



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 All previous versions of the formulary are no longer in effect.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.

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 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 4/3/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss		
AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss		
<i>amphetamine/dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 5MG</i> (ADDERALL XR Equiv)	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	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
<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

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

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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
ANTI-OBESITY AGENTS - Drugs to help weight loss		
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 (2mL/28days)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	F	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	F	-

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2

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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 4/3/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	F	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>)	F	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG (<i>pitolisant hcl</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
<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 chew tab 10MG, 2.5MG, 5MG</i> (METHYLIN Equiv)	F	-
<i>methylphenidate ER cap 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (APTENSIO XR Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG (CONCERTA Equiv) (<i>methylphenidate hcl</i>)	F	-
<i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i> (CONCERTA 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
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
<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
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
OLUMIANT TAB 1MG, 2MG, 4MG (<i>baricitinib</i>)	F	LMSP-PA-QL QL= 1 tab/day

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4

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ST	Step Therapy	VAC	Vaccine Program		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RINVOQ ER TAB 15MG, 30MG, 45MG (<i>upadacitinib</i>)	F	LMSP-PA-QL QL= 1 tab/day
RINVOQ ORAL SOLN 1MG/ML (<i>upadacitinib</i>)	F	LMSP-PA-QL QL= 12ml/day
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
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML 20MG/0.4ML (HULIO Equiv) (<i>adalimumab-fkjp</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT 20MG/0.2ML (YUFLYMA Equiv) (<i>adalimumab-aaty</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT 40MG/0.4ML (YUFLYMA Equiv) (<i>adalimumab-aaty</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT 40MG/0.4ML (YUFLYMA Equiv) (<i>adalimumab-aaty</i>)	F	LMSP-PA-QL QL= 2 inj/28 days

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT 40MG/0.4ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT 80MG/0.8ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 40MG/0.4ML, 80MG/0.8ML (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 AUTO-INJECTOR KIT 40MG/0.8ML 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 (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.4ML <i>(adalimumab-bwwd)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML <i>(adalimumab-bwwd)</i>	F	LMSP-PA-QL QL= 2 inj/28 days

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HADLIMA PUSH INJ 40MG/0.4ML <i>(adalimumab-bwwd)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML 40MG/0.8ML <i>(adalimumab-bwwd)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
SIMLANDI INJ (adalimumab-ryvk) 40MG/0.4ML, 80MG/0.8ML <i>(adalimumab-ryvk)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
SIMLANDI KIT (adalimumab-ryvk) 20MG/0.2ML, 80MG/0.8ML <i>(adalimumab-ryvk)</i>	F	LMSP-PA-QL QL= 2 inj/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
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML <i>(anakinra)</i>	F	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML <i>(sarilumab)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
TYENNE INJ 162MG/0.9ML <i>(tocilizumab-aazg)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	F	-

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<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	-
FLURBIPROFEN TAB 50MG (<i>flurbiprofen</i>)	F	-
<i>flurbiprofen tab 100MG</i>	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	-
<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	-

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<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	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
OTEZLA STARTER PACK (<i>apremilast</i>)	F	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 20MG, 30MG (<i>apremilast</i>)	F	LMSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	F	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
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
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		

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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
ENBREL SURECLICK INJ 50MG 50MG/ML (<i>etanercept</i>)	F	LMSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for female members only
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for female members only
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	F	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
CODEINE SULFATE TAB 15MG 15MG (<i>codeine sulfate</i>)	F	QL QL= 240 tabs/30 days
<i>codeine sulfate tab 15mg, 30mg 30MG</i>	F	QL QL=240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG (<i>codeine sulfate</i>)	F	QL QL= 180 tabs/30 days

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<i>codeine sulfate tab 60mg</i>	F	QL QL= 180 tabs/30 days
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	F	QL-ST QL= 10 patches/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	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-ST QL= 600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone soln 10mg/5ml 10MG/5ML</i>	F	QL-ST QL= 600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone soln 5mg/5ml 5MG/5ML</i>	F	QL-ST QL= 1200ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

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<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	F	QL-ST QL= 120 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone tablet 10mg 10MG</i> (DOLOPHINE Equiv)	F	QL QL=240/30 days
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	F	QL-ST QL= 90 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>morphine sulfate oral soln 10mg/5ml 10MG/5ML</i> (MORPHINE SULFATE Equiv)	F	QL QL= 120ml/30 days
<i>morphine sulfate soln 100MG/5ML, 20MG/5ML, 20MG/ML</i>	F	QL QL=120ml/30 days
MORPHINE SULFATE SOLN 20MG/5ML 20MG/5ML (<i>morphine sulfate</i>)	F	QL QL= 120ml/30 days
<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

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XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG (<i>oxycodone</i>)	F	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	F	QL QL=180 tabs/30 days
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML, 30MG/12.5ML-300MG/12.5ML (<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
<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
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	F	-

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<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
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANDROGENS - Drugs to treat low testosterone level		
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	-
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

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<i>testosterone gel 1% pump 1%</i> (VOGELXO GEL, ANDROGEL Equiv)	F	PA-QL QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP 1% 1% (<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
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	F	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	F	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	F	-
ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum		
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	F	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
HYDROCORTISONE CREAM 1% (<i>hydrocortisone (rectal)</i>)	F	-

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ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
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	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	F	-
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	F	-
NITRATES - Drugs to treat chest pain		
<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	-
<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	-

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ANTI-ANXIETY AGENTS - Drugs to treat anxiety		
ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
<i>bupirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	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	-
BENZODIAZEPINES - Drugs to treat anxiety		
<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
<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	-

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<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	F	-
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
<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	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	F	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
<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	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	F	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	F	-
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	F	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		

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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, 40MG/0.4ML (<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
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	F	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
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)
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
<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	-
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS ***		
OHTUVAYRE SUSP 3MG/2.5ML (<i>ensifentrine</i>)	F	LD-PA-QL QL= 60 ampules/30 days; Only available through CVS Specialty 800-238-7828 or AcariaHealth 800-511-5144
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
<i>roflumilast tab 250MCG, 500MCG</i>	F	-
STERIOD INHALANTS - Drugs to treat asthma and COPD		

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ALVESCO INHALER 160MCG/ACT, 80MCG/ACT <i>(ciclesonide)</i>	F	-
ARNUIITY 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	-
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 (PULMICORT Equiv)</i>	F	-
QVAR REDIHALER 40MCG/ACT, 80MCG/ACT <i>(beclomethasone dipropionate hfa)</i>	F	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT <i>(fluticasone-salmeterol)</i>	F	-

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<i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv)	F	QL QL= 2 inhalers/30 days
ALBUTEROL NEB SOLN 2.5MG/0.5ML (<i>albuterol sulfate</i>)	F	-
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML</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	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT (<i>olodaterol hcl</i>)	F	QL QL= 1 inhaler/30 days
<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
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR (<i>theophylline</i>)	F	-
<i>theophylline er tab</i> (THEOPHYLLINE ER Equiv)	F	-
<i>theophylline soln 80MG/15ML</i>	F	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG (<i>theophylline</i>)	F	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		

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<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	F	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG (<i>apixaban</i>)	F	-
XARELTO STARTER PACK (<i>rivaroxaban</i>)	F	-
XARELTO SUSP 1MG/ML (<i>rivaroxaban</i>)	F	-
XARELTO TAB 10MG, 15MG, 20MG (<i>rivaroxaban</i>)	F	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
<i>enoxaparin inj 300MG/3ML</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
ANTICONSULSANTS - Drugs to treat seizures		
ANTICONSULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
<i>clobazam susp 10MG/4ML, 2.5MG/ML</i> (ONFI Equiv)	F	PA Prior Authorization required for members age 9 years and older
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	F	PA
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	F	-
DIASSTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	F	QL QL= 4 doses/fill
DIAZEPAM GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	F	QL QL= 4 doses/fill

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<i>diazepam rectal gel 10MG, 20MG</i>	F	QL QL= 4 doses/fill
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
<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
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

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<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 100MG/10ML, 10MG/ML, 50MG/5ML</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	-
<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	-

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<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	-
<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
CARBAMATES - Drugs to treat seizures		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	F	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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<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 25MG 25MG (<i>cenobamate</i>)	F	QL QL= 1 tab/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
GABA MODULATORS - Drugs to treat seizures		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	F	-

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<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
HYDANTOINS - Drugs to treat seizures		
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	-
SUCCINIMIDES - Drugs to treat seizures		
<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	-
VALPROIC ACID - Drugs to treat seizures		
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	F	-

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<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, 500MG/10ML</i> (DEPAKENE Equiv)	F	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	F	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	F	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		
<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	-
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID- Drugs to treat depression		

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ZURZUVAE CAP 20MG, 25MG 20MG, 25MG (<i>zuranolone</i>)	F	LD-PA-QL QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
ZURZUVAE CAP 30MG 30MG (<i>zuranolone</i>)	F	LD-PA-QL QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	F	-
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	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
<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	-

