENBREL MINI INJ	9
		EFAVIRENZ CAP	75		

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# ALPHABETICAL LISTING OF DRUGS

ENBREL SURECLICK INJ 50MG	10	erythromycin gel	96	everolimus tab for oral susp	62
ENDARI POWDER PACK	124	erythromycin ophth oint	145	EVOTAZ TAB	75
ENDOMETRIN INSERT	171	erythromycin pad	96	EVRYSDI SOLN	142
ENGRIX-B INJ,	168	erythromycin soln	96	exemestane tab	58
RECOMBIVAX-HB INJ		escitalopram soln	31	EXTAVIA INJ	157
enoxaparin inj	24	escitalopram tab	31	ezetimibe tab	46
enpresse tab	89	esomeprazole cap	163	<b>F</b>	
ENSPRYNG INJ	137	estazolam tab	127	FALESSA TAB	106
entacapone tab	69	estradiol cream	170	famciclovir tab	80
entecavir tab	79	estradiol patch	115	famotidine susp	163
EPIDIOLEX SOLN	26	estradiol tab	115	famotidine tab	163
EPIFOAM AEROSOL	101	estradiol vaginal tab,	170	FARXIGA TAB	39
epinephrine pen inj	171	yuvafem vaginal tab		FASENRA PEN INJ	18
0.15mg, 0.3mg		estradiol valerate inj	115	febuxostat tab	121
EPIVIR HBV SOLN	79	estradiol/norethindrone tab	114	felbamate susp	28
eplerenone tab	50	ESTRING	170	felbamate tab	28
EQUETRO CAP	71	eszopiclone tab	127	felodipine ER tab	84
ERIVEDGE CAP	57	ethacrynic tab	108	FEMALE CONDOMS	130
ERLEADA TAB	58	ethambutol tab	54	fenofibrate cap 67mg,	45
ERLEADA TAB 240MG	58	ethosuximide cap	29	134mg, 200mg	
erlotinib tab	57	ethosuximide soln	29	fenofibrate tab 48mg,	45
erlotinib tab 25mg	57	etodolac cap	7	54mg, 145mg, 160mg	
ERY PAD	96	etodolac tab	7	fenofibric acid DR cap	45
ERYTHROMYCIN EC CAP	129	ETOPOSIDE CAP	69	fentanyl patch	10
erythromycin	129	etravirine tab	75	ferrex 150 forte cap	125
ethylsuccinate susp		EULEXIN CAP	58	FERRIPROX SOLN	40
		everolimus tab	62		

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fesoterodine fumarate ER tab	164	fluocinolone acetoneide soln	101	fluticasone nasal spray	141
FILSPARI TAB	120	fluocinolone otic oil	151	fluticasone propionate cream	101
finasteride tab	103	fluocinonide cream 0.05%	101	FLUTICASONE	20
fingolimod hcl cap 0.5mg	157	fluocinonide cream 0.1%	101	PROPIONATE DISKUS	
FINTEPLA SOLN	26	fluocinonide emollient cream	101	INHALER 100MCG/ACT	
FIRDAPSE TAB	54	fluocinonide gel	101	FLUTICASONE	20
flecainide tab	17	fluocinonide oint	101	PROPIONATE DISKUS	
FLORIVA PLUS DROPS	140	fluocinonide soln	101	INHALER 250MCG/ACT	
FLUAD INJ	168	FLUORIDEX	138	FLUTICASONE	20
FLUAD QUAD INJ	168	SENSITIVITY PASTE		PROPIONATE DISKUS	
FLUBLOK QUAD PF INJ	168	fluorometholone ophth soln	147	INHALER 50MCG/ACT	
FLUCELVAX QUAD INJ	168	fluorouracil cream	98	fluticasone propionate oint	101
fluconazole susp	43	FLUOROURACIL SOLN	98	fluticasone/salmeterol	22
fluconazole tab	43	fluoxetine cap	31	inhaler, wixela inhaler	
flucytosine cap	43	fluoxetine soln	31	FLUTICASONE-SALMET	22
fludrocortisone tab	93	fluoxetine tab 60mg	31	EROL INHALER 113-14	
FLULAVAL QUAD INJ,	168	fluphenazine tab	73	MCG/ACT	
FLUZONE QUAD INJ		FLURBIPROFEN OPHTH SOLN	149	FLUTICASONE-SALMET	22
FLUMIST	168	flurbiprofen tab	8	EROL INHALER 232-14	
QUADRIVALENT NASAL SUSP		FLUTAMIDE CAP	58	MCG/ACT	
FLUOCINOLONE ACET CREAM	101	FLUTICASONE DISKUS	20	FLUTICASONE-SALMET	23
fluocinolone acetoneide cream	101	INHALER		EROL INHALER 55-14	
fluocinolone acetoneide oint	101	FLUTICASONE HFA	20	MCG/ACT	
		INHALER		fluvoxamine ER cap	31
				fluvoxamine tab	31
				FLUZONE HD PF INJ	168

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# ALPHABETICAL LISTING OF DRUGS

FLUZONE HIGH DOSE PF INJ	168	FREESTYLE LIBRE SENSOR (14-DAY)	131	GLEOSTINE/LOMUSTIN E CAP	56
FLUZONE/FLUARIX QUAD INJ	168	FULPHILA INJ	124	glimepiride tab	39
FOLBEE PLUS CZ TAB	139	FUROSCIX KIT	108	glipizide ER tab	39
folbee tab	125	FUROSEMIDE SOLN	108	glipizide tab	39
folic acid tab 1mg	124	furosemide tab	108	glipizide/metformin tab	33
folic acid tab 400mcg	124	FUZEON INJ	75	GLUCAGEN HYPOKIT	35
folic acid tab 800mcg	124	<b>G</b>		INJ	
fondaparinux inj	24	gabapentin cap	26	GLUCAGON EMR INJ	35
fosamprenavir tab	75	gabapentin soln	26	GLUCAGON INJ KIT	35
fosinopril tab	47	gabapentin tab 600mg	26	GLUCAGON KIT	35
fosinopril/hydrochlorothia zide tab	49	gabapentin tab 800mg	26	GLYBURID MCR TAB	39
FOSRENOL POWDER PACK	119	galantamine ER cap	155	glyburide tab	39
FOTIVDA CAP	62	galantamine tab	155	glyburide/metformin tab	34
FREESTYLE LIBRE 2 RECEIVER	131	GALZIN CAP	136	glycopyrrolate tab	163
FREESTYLE LIBRE 2 SENSOR	131	GAVRETO CAP	62	GLYGEST PAK	106
FREESTYLE LIBRE 3 READER	131	gefitinib tab	57	GOLYTELY SOLN	127
FREESTYLE LIBRE 3 SENSOR	131	gemfibrozil tab	45	granisetron tab	41
FREESTYLE LIBRE RECEIVER	131	GENOTROPIN INJ	111	griseofulvin micro tab	43
		GENTAK OPHTH OINT	145	griseofulvin susp	43
		gentamicin ophth soln	145	griseofulvin tab	43
		gentamicin sulfate cream	97	guaifenesin/codeine soln	94
		gentamicin sulfate oint	97	GUAIFENESIN/CODEINE SYRUP	94
		GENVOYA TAB	75	guanfacine ER tab	3
		gianvi tab, ocella tab	89	guanfacine IR tab	48
		GILENYA CAP 0.25MG	157	GVOKE INJ	35
		GILOTRIF TAB	57	GVOKE INJ KIT	35
		glatiramer inj	157		

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# ALPHABETICAL LISTING OF DRUGS

GVOKE PFS INJ	35	HUMIRA INJ 20MG	6	hydrocodone/acetaminoph	13
<b>H</b>		HUMIRA INJ 40MG	6	en tab	
HADLIMA INJ	5	HUMIRA INJ 80MG	6	hydrocodone/homatropine	93
HADLIMA INJ	5	HUMIRA INJ	6	syrup	
40MG/0.8ML		CROHNS/UC/HIDRADEN		HYDROCORTISONE	15
HADLIMA PUSH INJ	5	ITIS STARTER PACK		ACETATE/PRAMOXINE	
HADLIMA PUSH INJ	6	HUMIRA INJ PEDIATRIC	6	CREAM	
40MG/0.8ML		CROHNS STARTER PACK		hydrocortisone cream	102
halobetasol propionate	101	HUMIRA INJ PEDIATRIC	6	hydrocortisone enema	14
cream		UC STARTER PACK		hydrocortisone lotion	102
halobetasol propionate	102	HUMIRA INJ	6	hydrocortisone oint	102
ointment		PSORIASIS/UEVEITIS		hydrocortisone tab	92
haloperidol lactate conc	72	STARTER PACK		hydromorphone tab 2mg	11
haloperidol tab	72	HUMIRA PEN INJ 40MG	6	hydromorphone tab 4mg	11
HEMLIBRA INJ	121	HUMULIN MIX INJ	38	hydromorphone tab 8mg	11
HEXALEN CAP	55	HUMULIN MIX PEN INJ	38	hydroquinone cream	104
HIZENTRA INJ	151	HUMULIN N INJ	38	hydroxychloroquine tab	53
HOMATROPINE OPHTH	144	HUMULIN N PEN INJ	38	hydroxyprogesterone inj	154
SOLN		HUMULIN R INJ	38	hydroxyurea cap	55
HUMALOG JR	37	HUMULIN R INJ U-500	38	hydroxyzine pamoate cap	16
KWIKPEN INJ		HUMULIN R U-500	38	hydroxyzine syrup	16
HUMALOG KWIKPEN	37	KWIKPEN INJ		hydroxyzine tab	16
INJ		HYCAMTIN CAP	55	HYFTOR GEL	103
HUMALOG MIX INJ	38	hydralazine tab	50	hyoscyamine sulfate CR	163
HUMALOG MIX	38	hydrochlorothiazide cap	109	tab	
KWIKPEN INJ		hydrochlorothiazide tab	109	hyoscyamine sulfate elixir	163
HUMALOG PEN INJ	38	hydrocodone/acetaminoph	12	hyoscyamine sulfate ODT	163
HUMIRA INJ 10MG	6	en soln		hyoscyamine sulfate SL tab	163

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# ALPHABETICAL LISTING OF DRUGS

hyoscyamine tab	163	INFANT FORMULA	106	ISOPTO CARBACHOL	144
HYQVIA INJ	152	POWDER		OPHTH SOLN	
<b>I</b>					
ibandronate tab 150mg	109	INGREZZA CAP	156	isosorbide dinitrate SL tab	15
ibuprofen susp (Rx ONLY)	8	INGREZZA PACK	156	isosorbide dinitrate tab	15
ibuprofen tab	8	40-80MG		isosorbide mononitrate ER	15
ICLUSIG TAB	62	INLYTA TAB	56	tab	
IDHIFA TAB	63	INQOVI TAB	60	isosorbide mononitrate tab	15
ILEVRO OPHTH SUSP	149	INSULIN LISPRO INJ	38	itraconazole cap	43
imatinib tab	63	INTELENCE TAB	75	ivermectin tab	15
IMBRUVICA CAP 140MG	63	INTRON-A INJ	55	<b>J</b>	
IMBRUVICA CAP 70MG	63	INVIRASE CAP	75	JAKAFI TAB	63
IMBRUVICA SUSP	63	INVIRASE TAB	76	JANUMET TAB	34
IMBRUVICA TAB	63	IOPIDINE OPHTH SOLN	145	JANUMET XR TAB	34
420MG, 560MG		IPOL INJ	169	JANUVIA TAB	36
IMCIVREE INJ	2	ipratropium nasal spray	141	JARDIANCE TAB	39
imipramine tab	33	ipratropium neb soln	18	JAYPIRCA TAB	63
imiquimod cream	103	irbesartan tab	47	jinteli tab	114
IMOVAX INJ	168	irbesartan/hydrochlorothia	49	JOENJA TAB	136
IMPAVIDO CAP	50	zide tab		JULUCA TAB	76
INCRELEX INJ	112	ISENTRESS (HD) TAB	76	JYNARQUE PAK	114
INCRUSE ELLIPTA	18	ISENTRESS CHEW TAB	76	JYNARQUE TAB	114
INHALER		ISENTRESS POWDER	76	<b>K</b>	
indapamide tab	109	PACK		KALYDECO PAK	159
indomethacin cap	8	isibloom tab, enskyce tab,	89	KALYDECO TAB	159
indomethacin CR cap	8	apri tab		kelnor tab	89
INFANT FORMULA	106	isoniazid syrup	54	KESIMPTA INJ	157
LIQUID		isoniazid tab	54	ketoconazole cream	97