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<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	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	F	-
SEROTONIN MODULATORS - Drugs to treat depression		
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	-
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	F	-
<i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	F	-

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<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	-
TRICYCLIC AGENTS - Drugs to treat depression		
<i>amitriptyline tab</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	-
<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	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	F	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		

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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	-
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv)	F	-
JANUMET TAB 50MG-1000MG, 50MG-500MG (<i>sitagliptin phosphate-metformin hcl</i>)	F	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG (<i>sitagliptin phosphate-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

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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
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG <i>(dapagliflozin-metformin hcl)</i>	F	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
<i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv)	F	-
<i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv)	F	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE <i>(glucagon)</i>	F	QL QL= 2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG <i>(glucagon hcl (rdna))</i>	F	QL QL= 2 inj/fill
<i>glucagon (rdna) for inj kit 1MG</i>	F	QL QL= 2 inj/fill

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GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>)	F	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG (<i>glucagon rdna</i>)	F	QL QL= 2 inj/fill
GVOKE INJ .5MG/0.1ML, 1MG/0.2ML (<i>glucagon</i>)	F	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML (<i>glucagon</i>)	F	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML (<i>glucagon</i>)	F	QL QL= 2 inj/fill
<i>mifepristone tab 300MG</i> (KORLYM Equiv)	F	LMSP-PA-QL QL= 4 tabs/day
ZEGALOGUE INJ .6MG/0.6ML (<i>dasiglucagon hcl</i>)	F	QL QL= 2 inj/fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG (<i>alogliptin benzoate</i>)	F	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG (<i>sitagliptin phosphate</i>)	F	QL QL= 1 tab/day
INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar		
<i>liraglutide soln pen-injector 18MG/3ML, 6MG/ML</i> (VICTOZA Equiv)	F	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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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/3ML (<i>semaglutide</i>)	F	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>)	F	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML (<i>exenatide</i>)	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)
BYDUREON PEN INJ (<i>exenatide</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)

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INSULIN - Drugs to regulate blood sugar		
HUMALOG JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro</i>)	F	-
HUMALOG MIX INJ (<i>insulin lispro protamine & lispro (human)</i>)	F	-
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 50UNIT/ML (<i>insulin lispro protamine & lispro (human)</i>)	F	-
HUMALOG PEN INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
HUMALOG TEMPO PEN 100UNIT/ML (<i>insulin lispro</i>)	F	-
HUMULIN MIX INJ (<i>insulin isophane & reg (human)</i>)	F	OTC
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & 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

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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	-
INSULIN LISPRO JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML (<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	-
LYUMJEV TEMPO PEN 100UNIT/ML (<i>insulin lispro-aabc</i>)	F	-
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	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS TAB Equiv)	F	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	F	-

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<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	F	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		
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
SULFONYLUREAS - Drugs to regulate blood sugar		
<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	-
TOLAZAMIDE TAB (<i>tolazamide</i>)	F	-
TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>)	F	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>)	F	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		

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<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	F	-
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
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
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>naltrexone tab 50MG</i> (REVIA Equiv)	F	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
<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
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>)	F	-

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<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	F	OTC
NALOXONE HCL SOLN 0.4MG/ML .4MG/ML (<i>naloxone hcl</i>)	\$0	-
<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	-
RIVIVE, REXTOVY SPRAY 3MG/0.1ML, 4MG/0.25ML (<i>naloxone hcl</i>)	F	OTC
ZIMHI SOLN 5MG/0.5ML (<i>naloxone hcl</i>)	F	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	F	QL QL= 9 tabs/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFTRAN Equiv)	F	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	F	-
<i>ondansetron tab 4MG, 8MG</i> (ZOFTRAN Equiv)	F	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	F	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	F	OTC

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<i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	F	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	F	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
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
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<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
VARUBI TAB 90MG (<i>rolapitant hcl</i>)	F	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		
ANTIFUNGALS - Drugs to treat fungal infection		
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	F	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	F	-

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<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	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
<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	-
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	F	Only 50mg covered
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
<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

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ANTI-HISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
<i>promethazine supp</i> (PHENERGAN Equiv)	F	-
<i>promethazine syrup 12.5MG/10ML, 6.25MG/5ML</i>	F	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	F	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	F	-
ANTI-HISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
<i>cyproheptadine syrup 2MG/5ML</i>	F	-
<i>cyproheptadine tab 4MG</i>	F	-
ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	F	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol		
NEXLIZET TAB 10MG-180MG (<i>bempedoic acid-ezetimibe</i>)	F	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol		

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<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	F	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
<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	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<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	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		

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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
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	F	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	F	-
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
REPATHA INJ 140MG/ML (<i>evolocumab</i>)	F	QL-ST QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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REPATHA PUSHTRONEX INJ 420MG/3.5ML (evolocumab)	F	QL-ST QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
ACE INHIBITORS - Drugs to treat high blood pressure		
<i>benazepril tab</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	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	F	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		

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<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	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	F	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	F	-
<i>clonidine tab .1MG, .2MG, .3MG</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	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		

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<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG (LOTREL Equiv)</i>	F	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (AZOR TAB Equiv)</i>	F	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (EXFORGE Equiv)</i>	F	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)</i>	F	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG (LOTENSIN HCT Equiv)</i>	F	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (ZIAC Equiv)</i>	F	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG (VASERETIC Equiv)</i>	F	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG (MONOPRIL HCT Equiv)</i>	F	-
<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)</i>	F	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)</i>	F	-

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<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv)	F	-
<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	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	F	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
<i>eplerenone tab 25MG, 50MG</i> (INSPIRA Equiv)	F	-
VASODILATORS - Drugs to treat high blood pressure		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	F	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	F	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
IMPAVIDO CAP 50MG (<i>miltefosine</i>)	F	PA
<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 (<i>trimethoprim</i>)	F	-

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<i>trimethoprim tab 100MG</i>	F	-
XIFAXAN TAB 550MG 550MG (<i>rifaximin</i>)	F	QL QL= 60 tabs/30 days
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	F	-
<i>smz/tmp susp 160MG/20ML-800MG/20ML, 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	F	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
<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
GLYCOPEPTIDES - Drugs to treat bacterial infections		
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	F	QL QL= 56 caps/fill
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		
<i>dapsone tab 100MG, 25MG</i>	F	-
LINCOSAMIDES - Drugs to treat bacterial infections		
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	F	-
MONOBACTAMS - Drugs to treat bacterial infections		

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CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>)	F	LD-RS Restricted to Infectious Disease or Pulmonology Specialist; Only available through CVS Specialty 800-238-7828
OXAZOLIDINONES - Drugs to treat bacterial infections		
<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
SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>)	F	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
PLEUROMUTILINS - Drugs to treat infections		
XENLETA TAB 600MG (<i>lefamulin acetate</i>)	F	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	F	-

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<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	F	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	F	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	F	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
<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
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
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	-

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<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	F	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
RIFAMATE CAP (<i>isoniazid & rifampin</i>)	F	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	F	-
<i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv)	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	-
ANTINEOPLASTICS - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
HEXALEN CAP (<i>altretamine</i>)	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	F	-
<i>methotrexate tab 2.5MG</i> (TREXALL Equiv)	F	-
TABLOID TAB 40MG (<i>thioguanine</i>)	F	-
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		

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ZOLINZA CAP 100MG (<i>vorinostat</i>)	F	LMSP-PA-SF
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 100MCG/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	-
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	F	-
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	F	LMSP
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	F	-
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCANTIN CAP .25MG, 1MG (<i>topotecan hcl</i>)	F	LMSP-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
<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>melphalan</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

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ANTIMETABOLITES - Drugs to treat cancer		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	F	LMSP
<i>methotrexate inj 1GM</i>	F	-
METHOTREXATE IV SOLN 1000MG/40ML 1000MG/40ML (<i>methotrexate</i>)	F	-
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
FRUZAQLA CAP 1MG 1MG (<i>fruquintinib</i>)	F	LD-PA-QL QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRUZAQLA CAP 5MG 5MG (<i>fruquintinib</i>)	F	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
INLYTA TAB 5MG (<i>axitinib</i>)	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through CVS Specialty 800-238-7828
INLYTA TAB 1MG 1MG (<i>axitinib</i>)	F	LD-PA-QL-SF QL= 8 tabs/day; Only available through CVS Specialty 800-238-7828
LENVIMA CAP 10MG, 4MG (<i>lenvatinib mesylate</i>)	F	LD-PA-QL-SF QL= 3 caps/day; Only available through Optum 877-445-6874
ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer		

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TUKYSA TAB 150MG, 50MG (<i>tucatinib</i>)	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		
VENCLEXTA STARTER PACK (<i>venetoclax</i>)	F	LD-PA Only available through Optum 877-445-6874
VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>)	F	LD-PA Only available through Optum 877-445-6874
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
<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