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ketoconazole shampoo	97	labetalol tab	83	letrozole tab	58
ketoconazole tab	43	lacosamide oral solution	26	leucovorin tab	55
KETO-DIASTIX TEST STRIP	105	lacosamide tab	26	levalbuterol neb soln	23
ketorolac inj 15mg/ml	8	LACTIC ACID LOTION	103	levetiracetam ER tab	26
ketorolac inj 30mg/ml	8	lactulose soln	118	levetiracetam soln	27
ketorolac inj 60mg/2ml	8	LAGEVRIO CAP (EUA)	81	levetiracetam tab	27
ketorolac ophth soln	149	LAGEVRIO CAP 200MG	81	LEVOBUNOLOL OPHTH SOLN	143
ketorolac tab	8	lamivudine soln	76	levocarnitine soln	112
KETOSTIX	105	lamivudine tab	76	levocarnitine tab	112
ketotifen ophth soln	150	lamivudine tab 100mg	79	levofloxacin ophth soln	145
KEVZARA INJ	7	lamivudine/zidovudine tab	76	LEVOFLOXACIN OPHTH SOLN 0.5%	145
KINERET INJ	7	lamotrigine chew tab	26	levofloxacin soln	115
KINRIX INJ,	162	lamotrigine tab	26	LEVOFLOXACIN SOLN 25MG/ML	115
QUADRACEL DTAP-IPV INJ		LAMPIT TAB	51	levofloxacin tab	116
KINRIX PREF SYRINGE,	162	LANCET KIT	131	levonorgestrel tab	91
QUADRACEL PREF SYRINGE		LANCETS	131	levonorgestrel-ethinyl estradiol-fe tab	89
KISQALI PAK	60	lansoprazole cap	163	levothyroxine tab	161
KISQALI TAB	63	lanthanum carbonate chew tab	119	LEXIVA SUSP	76
KLOXXADO NASAL SPRAY	41	lapatinib ditosylate tab	64	lidocaine cream 3%	103
KOSELUGO CAP	63	latanoprost ophth soln	150	lidocaine gel	104
KOSELUGO CAP 10MG	64	layolis FE tab, wymzya FE tab	89	lidocaine oint	104
KRAZATI TAB	64	LEDIPASVIR/SOFOSBUV IR TAB	79	lidocaine patch 5%	104
KRINTAFEL TAB	53	leflunomide tab	9	lidocaine soln	104
		lenalidomide cap	136	lidocaine viscous soln	138
		LENVIMA CAP	56		

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lidocaine/hydrocortisone cream	14	loratadine tab	44	LYSODREN TAB	58
lidocaine/prilocaine cream	104	loratadine/pseudoephedrin e 12-hour tab	94	LYTGOBI THERAPY PACK	64
linezolid susp	52	loratadine/pseudoephedrin e 24-hour tab	94	LYUMJEV INJ	38
linezolid tab	52	lorazepam conc	17	LYUMJEV KWIKPEN INJ	38
liothyronine tab	161	lorazepam tab	17	<b>M</b>	
LIQUIGEN	143	LORBRENA TAB 100MG	64	malathion lotion	104
lisdexamfetamine dimesylate cap	1	LORBRENA TAB 25MG	64	MALE CONDOMS	130
lisdexamfetamine dimesylate chew tab	1	losartan tab	47	MAPROTILINE TAB	30
lisinopril tab	47	losartan/hydrochlorothiazide tab	49	maraviroc tab	76
lisinopril/hydrochlorothiazide tab	49	LOTEMAX OPHTH GEL	147	MARPLAN TAB	30
lithium carbonate cap	71	LOTEMAX OPHTH OINT	147	MATULANE CAP	55
lithium carbonate ER tab	71	loteprednol etabonate ophth gel	147	MAVENCLAD THERAPY PAK	157
lithium carbonate tab	71	loteprednol ophth susp	147	MAVYRET PAK	79
LIVMARLI SOLN	117	lovastatin tab	46	MAVYRET TAB	80
LIVTENCITY TAB	79	loxapine cap	72	MAXIDEX OPHTH SOLN	147
L-METHYLFOLATE TAB	106	lubiprostone cap	117	MAYZENT TAB	157
LO LOESTRIN TAB	89	LUMAKRAS TAB	64	MAYZENT TAB STARTER PACK	157
LOKELMA PAK	137	LUMAKRAS TAB 320MG	64	MCT OIL	143
LONSURF TAB	60	LUMIGAN OPHTH SOLN	150	meclizine chew tab	42
lopinavir/ritonavir soln	76	LUMRYZ PACK	154	meclizine tab	42
lopinavir/ritonavir tab	76	LUPKYNIS CAP	137	medroxyprogesterone tab	154
loratadine chew tab	44	lurasidone hcl tab	71	mefloquine tab	53
loratadine ODT	44	LUVIRA CAP	106	megestrol susp	59
loratadine syrup	44	LYNPARZA TAB	64	megestrol tab	59
				MEKINIST SOLN	64

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# ALPHABETICAL LISTING OF DRUGS

MEKINIST TAB 0.5MG	65	methotrexate tab	55	metronidazole cream	104
MEKINIST TAB 2MG	65	methoxsalen cap	99	metronidazole gel	104
MEKTOVI TAB	65	methsuximide cap	29	metronidazole gel 0.75%	104
meloxicam tab	8	methyldopa tab	48	metronidazole lotion	104
MELPHALAN TAB	56	METHYLDOPA/HYDROC	49	metronidazole tab	51
memantine ER cap	155	HLOROTHIAZIDE TAB		metronidazole vaginal gel	170
memantine soln	155	methylergonovine tab	151	mexiletine hcl cap	17
memantine tab	155	methylphenidate CD cap	3	midazolam inj	127
mercaptopurine tab	55	methylphenidate ER cap	3	midodrine tab	171
mesalamine enema	118	methylphenidate ER tab	3	mifepristone tab	36
mesalamine ER cap	118	methylphenidate ER tab	4	MIFIPREX TAB	113
mesalamine supp	118	10mg, 20mg		miglustat cap	123
MESNEX TAB	55	methylphenidate soln	4	minocycline cap	161
METANX CAP	106	methylphenidate tab	4	minoxidil tab	50
METAPROTERENOL	23	methylprednisolone	92	mirtazapine ODT	30
SYRUP		acetate inj		mirtazapine tab	30
metformin ER tab	35	methylprednisolone dose	92	MIRVASO GEL	104
metformin tab	35	pack		misoprostol tab	164
methadone conc	11	methylprednisolone tab	92	modafinil tab	4
methadone soln 10mg/5ml	11	methylprenisolone sod	92	mometasone cream	102
methadone soln 5mg/5ml	11	succinate inj		mometasone oint	102
methadone tab	11	metoclopramide soln	117	mometasone soln	102
methadone tablet 10mg	11	metoclopramide tab	117	montelukast chew tab	19
methazolamide tab	107	metolazone tab	109	montelukast granule pack	19
methenamine hippurate tab	53	metoprolol ER tab	83	montelukast tab	19
methimazole tab	161	metoprolol tab	83	MORPHINE SULF SOLN	11
methocarbamol tab	141	metoprolol/hydrochlorothi	50	10MG/5ML	
methotrexate inj	56	azide tab		morphine sulfate ER tab	11

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morphine sulfate soln	11	nadolol tab	83	neomycin/polymyxin/dexa	147
morphine sulfate tab	12	naloxone hcl nasal spray	41	methasone ophth soln	
MOUNJARO INJ	37	naloxone inj	41	NEOMYCIN/POLYMYXI	147
moxifloxacin ophth soln	146	NALOXONE PREFILLED	41	N/HYDROCORTISONE	
moxifloxacin tab	116	INJ		OPHTH SOLN	
MULTAQ TAB	18	naltrexone tab	40	NEPHRON FA TAB	126
MULTIGEN FOLIC TAB	125	naproxen EC tab	8	NERLYNX TAB	65
MULTIGEN PLUS TAB	125	naproxen tab	8	NEVANAC OPTH SUSP	150
MULTIGEN TAB	125	NARCAN NASAL SPRAY	41	nevirapine ER tab	76
MULTIVITAMIN/FLOURI	140	NATACYN OPTH SUSP	146	NEVIRAPINE SUSP	76
DE CHEW 0.25MG		NATAZIA TAB	89	nevirapine tab	76
MULTIVITAMIN/FLOURI	140	nateglinide tab	39	NEXLETOL TAB	44
DE CHEW 1MG		NATPARA INJ	109	NEXLIZET TAB	44
MULTIVITAMIN/FLUORI	140	nebivolol hcl tab	83	NEXPLANON IMPLANT	91
DE CHEW TAB		NEBUSAL NEB SOLN	95	NEXTSTELLIS TAB	89
multivitamin/minerals tab	140	NEFAZODONE TAB	32	niacin cap	171
mupirocin oint	97	nefazodone tab 50mg,	32	niacin CR tab	171
mycophenolate DR tab	82	250mg		niacin ER tab	46
mycophenolate mofetil	82	neomycin tab	4	niacin tab	171
cap		NEOMYCIN/POLYMIXIN	146	NIACIN TR TAB	171
mycophenolate mofetil	82	/GRAMICIDIN OPTH		niacinamide tab	171
susp		SOLN		nicotine gum	158
mycophenolate mofetil tab	82	neomycin/polymixin/hydro	151	NICOTINE KIT	158
MYFEMBREE TAB	114	coritisone otic soln		nicotine lozenge	158
MYLERAN TAB	56	neomycin/polymixin/hydro	151	nicotine patch	158
MYRBETRIQ TAB	165	coritisone otic susp		NICOTROL INHALER	158
<b>N</b>		neomycin/polymyxin/dexa	147	NICOTROL NASAL	158
nabumetone tab	8	methasone ophth oint		SPRAY	

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## ALPHABETICAL LISTING OF DRUGS

nifedipine cap	84	nortriptyline cap	33	OCTREOTIDE INJ	114
nifedipine ER tab	84	nortriptyline oral soln	33	100MCG	
nilutamide tab	59	NORVIR CAP	77	ODEFSEY TAB	77
NINLARO CAP	65	NORVIR POWDER PACK	77	ODOMZO CAP	57
nitazoxanide tab	51	NORVIR SOLN	77	OFEV CAP	160
nitrofurantoin	53	np thyroid tab	161	ofloxacin ophth soln	146
macrocrystals cap		NUBEQA TAB	59	ofloxacin tab	116
nitrofurantoin	53	NUCALA INJ	18	olanzapine ODT	72
monohydrate cap		NUDEXTA CAP	158	olanzapine tab	72
nitroglycerin patch	16	NULYTELY SOLN	128	olanzapine/fluoxetine cap	155
nitroglycerin SL tab	16	NUTRITIONAL	106	OLLIZAC POWDER	106
NIVESTYM INJ	124	SUPPLEMENT LIQUID		olmesartan tab	47
NIZORAL A-D	97	NUTRITIONAL	107	olmesartan/hydrochlorothi	50
SHAMPOO		SUPPLEMENT POWDER		azide tab	
norethindrone ace-ethinyl	89	NUVARING	91	olopatadine ophth soln	150
estradiol-fe cap		nystatin cream	97	0.1%	
norethindrone	90	nystatin oint	97	olopatadine ophth soln	150
acetate/ethinyl estradial FE		nystatin powder	43	0.2%	
chew tab		nystatin susp	138	OLUMIANT TAB	4
norethindrone	90	nystatin tab	43	omega-3-acid ethyl esters	45
acetate/ethinyl estradiol		nystatin topical powder	98	cap	
tab		nystatin/triamcinolone	98	omeprazole DR cap	163
norethindrone tab	91	cream		omeprazole tab	164
norethindrone/ethinyl	90	nystatin/triamcinolone oint	98	OMNIPOD 5 G7 KIT	131
estradiol FE tab		NYVEPRIA INJ	124	INTRO	
nortrel 7/7/7 tab, pirmella	90	<b>O</b>		OMNIPOD 5 G7 MIS	131
7/7/7 tab		OALIVA TAB	116	PODS	
nortrel tab	90	octreotide inj	114	OMNIPOD 5 INTRO KIT	131