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VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-238-7828
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	F	LMSP-PA-QL-SF QL= 1 cap/day
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	F	LMSP-PA-QL-SF QL= 1 cap/day
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	F	LMSP-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	\$0 copay for female members only age 35 years and 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	-

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<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	\$0 copay for female members only age 35 years and older; All other members covered at generic copay
FLUTAMIDE CAP 125MG (EULEXIN Equiv) <i>(flutamide)</i>	F	-
<i>flutamide cap</i> (EULEXIN Equiv)	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
<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 or Onco360 877-662-6633
ORSERDU TAB 86MG (<i>elacestrant hydrochloride</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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ORSERDU TAB 345MG 345MG (<i>elacestrant hydrochloride</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	\$0 copay for female members only age 35 years and older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	F	-
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		
WELIREG TAB 40MG (<i>belzutifan</i>)	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>)	F	LD-PA-QL QL= 21 caps/28 days; Only available through CVS Specialty 800-238-7828
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG (<i>avapritinib</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		

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XPOVIO PAK 10MG, 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>)	F	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Onco360 877-662-6633
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG (<i>decitabine-cedazuridine</i>)	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
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
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 or Onco360 877-662-6633
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 or Onco360 877-662-6633
AUGTYRO CAP 40MG (<i>repotrectinib</i>)	F	LMSP-PA-QL-SF QL= 8 caps/day

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AUGTYRO CAP 160MG 160MG (<i>repotrectinib</i>)	F	LMSP-PA-QL-SF QL= 2 caps/day
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 CAP 100MG, 50MG (<i>bosutinib</i>)	F	MSP-PA
BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>)	F	LD-PA-SF Only available through CVS Specialty 800-238-7828
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

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CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
CAPRELSA TAB 100MG (<i>vandetanib</i>)	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG 300MG (<i>vandetanib</i>)	F	LD-PA-QL-SF QL= 1 tab/day; 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>dasatinib tab 100MG, 140MG, 20MG, 50MG, 70MG, 80MG</i> (SPRYCEL Equiv)	F	LMSP-PA
<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

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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 or Onco360 877-662-6633
GAVRETO CAP 100MG (<i>pralsetinib</i>)	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
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
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

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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 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
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	LD-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-238-7828

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LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-238-7828
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	F	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 240MG 240MG (<i>sotorasib</i>)	F	LD-PA-QL-SF QL= 4 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
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

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

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OJJAARA TAB 100MG, 150MG, 200MG <i>(momelotinib dihydrochloride)</i>	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>pazopanib tab 200MG</i> (VOTRIENT Equiv)	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
RETEVMO CAP 80MG <i>(selpercatinib)</i>	F	LMSP-PA-QL-SF QL= 2 caps/day
RETEVMO CAP 40MG 40MG <i>(selpercatinib)</i>	F	LMSP-PA-QL-SF QL= 3 caps/day
RETEVMO TAB 120MG, 160MG, 80MG <i>(selpercatinib)</i>	F	LMSP-PA-QL-SF QL= 2 tabs/day
RETEVMO TAB 40MG 40MG <i>(selpercatinib)</i>	F	LMSP-PA-QL-SF QL= 3 tabs/day
REZLIDHIA CAP 150MG <i>(olutasidenib)</i>	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306

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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
SCEMBLIX TAB 20MG, 40MG (<i>asciminib hcl</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCEMBLIX TAB 100 MG 100MG (<i>asciminib hcl</i>)	F	LD-PA-QL QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	F	LMSP-PA
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-QL QL= 1 cap/day
TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>)	F	LMSP-PA-QL-SF QL= 4 tabs/day

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TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>)	F	LMSP-PA-QL QL= 4 caps/day
TAFINLAR TAB 10MG (<i>dabrafenib mesylate</i>)	F	LMSP-PA
TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>)	F	LD-PA-QL-SF QL= 3 caps/day; Only available through CVS Specialty 800-238-7828
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG (<i>talazoparib tosylate</i>)	F	LD-PA-QL-SF QL= 1 cap/day; Only available through CVS Specialty 800-238-7828
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 Onco360 877-662-6633 or Biologics 800-850-4306
TRUQAP TAB 160MG, 200MG (<i>capivasertib</i>)	F	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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

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VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>)	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 or Onco360 877-662-6633
VORANIGO TAB 40MG (<i>vorasidenib</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VORANIGO TAB 10MG 10MG (<i>vorasidenib</i>)	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	F	LD-PA-QL-SF QL= 2 caps/day; Only available through CVS Specialty 800-238-7828
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

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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
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
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
BESREMI INJ 500MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	F	LD-PA-QL QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	F	LMSP-PA
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS - Drugs to protect against chemotherapy drugs		

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IWILFIN TAB 192MG (<i>eflornithine hydrochloride</i>)	F	LD-PA-QL-SF QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679
<i>mesna tab 400MG</i> (MESNEX Equiv)	F	LMSP
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG (<i>etoposide</i>)	F	LMSP
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	F	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>benztropine tab .5MG, 1MG, 2MG</i>	F	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	F	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
<i>entacapone tab 200MG</i> (COMTAN Equiv)	F	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<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	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	F	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	F	-

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<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	F	-
<i>carbidopa/levodopa tab</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	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
<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	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	F	-
TRIHEXYPHENIDYL SOLN .4MG/ML (<i>trihexyphenidyl hcl</i>)	F	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<i>amantadine soln 50MG/5ML</i> (AMANTADINE Equiv)	F	-
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>)	F	-

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<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 (STALEVO Equiv)</i>	F	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
<i>lithium carbonate cap (ESKALITH ER Equiv)</i>	F	-
<i>lithium carbonate ER tab 300MG, 450MG (LITHOBID Equiv)</i>	F	-
<i>lithium carbonate tab 300MG</i>	F	-
<i>lithium oral solution 8MEQ/5ML (LITHIUM Equiv)</i>	F	PA Prior Authorization required for members age 9 years and older
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
<i>EQUETRO CAP 100MG, 200MG, 300MG (carbamazepine (mood))</i>	F	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG (LATUDA Equiv)</i>	F	-
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG (GEODON Equiv)</i>	F	-
BENZISOXAZOLES - Drugs to treat mood disorders		
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG (INVEGA Equiv)</i>	F	-

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RISPERIDONE ODT .25MG (<i>risperidone</i>)	F	-
<i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i>	F	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	F	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	F	-
BUTYROPHENONES - Drugs to treat mood disorders		
<i>haloperidol lactate conc 10MG/5ML, 2MG/ML</i> (HALDOL Equiv)	F	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	F	-
DIBENZAPINES - Drugs to treat mood disorders		
<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	-

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<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	F	-
PHENOTHIAZINES - Drugs to treat mood disorders		
<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 hcl tab 100MG, 10MG, 25MG, 50MG</i> (THIORIDAZINE Equiv)	F	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	F	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	F	-
THIOXANTHENES - Drugs to treat mood disorders		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	F	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		

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<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	F	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	F	-
<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 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

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DESCOVY TAB 15MG-120MG, 25MG-200MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	\$0	-
<i>didanosine DR cap</i> (VIDEX EC Equiv)	F	-
DOVATO TAB 50MG-300MG (<i>dolutegravir sodium-lamivudine</i>)	F	QL QL= 1 tab/day
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	F	-
EFAVIRENZ 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	-
GENVOYA TAB 10MG-150MG-200MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	F	QL QL= 1 tab/day

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INTELENCE TAB 25MG (<i>etravirine</i>)	F	-
INVIRASE CAP (<i>saquinavir mesylate</i>)	F	-
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 (<i>nevirapine</i>)	F	-
<i>nevirapine ER tab 400MG</i>	F	-
NEVIRAPINE SUSP 50MG/5ML (<i>nevirapine</i>)	F	-

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<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	F	-
NORVIR CAP 100MG (<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 (<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 (ZERIT Equiv) (<i>stavudine</i>)	F	-
<i>stavudine cap</i> (ZERIT Equiv)	F	-

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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 (<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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ANTIVIRAL COMBINATIONS- Drugs to treat viral infections		
PAXLOVID TAB 150-100MG 100MG-150MG <i>(nirmatrelvir-ritonavir)</i>	\$0	QL QL= 20 tabs/fill
PAXLOVID TAB 300-100MG 100MG-150MG <i>(nirmatrelvir-ritonavir)</i>	\$0	QL QL= 30 tabs/fill
CMV AGENTS - Drugs to treat viral infections		
LIVTENCITY TAB 200MG <i>(maribavir)</i>	F	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS PAK 120MG, 20MG <i>(letermovir)</i>	F	LMSP-PA-QL QL= 4 packets/day; Limit 800 packets/365 days
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	-
HEPATITIS AGENTS - Drugs to treat viral infections		
<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