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# ALPHABETICAL LISTING OF DRUGS

OMNIPOD 5 PACK PODS	131	OPSUMIT TAB	87	oxcarbazepine tab	27
OMNIPOD DASH INTRO KIT	132	OPVEE NASAL SPRAY	41	oxybutynin ER tab	164
OMNIPOD DASH PODS	132	ORACIT SOLN	119	oxybutynin syrup	164
OMNIPOD GO KIT	132	ORENCIA CLICK INJ	9	oxybutynin tab	164
OMNIPOD STARTER KIT	132	ORENCIA SC INJ	9	oxycodone soln	12
OMNITROPE INJ	111	125MG/ML		oxycodone tab	12
ondansetron ODT	42	ORENCIA SC INJ	9	oxycodone/acetaminophen tab	13
ondansetron soln	42	50MG/0.4ML		OXYCODONE/ASPIRIN TAB	13
ONDANSETRON TAB	42	ORENCIA SC INJ	9	OXYTROL PATCH (OTC)	164
ONETOUCH DELICA LANCETS	132	87.5MG/0.7ML		OZEMPIC INJ	36
ONETOUCH DELICA PLUS LANCETS	132	ORGOVYX TAB	59	<b>P</b>	
ONETOUCH DELICA ULTRASOFT LANCETS	132	ORIAHNN CAP	115	paliperidone ER tab	71
ONETOUCH METER	132	ORILISSA TAB 150MG	110	PALYNZIQ INJ	112
ONETOUCH TEST STRIP	105	ORILISSA TAB 200MG	110	pantoprazole EC tab	163
ONETOUCH VERIO	132	ORKAMBI GRANULES PACKET	159	paricalcitol cap	112
FLEX METER		ORKAMBI TAB	159	paroxetine ER tab	31
ONETOUCH VERIO IQ METER	132	ORSERDU TAB	59	paroxetine tab	31
ONETOUCH VERIO METER	132	ORSERDU TAB 345MG	59	PAXLOVID TAB 150-100MG	79
ONETOUCH VERIO REFLECT METER	132	oseltamivir cap	81	PAXLOVID TAB 300-100MG	79
ONETOUCH VERIO TEST STRIP	105	oseltamivir cap 30mg	81	pazopanib tab	65
		oseltamivir susp	81	PEAK FLOW METER	133
		OTEZLA STARTER PACK	9	PEDIARIX INJ	162
		OTEZLA TAB	9	pediatric multiple vitamins/fluoride chew tab	140
		OVIDREL INJ	110		
		OXBRYTA TAB FOR ORAL SUSP	124		
		oxcarbazepine susp	27		

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# ALPHABETICAL LISTING OF DRUGS

pediatric multiple	140	phenobarbital tab	126	PODIAPN CAP	106
vitamins/fluoride soln		phenoxybenzamine cap	47	PODOCON SOLN	103
pediatric multiple	140	phentermine cap	1	PODOFILOX SOLN	103
vitamins/fluoride/iron soln		phentermine tab	1	POLYETHYLENE	153
PEDVAXHIB INJ	165	phenylephrine ophth soln	144	GLYCOL 8000	
peg 3350 soln (100 gram	128	phenytoin cap	29	GRANULES	
Moviprep equiv)		phenytoin chew tab	29	polymyxin b/trimethoprim	146
peg 3350/electrolytes soln	128	phenytoin susp	29	ophth soln	
PEGASYS INJ	80	PHEXXI GEL	170	POMALYST CAP	60
PEG-INTRON INJ	80	phlexy-10 tab	143	potassium bicarbonate	135
PEMAZYRE TAB	65	PHOSLYRA SOLN	119	effer tab	
PENBRAYA INJ	165	phospha 250 neutral tab	135	potassium chloride ER cap	136
penicillamine tab	136	phytonadione tab	171	potassium chloride ER tab	136
penicillin vk tab	153	PIFELTRO TAB	77	potassium chloride micro	136
PENTACEL INJ	162	pilocarpine ophth soln	144	tab	
pentamidine neb soln	51	pilocarpine tab	139	potassium chloride powder	136
pentoxifylline ER tab	122	PIMOZIDE TAB	158	packet	
permethrin cream	105	pindolol tab	83	potassium chloride soln	136
perphenazine tab	73	pioglitazone tab	39	potassium citrate CR tab	119
PERPHENAZINE/	156	PIQRAY TAB	65	potassium citrate/citric	119
AMITRIPTYLINE TAB		pirfenidone cap	160	acid powder pack	
PHEBURANE ORAL	113	pirfenidone tab 267mg	160	potassium citrate/citric	120
PELLETS		pirfenidone tab 801mg	160	acid soln	
phenazopyridine tab	121	piroxicam cap	8	potassium phosphate	135
PHENELZINE SULFATE	31	PLAN B TAB	91	monobasic tab	
TAB		PLEGRIDY INJ	157	pramipexole tab	70
phenelzine tab	31	PLEGRIDY PEN INJ	157	prasugrel tab	123
phenobarbital elixir	126	PNEUMOVAX INJ	165	pravastatin tab	46

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praziquantel tab	15	PRENATAL VITAMINS	140	promethazine/codeine	95
prazosin cap	48	(PRENATAL PLUS,		syrup	
PRED MILD OPHTH	148	PREPLUS, PRENAPLUS)		PROMETHEGAN SUPP	44
SOLN		PRETOMANID TAB	54	propafenone ER cap	17
PRED-G OPHTH SOLN	148	PREVIDENT SOLN	138	propafenone tab	17
prednisolone ODT	92	PREVNAR 13 INJ	165	proparacaine ophth soln	146
PREDNISOLONE ODT	92	PREVNAR 20 INJ	166	propranolol ER cap	83
TAB		PREVYMIS TAB	79	propranolol oral soln	83
PREDNISOLONE OPHTH	148	PREZCOBIX TAB	77	20mg/5ml	
SUSP		PREZISTA SUSP	77	PROPRANOLOL SOLN	83
PREDNISOLONE	148	PREZISTA TAB	77	propranolol tab	84
SODIUM PHOSPHATE		PRIFTIN TAB	54	PROPRANOLOL/HYDRO	50
OPHTH SOLN		primaquine tab	53	CHLOROTHIAZIDE TAB	
prednisolone soln	93	primidone tab	27	propylthiouracil tab	161
PREDNISONE SOLN	93	PRIORIX INJ	169	pro-stat liquid	143
prednisone tab	93	probenecid tab	121	PULMOZYME INH SOLN	159
pregabalin cap	27	prochlorperazine supp	73	pyrazinamide tab	54
pregabalin cap 225mg	27	prochlorperazine tab	73	pyridostigmine CR tab	54
pregabalin cap 300mg	27	proctosol HC cream	15	pyridostigmine tab	54
pregabalin soln	27	progesterone cap	154	pyrimethamine tab	53
PREHEVBRIO SUSP	169	PROMACTA TAB	125	PYRUKYND TAB	123
PREMARIN TAB	115	promethazine supp	44	PYRUKYND TAPER	123
PREMARIN VAGINAL	170	promethazine syrup	44	PACK	
CREAM		promethazine tab	44		
PREMPHASE TAB,	115	PROMETHAZINE VC	94	<b>Q</b>	
PREMPRO TAB		SYRUP		QINLOCK TAB	65
		promethazine VC/codeine	94	QSYMIA CAP	2
		syrup		quetiapine tab	72
				quetiapine XR tab	72

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quinapril tab	47	RETACRIT INJ	125	ropinirole ER tab	70
QUINAPRIL/HCTZ TAB	50	RETEVMO CAP	66	ropinirole tab	70
quinapril/hydrochlorothiazide tab	50	REVLIMID CAP	137	rosuvastatin tab	46
quinidine gluconate CR tab	17	REYATAZ POWDER	77	ROTARIX SUSP	169
quinidine sulfate tab	17	PACK		ROTATEQ INJ	169
<b>R</b>		REYVOW TAB	134	ROZLYTREK CAP	66
RABAVERT INJ	169	REZLIDHIA CAP	66	ROZLYTREK PAK	66
rabeprazole EC tab	164	REZUROCK TAB	137	RUBRACA TAB	66
RADICAVA ORS	142	RHOFADE CREAM	104	rufinamide susp	27
STARTER KIT		RIBAVIRIN CAP	80	rufinamide tab	27
RADICAVA ORS SUSP	142	RIBAVIRIN TAB	80	RUKOBIA ER TAB	77
raloxifene tab	111	RIDAURA CAP	7	RYBELSUS TAB	37
ramelteon tab	127	rifabutin cap	54	RYDAPT CAP	66
ramipril cap	47	RIFAMATE CAP	54	<b>S</b>	
ranolazine tab	15	rifampin cap	54	salsalate tab	10
rasagiline tab	70	riluzole tab	142	SANDIMMUNE SOLN	82
REBETOL SOLN	80	RIMANTADINE TAB	81	100MG/ML	
REGRANEX GEL	105	RINVOQ ER TAB	4	SANTYL OINT	103
RELENZA DISKHALER	81	risedronate tab	110	sapropterin	113
RELYVRIO PAK	142	risperidone ODT	71	dihydrochloride powder	
renaphro cap	139	risperidone soln	72	packet	
RENOVA CREAM	97	risperidone tab	72	sapropterin	113
repaglinide tab	39	ritonavir tab	77	dihydrochloride soluble	
REPATHA INJ	46	rivastigmine cap	155	tab	
REPATHA PUSHTRONEX	46	rivastigmine patch	155	SAVELLA PAK	156
INJ		rizatriptan ODT	134	SAVELLA TAB	156
RESCRIPTOR TAB	77	rizatriptan tab	134	SAXENDA INJ	2
		roflumilast tab	19	scopolamine patch	42