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MAVYRET PAK 20MG-50MG (glecaprevir-pibrentasvir)	F	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG (glecaprevir-pibrentasvir)	F	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/ML (peginterferon alfa-2a)	F	LMSP
PEG-INTRON INJ 50MCG/0.5ML (peginterferon alfa-2b)	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
HERPES AGENTS - Drugs to treat viral infections		
acyclovir cap 200MG (ZOVIRAX Equiv)	F	-
acyclovir susp 200MG/5ML, 800MG/20ML (ZOVIRAX Equiv)	F	-
acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)	F	-
famciclovir tab 125MG, 250MG, 500MG (FAMVIR Equiv)	F	-

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<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	F	-
INFLUENZA AGENTS - Drugs to treat viral infections		
<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	-
MISC. ANTIVIRALS- Drugs to treat viral infections		
LAGEVRIO CAP (EUA) 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill
LAGEVRIO CAP 200MG 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB (<i>penicillamine</i>)	F	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		

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THALOMID CAP 100MG, 150MG, 200MG, 50MG (thalidomide)	F	LD Only available through CVS Specialty 800-238-7828
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
azathioprine tab 50MG (IMURAN Equiv)	F	-
cyclosporine cap 100MG, 25MG (SANDIMMUNE Equiv)	F	-
cyclosporine modified cap 100MG, 25MG, 50MG (NEORAL Equiv)	F	-
cyclosporine modified soln 100MG/ML (NEORAL Equiv)	F	-
mycophenolate DR tab 180MG, 360MG (MYFORTIC Equiv)	F	-
mycophenolate mofetil cap 250MG (CELLCEPT Equiv)	F	-
mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)	F	-
mycophenolate mofetil tab 500MG (CELLCEPT Equiv)	F	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML (cyclosporine)	F	-
sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)	F	-
tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)	F	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		

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<i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv)	F	-
<i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv)	F	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	F	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	F	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
<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	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
<i>nadolol tab</i> (CORGARD Equiv)	F	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	F	-

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PROPANOLOL ORAL SOLN 20MG/5ML 20MG/5ML <i>(propranolol hcl)</i>	F	-
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	F	-
PROPANOLOL SOLN 40MG/5ML <i>(propranolol hcl)</i>	F	-
<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</i> (BETAPACE Equiv)	F	-
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	F	-
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	F	-
<i>diltiazem ER cap 120MG, 180MG, 240MG</i> (DILACOR XR 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	-

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<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	F	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	F	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	F	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	F	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML (<i>digoxin</i>)	F	-
<i>digoxin tab</i> (LANOXIN Equiv)	F	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG (<i>mavacamten</i>)	F	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
IMPOTENCE AGENTS - Drugs to treat erectile dysfunction		
<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
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		

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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
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
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR ***		
WINREVAIR INJ 45MG, 60MG (<i>sotatercept-csrk</i>)	F	LD-PA Only available through Accredo 800-803-2523

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PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
<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
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
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		
<i>sildenafil susp 10MG/ML</i> (REVATIO Equiv)	F	PA Prior Authorization required for members age 9 years and older
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	F	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	F	PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
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

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PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
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
SINUS NODE INHIBITORS - Drugs to control heart rhythm		
<i>ivabradine hcl tab 5MG, 7.5MG</i> (CORLANOR Equiv)	F	PA
TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis		
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
VYNDAQEL CAP 20MG (<i>tafamidis meglumine</i> (<i>cardiac</i>))	F	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	F	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	F	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	F	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		

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<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	F	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	F	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-
<i>ashlyna tab, daysee tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
<i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TAB .03MG-.451MG-3MG (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	\$0	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
FEMLYV TAB .02MG-1MG (<i>norethindrone acet & eth estra</i>)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab</i> (DESOGEN Equiv)	\$0	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-

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<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	-
<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	-

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<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>)	\$0	-
VELIVET PAK (<i>desogestrel-ethinyl estradiol (triphasic)</i>)	\$0	-
<i>velivet tab</i> (CYCLESSA Equiv)	\$0	-
<i>vienna tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>)	\$0	-
<i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
ANNOVERA RING .013MG/24HR-.15MG/24HR (<i>segesterone acetate-ethinyl estradiol</i>)	\$0	QL QL= 1 ring/year
<i>eluryng vaginal ring .015MG/24HR-.12MG/24HR</i> (NUVARING Equiv)	\$0	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	\$0	-

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ELLA TAB 30MG (<i>ulipristal acetate</i>)	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
PLAN B TAB 1.5MG (<i>levonorgestrel (emergency oc)</i>)	\$0	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy		
NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>)	EXC	-
NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>)	EXC	-
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
DEPO-PROVERA INJ 150MG/ML (<i>medroxyprogesterone acetate (contraceptive)</i>)	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
<i>norethindrone tab</i> (NORA-QD Equiv)	\$0	-
OPILL TAB .075MG (<i>norgestrel</i>)	\$0	OTC
SLYND TAB 4MG (<i>drospirenone</i>)	\$0	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
<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	-
DEXAMETHASONE SODIUM PHOSPHATE INJ 10MG/ML, 4MG/ML (<i>dexamethasone sodium phosphate</i>)	F	-
<i>dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML</i>	F	-

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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 succinate inj 100mg 100MG</i> (SOLU-CORTEF Equiv)	F	QL QL= 2 vials/fill
<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	-
<i>prednisolone soln 15MG/5ML</i> (PEDIAPRED Equiv)	F	-
PREDNISONE SOLN 5MG/5ML (<i>prednisone</i>)	F	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	F	-

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SOLU-CORTEF INJ 1000MG, 250MG, 500MG (hydrocortisone sod succinate)	F	QL QL= 1 vial/fill
SOLU-MEDROL INJ 2GM 2GM (methylprednisolone sod succ)	F	-
triamcinolone acetonide inj 200MG/5ML, 400MG/10ML, 40MG/ML (KENALOG Equiv)	F	-
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
fludrocortisone tab .1MG (FLORINEF Equiv)	F	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
benzonatate cap 100mg, 200mg 100MG, 200MG (TESSALON Equiv)	F	-
hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)	F	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
cetirizine/pseudoephedrine 12-hour tab 5MG-120MG (ZYRTEC Equiv)	F	OTC
guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML (BRONTEX Equiv)	F	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (guaifenesin-codeine)	F	OTC-QL QL= 240ml/fill
guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML	F	OTC-QL QL= 240ml/fill

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<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 & phenylephrine)</i>	F	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv) <i>(promethazine & 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	-
<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML</i> (PHENERGAN/CODEINE Equiv)	F	-
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
NEBUSAL NEB SOLN 3.5%, 6% (<i>sodium chloride (inhalant)</i>)	F	-

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<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	F	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	F	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	F	PA Acne Only - Prior Authorization required for members age 35 years and older
<i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv)	F	PA Acne Only - Prior Authorization required for members age 35 years and older
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv)	F	-
<i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5%</i> (EPIDUO FORTE Equiv)	F	-
<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	-

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<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 - Prior Authorization required for members age 35 years and older
<i>tretinoin gel .04%, .1%</i> (RETIN-A GEL Equiv)	F	PA Acne Only - Prior Authorization required for members age 35 years and older
<i>tretinoin gel 0.08% .08%</i> (RETIN-A MICRO Equiv)	F	PA Acne Only - Prior Authorization required for members age 35 years and older
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses		

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RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>)	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
<i>gentamicin sulfate cream</i>	F	-
<i>gentamicin sulfate oint .1%</i>	F	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	F	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
<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 1%, 2%</i> (NIZORAL Equiv)	F	-
NIZORAL A-D SHAMPOO 1% (<i>ketoconazole (topical)</i>)	EXC	OTC
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	F	-
<i>nystatin oint 100000UNIT/GM</i>	F	-
<i>nystatin topical powder 100000UNIT/GM</i>	F	-

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<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	F	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	F	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1% (VOLTAREN Equiv)</i>	F	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
<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% (<i>fluorouracil (topical)</i>)	F	-
<i>fluorouracil soln 5%</i>	F	-
VALCHLOR GEL .016% (<i>mechlorethamine hcl (topical)</i>)	F	LD-PA-QL QL= 4 tubes/30 days; Only available through Accredo 800-803-2523
ANTIPSORIATICS - Drugs to treat psoriasis		
<i>acitretin cap 10MG, 17.5MG, 25MG (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	-
CALCIPOTRIENE SOLN .005% (DOVONEX SOLN Equiv) (<i>calcipotriene</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</i>	F	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>)	F	LMSP-PA-QL QL= 1 inj/84 days
SPEVIGO INJ 150MG/ML (<i>spesolimab-sbzo</i>)	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
STELARA INJ 45MG/0.5ML (<i>ustekinumab</i>)	F	LMSP-PA-QL QL= 1 inj/84 days
STEQEYMA INJ 45MG/0.5ML (<i>ustekinumab-stba</i>)	F	LMSP-PA-QL QL= 1 inj/84 days
STEQEYMA INJ 90MG 90MG/ML (<i>ustekinumab-stba</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
TALTZ INJ 20MG/0.25ML 20MG/0.25ML (<i>ixekizumab</i>)	F	LMSP-PA-QL QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML 40MG/0.5ML (<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

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YESINTEK INJ 45MG/0.5ML (<i>ustekinumab-kfce</i>)	F	LMSP-PA-QL QL= 1 inj/84 days
YESINTEK SYRINGE 45MG/0.5ML (<i>ustekinumab-kfce</i>)	F	LMSP-PA-QL QL= 1 inj/84 days
YESINTEK SYRINGE 90MG 90MG/ML (<i>ustekinumab-kfce</i>)	F	LMSP-PA-QL QL= 1 inj/84 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	F	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
<i>acyclovir oint 5%</i> (ZOVIRAX Equiv)	F	-
BURN PRODUCTS - Drugs to treat burns		
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	F	-
SULFAMYLON CREAM 85MG/GM (<i>mafenide acetate</i>)	F	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	F	-
ALCLOMETASONE OINT .05% (<i>alclometasone dipropionate</i>)	F	-
<i>alclometasone oint .05%</i>	F	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	F	-
BETAMETHASONE AUGMENTED GEL .05% (<i>betamethasone dipropionate augmented</i>)	F	-

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<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	-
<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	-
<i>fluocinolone acetonide cream .01%, .025%</i>	F	-
<i>fluocinolone acetonide oint .025%</i>	F	-

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<i>fluocinolone acetone 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	-
<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	-
HYDROCORTISONE LOTION 2.5% 2.5% (<i>hydrocortisone (topical)</i>)	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	-

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ECZEMA AGENTS - Drugs to treat eczema		
ADBRY INJ 300MG/2ML (<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
EBGLYSS INJ 250MG/2ML (<i>lebrikizumab-lbkz</i>)	F	LMSP-PA-QL QL= 1 inj/28 days
EBGLYSS PEN INJ 250MG/2ML (<i>lebrikizumab-lbkz</i>)	F	LMSP-PA-QL QL= 1 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
<i>ammonium lactate lotion 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
LACTIC ACID LOTION 10%, 5% (<i>lactic acid (ammonium lactate)</i>)	F	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM (<i>collagenase</i>)	F	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - Drugs to grow hair		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-

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LITFULO CAP 50MG (<i>ritlecitinib tosylate</i>)	F	LD-PA-QL QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
HAIR REDUCTION AGENTS - Drugs to remove hair		
VANIQA CREAM 13.9% (<i>eflornithine hcl</i>)	EXC	-
IMMUNOMODULATING AGENTS - SYSTEMIC ***		
NEMLUVIO INJ 30MG (<i>nemolizumab-ilto</i>)	F	LMSP-PA-QL QL= 1 inj/56 days
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	F	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
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	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
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	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	F	-
<i>lidocaine gel 2%</i> (GLYDO Equiv)	F	-

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<i>lidocaine oint 4%, 5%</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	-
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	F	-
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% (<i>fluocinolone-hydroquinone-tretinoin</i>)	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	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	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
<i>malathion lotion .5%</i> (OVIDE Equiv)	F	QL
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	F	-

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SPINOSAD SUSP .9% (<i>spinosad</i>)	F	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% (<i>becaplermin</i>)	F	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM (<i>balsam peru-castor oil</i>)	F	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
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
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
ASTAMED MYO CAP (<i>astaxanthin-tocotrienol-zinc-cholecalciferol</i>)	EXC	-
DEPLIN CAP (<i>l-methylfolate-algae</i>)	EXC	-

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

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DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	F	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	F	-
<i>acetazolamide tab</i>	F	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	F	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>AMILORIDE/HCTZ TAB 5MG-50MG (amiloride & hydrochlorothiazide)</i>	F	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	F	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	F	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	F	-

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<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	F	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	F	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	F	-
FUROSCIX KIT 80MG/10ML (<i>furosemide</i>)	F	LD-QL QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633
FUROSEMIDE SOLN 40MG/5ML, 8MG/ML (LASIX Equiv) (<i>furosemide</i>)	F	-
<i>furosemide soln 10MG/ML</i> (LASIX Equiv)	F	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	F	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	F	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	F	-
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	F	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB (<i>chlorothiazide</i>)	F	-
<i>chlorothiazide tab</i>	F	-
<i>chlorthalidone tab 25MG, 50MG</i>	F	-
DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>)	F	-

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<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	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
<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
<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</i>)	F	LMSP
TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>)	F	LMSP
CORTICOTROPIN ***		

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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
FERTILITY REGULATORS - Drugs to regulate fertility		
<i>clomiphene citrate tab 50MG</i> (CLOMID Equiv)	EXC	INF
CLOMIPHENE TAB 50MG (<i>clomiphene citrate</i>)	EXC	INF
OVIDREL INJ 250MCG/0.5ML (<i>choriogonadotropin alfa</i>)	EXC	INF
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
<i>cetorelix acetate for inj kit .25MG</i> (CETROTIDE Equiv)	EXC	INF
ORLISSA TAB 150MG 150MG (<i>elagolix sodium</i>)	F	PA-QL QL= 1 tab/day
ORLISSA TAB 200MG 200MG (<i>elagolix sodium</i>)	F	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
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
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 2MG (<i>tesamorelin acetate</i>)	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		

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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
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	\$0 copay for female members only age 35 years and older; All other members covered at generic copay
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	F	LD Only available through AnovoRx 844-288-5007
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
SYNAREL NASAL SOLN 2MG/ML (<i>nafarelin acetate</i>)	F	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	F	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	F	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<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
DOXERCALCIFEROL CAP .5MCG, 1MCG, 2.5MCG (<i>doxercalciferol</i>)	F	-
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i>	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	-
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

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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
YORVIPATH INJ 168MCG/0.56ML (<i>palopegteriparatide</i>)	F	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 294MCG 294MCG/0.98ML (<i>palopegteriparatide</i>)	F	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 420MCG 420MCG/1.4ML (<i>palopegteriparatide</i>)	F	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
NATRIURETIC PEPTIDES ***		
VOXZOGO INJ .4MG, .56MG, 1.2MG (<i>vosoritide</i>)	F	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	F	-
STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>)	F	LMSP
PROGESTERONE RECEPTOR ANTAGONISTS ***		

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ST Step Therapy	VAC Vaccine Program	

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>mifepristone tab 200mg 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG (<i>mifepristone</i>)	EXC	-
PROLACTIN INHIBITORS - Drugs to regulate hormones		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	F	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		
<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 diaspertate</i>)	F	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG (<i>tolvaptan</i>)	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
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		

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COMBIPATCH .05MG/DAY-.14MG/DAY, .05MG/DAY-.25MG/DAY (<i>estradiol & norethindrone acetate</i>)	F	-
<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
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	-
ESTROGENS - Drugs used for contraception		
<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	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUOROQUINOLONES - Drugs to treat bacterial infections		
<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	-
<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	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation		
TRULANCE TAB 3MG (<i>plecanatide</i>)	F	PA-QL QL= 1 tab/day
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>)	F	LD-PA Only available through Dohmen LSS 844-246-5226
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	F	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	F	-
GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation		
<i>lubiprostone cap 24MCG, 8MCG</i> (AMITIZA Equiv)	F	PA-QL QL= 2 caps/day
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	F	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	F	-
HEPATOTROPICS ***		
REZDIFFRA TAB 100MG, 60MG, 80MG (<i>resmetirom</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Optum 877-445-6874
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		
BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>)	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

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
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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
LIVMARLI SOLN 19MG/ML 19MG/ML (<i>maralixibat chloride</i>)	F	LD-PA-QL QL= 60mL/30 days; Only available through Eversana 866-849-4481
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
<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
ENTYVIO SC INJ 108MG/0.68ML (<i>vedolizumab</i>)	F	MSP-PA-QL QL= 2 inj/28 days
<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	-

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TREMFYA INJ 200MG/2ML 200MG/2ML <i>(guselkumab (gastrointestinal))</i>	F	LMSP-PA-QL QL= 1 inj/28 days
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lactulose soln 10GM/15ML</i>	F	-
LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections		
VOWST CAP <i>(fecal microbiota spores, live-brpk)</i>	F	LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
SYMPROIC TAB <i>(naldemedine tosylate)</i>	F	PA
SYMPROIC TAB .2MG <i>(naldemedine tosylate)</i>	F	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
<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	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		

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CYTRA K CRYSTALS 1002MG-3300MG (<i>potassium citrate-citric acid</i>)	F	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (<i>pot & sod citrates w/citric ac</i>)	F	-
ORACIT SOLN 490MG/5ML-640MG/5ML (<i>sodium citrate & citric acid</i>)	F	-
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROKIT-K TAB Equiv)	F	-
<i>potassium citrate/citric acid powder pack</i> (POLYCITRA Equiv)	F	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv)	F	-
<i>sodium citrate/citric acid soln 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	F	-
<i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML</i> (POLYCITRA-LC Equiv)	F	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>)	F	LD-PA Only available through CVS Specialty 800-238-7828
GENITOURINARY IRRIGANTS - Drugs to treat the urinary system		