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selegiline cap	70	sirolimus tab	82	SODIUM OXYBATE	154
selegiline tab	70	SIVEXTRO TAB	52	SOLN	
selenium sulfide shampoo	99	SKYCLARYS CAP	142	sodium polystyrene	82
SELZENTRY SOLN	77	SKYRIZI INJ 150MG/ML	99	powder	
SELZENTRY TAB	77	SKYRIZI INJ 180	118	sodium polystyrene susp	82
SEMGLEE INJ, INSULIN	39	MG/1.2ML		sodium	96
GLARGINE-YFGN INJ		SKYRIZI INJ	118	sulfacetamide/sulfur	
SEMGLEE PEN, INSULIN	39	360MG/2.4ML		cleanser 10-5%	
GLARGINE-YFGN PEN		SKYRIZI INJ	99	sodium	96
SEREVENT DISKUS	23	75MG/0.83ML		sulfacetamide/sulfur	
INHALER		SKYTROFA INJ	111	cleanser 9-4.5%	
sertraline conc	31	SLYND TAB	91	sodium	96
sertraline tab	32	smz/tmp (DS) tab	51	sulfacetamide/sulfur	
sevelamer powder pak	119	smz/tmp susp	51	emulsion 10-5%	
sevelamer tab	119	sodium chloride 0.9% irr	120	sodium/magnesium/potassi	128
SHINGRIX INJ	169	soln		um soln	
SIGNIFOR INJ	114	sodium chloride neb soln	95	SOFOSBUVIR/VELPATASVIR	80
sildenafil susp	87	sodium citrate/citric acid	120	TAB	
sildenafil tab	85	soln		SOGROYA INJ	111
sildenafil tab 20mg	87	sodium fluoride chew tab	135	solifenacin tab	164
silver sulfadiazine cream	99	sodium fluoride cream	139	SOLU-CORTEF INJ	93
SIMBRINZA OPTH	145	sodium fluoride gel	139	SOLU-CORTEF INJ	93
SUSP		sodium fluoride paste	139	100MG	
SIMPONI	6	sodium fluoride rinse	139	SOLU-MEDROL INJ	93
AUTO-INJECTOR 100MG		sodium fluoride soln	135	2GM	
SIMPONI INJ 100MG	6	SODIUM FLUORIDE TAB	135	SOMAVERT INJ	111
simvastatin tab	46	sodium fluoride/potassium	139	sorafenib tosylate tab	66
sirolimus soln	137	nitrate paste		sotalol AF tab	84

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sotalol tab	84	sulfasalazine EC tab	118	TAFINLAR TAB	67
SPIKEVAX INJ	169	sulfasalazine tab	118	TAGRISSE TAB	57
SPIKEVAX INJ	169	sulindac tab	8	TAKHZYRO INJ	122
50MCG/0.5ML		SUMATRIPTAN INJ	134	TAKHZYRO INJ	122
SPINOSAD SUSP	105	SUMATRIPTAN INJ	134	150MG/ML	
SPIRIVA RESPIMAT	19	6MG/0.5ML		TALTZ INJ	99
INHALER 1.25MCG/ACT		sumatriptan tab	135	TALZENNA CAP 0.25MG	67
spironolactone tab	108	sunitinib malate cap	66	TALZENNA CAP 0.5MG,	67
spironolactone/hydrochlor	107	SUNOSI TAB	3	0.75MG, 1MG	
othiazide tab		SYMDEKO TAB	159	tamoxifen tab	59
sprintec 28 tab	90	SYMPROIC TAB	118	tamsulosin cap	121
SPRYCEL TAB	66	SYMTUZA TAB	78	TASIGNA CAP	67
SPS SUSP	137	SYNAREL NASAL SOLN	112	TAVALISSE TAB	122
STAVUDINE CAP	77	SYNJARDY TAB	34	TAVNEOS CAP	122
STELARA INJ	99	SYNJARDY XR TAB	34	tazarotene cream 0.1%	99
STIMATE NASAL SOLN	113	10-1000MG, 25-1000MG		TAZVERIK TAB	67
STIVARGA TAB	66	SYNJARDY XR TAB	34	TECHLITE INSULIN	133
STRENSIQ INJ	113	5-1000MG,		SYRINGE	
STRIBILD TAB	78	12.5-1000MG		TECHLITE PEN NEEDLE	133
sucralfate susp	164	<b>T</b>		TEGSEDI INJ	159
sucralfate tab	163	TABLOID TAB	55	telmisartan tab	47
SUFLAVE SOLN	128	TABRECTA TAB	66	temazepam cap 15mg	127
sulfacetamide sodium	146	tacrolimus cap	82	temazepam cap 30mg	127
ophth soln		tacrolimus oint	103	temozolomide cap	56
sulfacetamide	148	tadalafil tab	85	tenofovir disoproxil	78
sodium/prednisolone		tadalafil tab (PAH)	87	fumarate tab 300mg	
ophth soln		tadalafil tab 2.5mg, 5mg	85	TEPMETKO TAB	67
SULFAMYLON CREAM	100	TAFINLAR CAP	66	terazosin cap	48

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# ALPHABETICAL LISTING OF DRUGS

terbinafine tab	43	thiothixene cap	73	TRACLEER TAB 32MG	87
terbutaline sulfate tab	23	THYROLAR TAB	161	tramadol tab	12
terconazole cream	170	tiagabine tab	29	tranexamic acid tab	126
TERCONAZOLE CREAM	170	TIBSOVO TAB	67	tranylcypromine tab	31
0.8%		timolol maleate ophth gel	143	trazodone tab	32
terconazole supp	170	timolol maleate ophth soln	143	TRELEGY ELLIPTA	23
teriflunomide tab	157	timolol maleate tab	84	INHALER	
TERIPARATIDE INJ	110	tinidazole tab	51	TREMFYA INJ	99
620MCG/2.48ML		tiopronin tab	121	tretinoin cap	55
testosterone cypionate inj	13	TIVICAY PD TAB	78	tretinoin cream	96
TESTOSTERONE	14	TIVICAY TAB	78	tretinoin gel	96
ENANTHATE INJ		tizanidine tab	141	triamcinolone acetonide	93
200MG/ML		TOBI PODHALER	4	inj	
testosterone gel 1% 25mg	14	TOBRADEX OPTH	148	triamcinolone cream	102
testosterone gel 1% 50mg	14	OINT		triamcinolone in orabase	139
testosterone gel 1% pump	14	tobramycin neb soln	4	paste	
TESTOSTERONE GEL	14	tobramycin ophth soln	146	triamcinolone lotion	102
PUMP		tobramycin/dexamethason	148	triamcinolone oint	102
testosterone gel pump	14	e ophth soln		triamcinolone OTC nasal	141
1.62%		TODAY SPONGE	170	spray	
testosterone soln	14	TOLAZAMIDE TAB	40	triamterene/hydrochloroth	108
tetrabenazine tab	156	TOLBUTAMIDE TAB	40	iazide cap	
TEZSPIRE INJ	18	tolterodine SR cap	164	triamterene/hydrochloroth	108
THALOMID CAP	81	tolterodine tab	164	iazide tab	
theophylline er tab	23	topiramate sprinkle cap	27	triazolam tab	127
theophylline soln	23	topiramate tab	27	tricitrates soln	120
THEOPHYLLINE TAB ER	23	toremifene tab	59	tricon cap	126
thioridazine tab	73	torsemide tab	108	trientine cap	136