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SODIUM CHLORIDE 0.9% IRR SOLN .9% (<i>sodium chloride (gu irrigant)</i>)	F	-
<i>sodium chloride 0.9% irr soln .9%</i>	F	-
HYPEROXALURIA AGENTS ***		
RIFLOZA INJ 160MG 160MG/ML (<i>nedosiran sodium</i>)	F	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA INJ 128MG/0.8ML (<i>nedosiran sodium</i>)	F	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA VIAL 80MG/0.5ML (<i>nedosiran sodium</i>)	F	LD-PA-QL QL= 2 vials/30 days; Only available through Orsini 800-410-8575
IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease		
FILSPARI TAB 200MG, 400MG (<i>sparsentan</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	F	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	F	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	F	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	F	-

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URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	F	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
<i>tiopronin tab 100MG</i> (THIOLA Equiv)	F	LMSP-PA
<i>tiopronin tab delayed release 100MG, 300MG</i> (THIOLA EC Equiv)	F	LMSP-PA
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	F	-
GOUT AGENTS - Drugs to treat gout		
<i>allopurinol tab 100MG, 300MG</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
URICOSURICS - Drugs to treat gout		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	F	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADVATE, KOVALTRY INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm))</i>	EXC	-
ADYNOVATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT, 750UNIT <i>(antihemophilic factor (recombinant) pegylated)</i>	EXC	-
AFSTYLA KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(antihemophilic factor (recombinant) single chain)</i>	EXC	-
ALPHANATE, HUMATE-P INJ 1000UNIT, 1000UNIT-2400UNIT, 1500UNIT, 2000UNIT, 250UNIT, 250UNIT-600UNIT, 500UNIT, 500UNIT-1200UNIT <i>(antihemophilic factor/von willebrand factor complex (human))</i>	EXC	-
ALPHANINE SD INJ 1000UNIT, 1500UNIT, 500UNIT <i>(coagulation factor ix)</i>	EXC	-
ALPROLIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(coagulation factor ix (recomb) fc fusion protein (rfixfc))</i>	EXC	-
ALTUVIIIQ INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1)</i>	EXC	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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BENEFIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>coagulation factor ix (recombinant)</i>)	EXC	-
COAGADEX INJ 250UNIT, 500UNIT (<i>coagulation factor x (human)</i>)	EXC	-
CORIFACT KIT 1000-1600 UNIT (<i>factor xiii concentrate (human)</i>)	EXC	-
ELOCTATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 500UNIT, 6000UNIT, 750UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	EXC	-
ESPEROCT INJ 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 500UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei</i>)	EXC	-
FEIBA INJ 1000UNIT, 2500UNIT, 500UNIT (<i>antiinhibitor coagulant complex</i>)	EXC	-
FIBRYGA, RIASTAP INJ (<i>fibrinogen concentrate (human)</i>)	EXC	-
HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML (<i>emicizumab-kxwh</i>)	F	LMSP-PA
HEMOFIL M, KOATE INJ 1000UNIT, 1700UNIT, 250UNIT, 500UNIT (<i>antihemophilic factor (human)</i>)	EXC	-

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

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OBIZUR INJ 500UNIT (<i>antihemophilic factor (recombinant porcine) (rpfviii)</i>)	EXC	-
PROFILNINE INJ 1000UNIT, 1500UNIT, 500UNIT (<i>factor ix complex</i>)	EXC	-
REBINYN INJ 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT (<i>coagulation factor ix (recombinant glycopegylated)</i>)	EXC	-
RECOMBIMATE INJ 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	EXC	-
RIXUBIS INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>coagulation factor ix (recombinant)</i>)	EXC	-
SEVENFACT INJ 1MG, 2MG, 5MG (<i>coagulation factor viia (recombinant)-jncw</i>)	EXC	-
TRETEN INJ 2500UNIT (<i>coagulation factor xiii a-subunit (recombinant)</i>)	EXC	-
VONVENDI INJ 1300UNIT, 650UNIT (<i>von willebrand factor (recombinant)</i>)	EXC	-
WILATE INJ 1000UNIT, 500UNIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	EXC	-
XYNTHA INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	EXC	-

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COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
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
VOYDEYA TAB 100MG (<i>danicopan</i>)	F	LD-PA-QL QL= 6 tabs/day; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK (<i>danicopan</i>)	F	LD-PA-QL QL= 6 tabs/day; Only available through Onco360 877-662-6633
ZILBRYSQ INJ 16.6MG/0.416ML (<i>zilucoplan sodium</i>)	F	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 23MG 23MG/0.574ML (<i>zilucoplan sodium</i>)	F	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 32.4MG 32.4MG/0.81ML (<i>zilucoplan sodium</i>)	F	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
<i>pentoxifylline ER tab 400MG</i> (TRENAL Equiv)	F	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		

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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
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	F	-
BRILINTA TAB 60MG, 90MG (<i>ticagrelor</i>)	F	-
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	-
HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency		
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

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HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	F	LMSP-PA-QL QL= 2 caps/day
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	F	LD-PA-QL QL= 3 caps/day; Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea</i> (<i>sickle cell disease</i>))	F	-
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
<i>l-glutamine powder packet 5GM</i> (ENDARI Equiv)	F	LMSP-PA-QL QL= 6 packets/day
COBALAMINS - Drugs to treat vitamin deficiency		
<i>cyanocobalamin inj 1000MCG/ML</i>	F	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
<i>folic acid tab 1mg 1MG</i>	\$0	\$0 copay for female members only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for female members only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for female members only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		

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DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through CVS Specialty 800-238-7828
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	F	LMSP
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML (<i>filgrastim-aafi</i>)	F	LMSP
NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>)	F	LMSP
PROMACTA POWDER 12.5MG, 25MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 1 tab/day
PROMACTA TAB 50MG 50MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 2 tabs/day
PROMACTA TAB 75MG 75MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 2 tabs/day
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa-epbx</i>)	F	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>)	F	LMSP
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	F	-
<i>folbee tab 1MG-2.5MG-25MG</i>	F	-

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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	-
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	-
STEM CELL MOBILIZERS - Drugs to treat blood disorders		
XOLREMDI CAP 100MG (<i>mavorixafor</i>)	F	LD-PA-QL QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	F	-

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<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	F	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	F	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	F	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	F	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>phenobarbital elixir 20MG/5ML</i>	F	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	F	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<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	-

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<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
SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia		
<i>ramelteon tab 8MG</i> (ROZEREM Equiv)	F	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	\$0	QL \$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
<i>peg 3350 soln (100 gram Moviprep equiv) 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM</i> (MOVIPREP Equiv)	\$0	QL QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
<i>peg 3350/electrolytes soln 2.97GM-5.86GM-6.74GM-22.74GM-236GM</i> (COLYTE Equiv)	\$0	QL \$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year

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<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
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
<i>lactulose soln</i>	F	-
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	F	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	F	-
CLARITHROMYCIN - Drugs to treat bacterial infections		
CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML (<i>clarithromycin</i>)	F	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	F	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN CAP DR 250MG (<i>erythromycin base</i>)	F	-

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ERYTHROMYCIN EC CAP 250MG (<i>erythromycin base</i>)	F	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	F	-
FIDAXOMICIN - Drugs to treat infections		
DIFICID SUSP 40MG/ML (<i>fidaxomicin</i>)	F	QL-ST QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB 200MG (<i>fidaxomicin</i>)	F	QL-ST QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
CERVICAL CAP (<i>cervical caps</i>)	\$0	-
DIAPHRAGM (<i>diaphragms</i>)	\$0	-
FEMALE CONDOMS (<i>condoms - female</i>)	\$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS (<i>condoms - male</i>)	\$0	OTC-QL QL= 12 condoms/fill
DIABETIC SUPPLIES - Devices to assist with diabetes		
CALIBRATION LIQUID (<i>blood glucose calibration</i>)	F	OTC

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DEXCOM G6 RECEIVER (<i>continuous glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER (<i>continuous glucose system transmitter</i>)	F	PA-QL QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER (<i>continuous glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year
DEXCOM G7 SENSOR (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER (<i>continuous glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 2-PLUS SENSOR (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 2 sensors/30 days
FREESTYLE LIBRE 3 READER (<i>continuous glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3-PLUS SENSOR (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 2 sensors/30 days
FREESTYLE LIBRE RECEIVER (<i>continuous glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year

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FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous 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 G6 INTRO KIT (<i>insulin infusion disposable pump</i>)	F	QL QL= 1 kit/year
OMNIPOD 5 G6 PODS MISC (<i>insulin infusion disposable pump</i>)	F	QL QL= 10 pods/30 days
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
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