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# ALPHABETICAL LISTING OF DRUGS

trifluoperazine tab	73	TYBLUME TAB	90	valsartan tab	48
TRIFLURIDINE OPHTH SOLN	146	TYMLOS INJ	110	valsartan/hydrochlorothiazide tab	50
trihexyphenidyl elixir	70	TYVASO DPI POWDER	85	vancomycin cap	52
TRIHXYPHENIDYL SOLN	70	TYVASO DPI POWDER	86	VANIQA CREAM	103
trihexyphenidyl tab	69	MAINTENANCE KIT		VARENICLINE TAB	158
TRIKAFTA TAB	159	32-48MCG		varenicline tartrate tab	158
TRIKAFTA THERAPY PACK	152	TYVASO DPI POWDER	86	varenicline tartrate tab starter pack	159
tri-legest tab	90	TITRATION KIT		VARUBI TAB	43
TRI-LUMA CREAM	104	16-32-48MCG		VAXNEUVANCE INJ	166
trimethobenzamide cap	42	TYVASO DPI POWDER	86	VELIVET PAK	90
trimethoprim tab	51	TITRATION KIT		velivet tab	90
tri-sprintec tab	90	16-32MCG		VEMLIDY TAB	80
TRIUMEQ PD TAB	78	TYVASO INH SOLN 0.6 MG/ML	86	VENCLEXTA STARTER PACK	57
TRIUMEQ TAB	78			VENCLEXTA TAB	57
TRIZIVIR TAB	78	<b>U</b>		VENELEX OINT	105
tropicamide ophth soln	144	UBRELVY TAB	133	venlafaxine ER cap	32
TRUEPLUS INSULIN SYRINGE	133	UPNEEQ SOLN	150	venlafaxine tab	32
TRUEPLUS PEN NEEDLE	133	UPTRAVI TAB	87	VENTAVIS INH SOLN	86
TRULANCE TAB	116	ursodiol cap	116	VENTOLIN HFA	23
TRULICITY INJ	37	ursodiol tab	116	INHALER	
TUKYSA TAB	56	<b>V</b>		verapamil SR cap	84
TURALIO CAP	67	valacyclovir tab	80	VERAPAMIL SR CAP	84
TWIRLA PATCH	91	VALCHLOR GEL	98	360mg	
		valganciclovir soln	79	verapamil tab	85
		valganciclovir tab	79	VERZENIO TAB	67
		valproic acid cap	30		
		valproic acid syrup	30		

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V-GO INJ KIT	132	warfarin tab	24	XCOPRI TITRATION PAK	28
VICTOZA INJ	37	WEGOVY INJ	2	150-200MG	
VIDEX SOLN	78	WEGOVY INJ	2	XCOPRI TITRATION PAK	28
vienva tab, lessina tab,	90	1.7MG/0.75ML		50-100MG	
kurvelo tab		WEGOVY INJ	2	XELJANZ SOLN	5
vigabatrin powder pack	29	2.4MG/0.75ML		XELJANZ TAB	5
vigabatrin tab	29	WELIREG TAB	59	XELJANZ XR TAB	5
vigadrone powder pack	29	<b>X</b>		XEMBIFY INJ	152
viorele tab, kariva tab	90	XACIATO GEL	169	XENLETA TAB	53
VIRACEPT TAB	78	XALKORI CAP	68	XIFAXAN TAB 550MG	51
VIREAD TAB 150MG,	78	XALKORI SPRINKLE	68	XIGDUO XR TAB	34
200MG, 250MG		CAP		XIGDUO XR TAB	34
vitamin D cap	171	XAQUIL XR TAB	106	10-1000MG	
VITAMIN D TAB	171	XARELTO STARTER	24	XIGDUO XR TAB	34
400UNIT		PACK		2.5-1000MG, 5-1000MG	
VITRAKVI CAP 100MG	67	XARELTO SUSP	24	XIGDUO XR TAB	35
VITRAKVI CAP 25MG	68	XARELTO TAB	24	5-500MG, 10-500MG,	
VITRAKVI SOLN	68	XCOPRI PAK	28	10-1000MG	
VIZIMPRO TAB	57	100-150MG		XOSPATA TAB	68
VONJO CAP	68	XCOPRI PAK	28	XPOVIO PAK	60
voriconazole tab	43	150-200MG		XTAMPZA ER CAP	12
VOSEVI TAB	80	XCOPRI PAK 50-200MG	28	XYZBAC TAB	106
VOWST CAP	118	XCOPRI TAB 150MG,	28	<b>Z</b>	
VOXZOGO INJ	113	200MG		zafemy patch	91
VYNDAMAX CAP	88	XCOPRI TAB 50MG,	28	zaleplon cap	127
VYNDAQEL CAP	88	100MG		ZARXIO INJ	125
<b>W</b>		XCOPRI TITRATION PAK	28	ZAVZPRET NASAL	134
WAKIX TAB	3	12.5-25MG		SPRAY	

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ZEGALOGUE INJ	36
ZEGERID CAP OTC	164
ZEJULA CAP	68
ZEJULA TAB	68
ZELBORAF TAB	68
ZEPBOUND INJ	2
ZEPOSIA CAP	157
ZEPOSIA STARTER PACK	157
zidovudine cap	78
zidovudine syrup	78
zidovudine tab	78
ZIMHI SOLN	41
ziprasidone cap	71
ZIRGAN OPHTH GEL	146
ZOKINVY CAP	138
ZOLINZA CAP	55
zolmitriptan tab	135
zolpidem ER tab	127
zolpidem tab	126
zonisamide cap	28
ZORYVE CREAM	99
ZTALMY SUSP	28
ZYDELIG TAB	69
ZYKADIA CAP	69
ZYKADIA TAB	69
ZYLET OPHTH SUSP	148

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