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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
TEMPO SMART BUTTON <i>(blood glucose monitoring supplies)</i>	F	QL QL= 1 button/8 months
V-GO INJ KIT <i>(insulin infusion disposable pump)</i>	F	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% <i>(alcohol swabs)</i>	F	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
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
TECHLITE INSULIN SYRINGE <i>(insulin syringe/needle u-100)</i>	F	OTC
TECHLITE PEN NEEDLE <i>(insulin pen needle)</i>	F	OTC

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TRUEPLUS INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	F	OTC
TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>)	F	-
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>respiratory therapy supplies</i>)	\$0	OTC
PEAK FLOW METER (<i>peak flow meter</i>)	\$0	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		
UBRELVY TAB 100MG, 50MG (<i>ubrogepant</i>)	F	PA-QL QL= 10 tabs/30 days, 6 fills/year
ZAVZPRET NASAL SPRAY 10MG/ACT (<i>zavegepant hcl</i>)	F	PA-QL QL= 6 units/fill; 60 units/365 days
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIJ 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
SEROTONIN AGONISTS - Drugs to treat migraine headaches		

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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
<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
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		
<i>sodium fluoride chew tab .25MG, .5MG, 1MG, 2.2MG</i> (LURIDE Equiv)	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay

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SODIUM FLUORIDE TAB .5MG, 1MG (<i>sodium fluoride</i>)	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay
PHOSPHATE - Drugs to treat electrolyte deficiency		
<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	-
POTASSIUM - Drugs to treat electrolyte disorders		
<i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv)	F	-
<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	-
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	F	-
GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	F	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		

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CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	F	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	F	LMSP-PA
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
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
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
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
ENSPRYNG INJ 120MG/ML (<i>satralizumab-mwge</i>)	F	LMSP-PA-QL QL= 1 inj/28 days
<i>everolimus tab (ZORTRESS equiv) .25MG, .5MG, .75MG, 1MG</i>	F	LMSP-PA

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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	-
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>)	F	PA-QL QL= 1 packet/day
SPS 15GM/60ML (<i>sodium polystyrene sulfonate</i>)	F	-
PROGERIA TREATMENT AGENTS ***		
ZOKINVY CAP 50MG, 75MG (<i>lonafarnib</i>)	F	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML (<i>belimumab</i>)	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
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
<i>lidocaine viscous soln 2%</i> (XYLOCAINE HCL (MOUTH-THROAT) Equiv)	F	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		

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<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	F	-
<i>nystatin susp 100000UNIT/ML</i>	F	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
<i>chlorhexidine gluconate soln</i> (PERIDEX Equiv)	F	-
DENTAL PRODUCTS - Drugs to prevent cavities		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% (<i>sodium fluoride-potassium nitrate</i>)	F	-
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	F	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	F	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	F	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	F	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		

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DIALYVITE TAB (<i>b-complex w/ c-biotin-e-minerals & folic acid</i>)	F	-
DIALYVITE/ZINC TAB (<i>b-complex w/ c-zn & folic acid</i>)	F	-
FOLBEE PLUS CZ TAB (<i>b-complex w/ c-biotin-minerals & folic acid</i>)	F	-
<i>renaphro cap</i> (NEPHROCAP Equiv)	F	-
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	F	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
<i>pediatric multiple vitamins/fluoride/iron soln</i>	F	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
FLORIVA PLUS DROPS (<i>pediatric multivitamins w/fl</i>)	F	-
MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML (<i>pediatric multivitamins w/fl</i>)	F	-
MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML (<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	-

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<i>pediatric multiple vitamins/fluoride soln</i>	F	-
TRI-VITAMIN FLUORIDE DROPS (<i>pediatric vitamins acid w/ fluoride</i>)	F	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv)	F	-
<i>carisoprodol tab 350MG</i> (SOMA Equiv)	F	QL QL=120 tabs/30 days
<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</i> (ROBAXIN Equiv)	F	-
<i>tizanidine tab</i> (ZANAFLEX Equiv)	F	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	F	-
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS ***		
SOHONOS CAP 1.5MG 1.5MG (<i>palovarotene</i>)	F	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SOHONOS CAP 10MG 10MG (<i>palovarotene</i>)	F	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 1MG 1MG (<i>palovarotene</i>)	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 2.5MG 2.5MG (<i>palovarotene</i>)	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 5MG 5MG (<i>palovarotene</i>)	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL AGENTS - MISC. - Miscellaneous nasal agents		
ALCOHOL SWABS 62% (<i>alcohol (nasal)</i>)	F	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	F	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	F	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	F	QL QL= 2 bottles/fill

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<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	F	OTC-QL QL= 2 bottles/fill
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
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
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	F	-
FRIEDRICH'S ATAXIA AGENTS ***		
SKYCLARYS CAP 50MG (<i>omaveloxolone</i>)	F	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
RETT SYNDROME AGENTS ***		
DAYBUE SOLN 200MG/ML (<i>trofinetide</i>)	F	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		
EVRYSDI SOLN .75MG/ML (<i>risdiplam</i>)	F	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
NUTRIENTS - Drugs to treat nutrient disorders		

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LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN (<i>medium chain triglycerides</i>)	F	OTC-PA
MCT OIL (<i>medium chain triglycerides</i>)	F	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG (<i>creatine</i>)	F	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET (<i>citrulline</i>)	F	OTC-PA
NUTRITIONAL SUPPLEMENT LIQUID (<i>protein</i>)	F	OTC-PA
<i>phlexy-10 tab</i>	F	OTC-PA
<i>pro-stat liquid</i>	F	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPTHALMIC - Drugs to treat glaucoma		
<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	-

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CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
<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	-
MIOTICS - Drugs to treat eye conditions		
ISOPTO CARBACHOL OPHTH SOLN (<i>carbachol (ophth)</i>)	F	-
<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	F	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
APRACLONIDINE OPHTH SOLN .5% (IOPIDINE Equiv) (<i>apraclonidine hcl</i>)	F	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	F	-

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

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LEVOFLOXACIN OPHTH SOLN 0.5% .5% <i>(levofloxacin (ophth))</i>	F	-
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	F	-
NATACYN OPHTH SUSP 5% <i>(natamycin)</i>	F	QL QL= 15ml/fill
NEOMYCIN/POLYMYXIN/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	-
XDEMVIY OPHTH SOLN .25% <i>(lotilaner)</i>	F	LD-PA-QL QL= 1 bottle/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416
ZIRGAN OPHTH GEL .15% <i>(ganciclovir ophthalmic)</i>	F	-
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	F	QL-RS QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	F	-
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	F	-
DEXAMETHASONE OPHTH SOLN .1% (<i>dexamethasone sodium phosphate (ophth)</i>)	F	-
<i>difluprednate ophth emulsion .05%</i> (DUREZOL Equiv)	F	-
<i>fluorometholone ophth soln .1%</i> (FML LIQUIFILM Equiv)	F	-
LOTEMAX OPHTH OINT .5% (<i>loteprednol etabonate</i>)	F	-
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	F	-
<i>loteprednol ophth susp .2%, .5%</i> (LOTEMAX, ALREX Equiv)	F	-
MAXIDEX OPHTH SOLN .1%, 9% (<i>dexamethasone (ophth)</i>)	F	-

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

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ZYLET OPHTH SUSP .3%-.5% (<i>loteprednol etabonate-tobramycin</i>)	F	QL QL= 5ml/fill (10ml bottle is Not Covered)
OPHTHALMICS - MISC. - Miscellaneous eye agents		
ALOCRIL OPHTH SOLN 2% (<i>nedocromil sodium (ophth)</i>)	F	-
ALOMIDE OPHTH SOLN .1% (<i>lodoxamide tromethamine</i>)	F	-
<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

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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	-
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	F	OTC OTC covered only
NEVANAC OPHTH 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 (blepharoptosis)</i>)	EXC	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
<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

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LUMIGAN OPHTH SOLN .01% (<i>bimatoprost</i>)	F	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	F	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
<i>ciprofloxacin hcl otic soln .2%</i> (CETRAXAL Equiv)	F	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
<i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv)	F	-
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 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	F	-
<i>neomycin/polymixin/hydrocortisone otic susp 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	F	-
OTIC STEROIDS - Drugs to treat ear swelling		
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	F	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	F	-
OXYTOCICS - Drugs to prevent/control uterine bleeding		

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OXYTOCICS - Drugs to prevent/control uterine bleeding		
<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	F	QL QL= 28 tabs/fill, 1 fill/365 days
PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	F	LD-PA Only available through Optum 877-445-6874
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	F	LD-PA Only available through CVS Specialty 800-238-7828
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG (<i>elixacaftor-tezacaftor-ivacaftor</i>)	F	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	F	LD-PA Only available through Optum 877-445-6874

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

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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
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	F	-
AMOXICILLIN CHEW TAB 125MG, 250MG (<i>amoxicillin</i>)	F	-
<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	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	F	-
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
<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	-
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		

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<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	F	-
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES (<i>polyethylene glycol 8000</i>)	F	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
<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	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	F	-
<i>disulfiram tab 250MG</i> (ANTABUSE Equiv)	F	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
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

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LUMRYZ STARTER PACK (<i>sodium oxybate</i>)	F	LD-PA-QL QL= 1 packet/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
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day
<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	-

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<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
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	F	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG (<i>perphenazine-amitriptyline</i>)	F	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK (<i>milnacipran hcl</i>)	F	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>)	F	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
AUSTEDO XR TAB 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG (<i>deutetrabenazine</i>)	F	LMSP-PA-QL QL= 1 tab/day
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

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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
INGREZZA SPRINKLE CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>)	F	LD-PA-QL QL= 1 cap/day; Only available through PantheRx 855-726-8479
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	F	LMSP
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>)	F	LMSP
BETASERON INJ .3MG (<i>interferon beta-1b</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
<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

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MAVENCLAD THERAPY PAK 10MG (<i>cladribine (multiple sclerosis)</i>)	F	LMSP
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
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>)	F	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	F	-
SMOKING DETERRENENTS - Drugs to treat smoking urges		
<i>bupropion SR tab</i> (ZYBAN Equiv)	\$0	QL-SMKG Limited to 180 days/plan year

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<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
<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	QL-SMKG Limited to 168 days/plan year
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
WAINUA INJ 45MG/0.8ML (<i>eplontersen sodium</i>)	F	LD-PA-QL QL= 1 inj/28 days; Only available through Orsini 800-410-8575
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		

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

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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
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
<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	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
<i>methimazole tab</i> (TAPAZOLE Equiv)	F	-
<i>propylthiouracil tab 50MG</i>	F	-
THYROID HORMONES - Drugs to regulate thyroid hormones		
ARMOUR THYROID TAB, NATURE THROID TAB 120MG, 130MG, 15MG, 16.25MG, 180MG, 240MG, 300MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 97.5MG (<i>thyroid</i>)	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</i> (ARMOUR THYROID, NATURE THROID Equiv)	F	-
THYROLAR TAB (<i>liotrix (t3-t4)</i>)	F	-
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	F	-

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<i>dicyclomine soln 10MG/5ML, 20MG/10ML</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> (LEVBID 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	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	F	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	F	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	F	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
<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	-
<i>rabeprazole EC tab 20MG</i> (ACIPHEX Equiv)	F	-
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		

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L.A. Care PASC-SEIU Homecare Workers Formulary

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	F	-
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	F	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
<i>omeprazole tab 20MG</i>	F	OTC
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
<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	-
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG (<i>mirabegron</i>)	F	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		

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<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	F	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
BCG INJ 50MG (<i>bcg vaccine</i>)	EXC	VAC
CAPVAXIVE INJ .5ML (<i>pneumococcal 21-valent conjugate vaccine</i>)	\$0	VAC
PNEUMOVAX INJ 25MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	\$0	VAC
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	\$0	VAC
PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>)	\$0	VAC Covered for members age 19 years and older
TYPHIM VI INJ 25MCG/0.5ML (<i>typhoid vi polysaccharide vaccine</i>)	EXC	VAC
VAXCHORA SUSP (<i>cholera vaccine live attenuated</i>)	EXC	VAC
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	\$0	VAC
VIVOTIF CAP (<i>typhoid vaccine</i>)	EXC	VAC
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>)	\$0	QL-VAC QL= 1 inj/28 days

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COMIRNATY INJ 30MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML 30MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA) 25MCG/0.25ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/24 days
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
FLUAD INJ (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUBLOK INJ (<i>influenza virus vaccine recombinant hemagglutinin (ha)</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX INJ (<i>influenza virus vaccine tissue-cultured subunit</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLULAVAL INJ, FLUARIX INJ (<i>influenza virus vaccine split preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUMIST NASAL (<i>influenza virus vaccine live</i>)	\$0	QL-VAC QL= 1 dose/28 days

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FLUZONE HIGH DOSE PF INJ (<i>influenza virus vaccine split high-dose preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
IMOVAX INJ 2.5UNIT/ML (<i>rabies virus vaccine, hdc</i>)	EXC	VAC
IXCHIQ INJ (<i>chikungunya virus vaccine live</i>)	EXC	VAC
IXIARO INJ (<i>japanese encephalitis vaccine inactivated adsorbed</i>)	EXC	VAC
NOVAVAX INJ 5MCG/0.5ML (<i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/24 days
RABAVERT INJ (<i>rabies vaccine, pcec</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
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML (<i>tick-borne encephalitis virus vaccine, inactivated</i>)	EXC	VAC
VIMKUNYA INJ 40MCG/0.8ML (<i>chikungunya virus vaccine recombinant vlp</i>)	EXC	VAC
YF-VAX INJ (<i>yellow fever vaccine</i>)	EXC	VAC
VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections		
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
CLINDESSE VAGINAL CREAM 2% (<i>clindamycin phosphate (one dose)</i>)	F	QL QL= 1 applicator/fill
XACIATO GEL 2% (<i>clindamycin phosphate vaginal</i>)	F	QL QL= 1 applicator/fill

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VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy		
PHEXXI GEL .4%-1%-1.8% (<i>lactic acid-citric acid-potassium bitartrate</i>)	\$0	QL QL= 1 box/fill
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
SPERMICIDES - Drugs to prevent pregnancy		
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
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
<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% (<i>terconazole vaginal</i>)	F	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	F	-
VAGINAL ESTROGENS - Drugs to treat low hormones		
<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	-

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VAGINAL PROGESTINS - Drugs to treat low hormones		
CRINONE GEL 4%, 8% (<i>progesterone (vaginal)</i>)	F	PA
ENDOMETRIN INSERT 100MG (<i>progesterone (vaginal)</i>)	F	PA
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	F	QL QL= 2 inj/fill
NEFFY SPRAY (<i>epinephrine</i>)	F	QL QL= 2 doses/fill
VIRAL VACCINES - Drugs to prevent infection		
<i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	F	-
VITAMINS - Drugs to treat vitamin deficiency		
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<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
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>niacin cap</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

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NIACIN TR CAP 500MG (<i>niacin</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

A					
abacavir soln	81	ADALIMUMAB-AATY 20	5	adapalene cream	103
abacavir tab	81	MG/0.2 ML PFS (2		adapalene gel	103
abacavir/lamivudine tab	81	SYRINGE) KIT		adapalene/benzoyl	103
abacavir/lamivudine/zidovu	81	ADALIMUMAB-AATY 40	5	peroxide gel 0.1-2.5%	
dine tab		MG/0.4 ML PEN (1 PEN)		adapalene/benzoyl	103
abiraterone tab 250mg	60	KIT		peroxide gel 0.3-2.5%	
acamprosate calcium DR	169	ADALIMUMAB-AATY 40	5	ADBRY INJ	111
tab		MG/0.4 ML PEN (2 PEN)		adefovir dipivoxil tab	86
acarbose tab	34	KIT		ADEMPAS TAB	95
acebutolol cap	90	ADALIMUMAB-AATY 40	6	ADVAIR HFA INHALER	21
acetaminophen/codeine tab	13	MG/0.4 ML PFS (2		ADVATE, KOVALTRY INJ	132
acetazolamide ER cap	116	SYRINGE) KIT		ADYNOVATE INJ	132
acetazolamide tab	116	ADALIMUMAB-AATY 80	6	AEROCHAMBER	148
acetic acid otic soln	166	MG/0.8 ML PEN (1 PEN)		AFLURIA INJ, FLUZONE	180
acetic acid/hydrocortisone	166	KIT		INJ	
otic soln		ADALIMUMAB-ADAZ	6	AFSTYLA KIT	132
acetylcysteine soln	103	INJ		AIMOVIG INJ	148
acitretin cap	106	ADALIMUMAB-ADAZ	6	AJOVY INJ	148
ACTHAR GEL INJ	119	PFS INJ		AKYNZEO CAP	44
ACTIMMUNE INJ	57	ADALIMUMAB-FKJP	6	albuterol HFA inhaler	22
acyclovir cap	87	AUTO-INJECTOR KIT		albuterol neb soln	22
acyclovir oint	108	ADALIMUMAB-FKJP	6	ALBUTEROL	22
acyclovir susp	87	AUTO-INJECTOR KIT		NEBULIZER SOLN	
acyclovir tab	87	40MG/0.8ML		albuterol sulfate syrup	22
ADALIMUMAB FKJP KIT	5	ADALIMUMAB-FKJP	6	albuterol sulfate tab	22
INJ 20MG/0.4ML		PFS KIT 20 MG/0.4ML		albuterol/ipratropium neb	22
		ADALIMUMAB-FKJP	6	soln	
		PFS KIT 40 MG/0.8ML		alclometasone cream	108

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ALPHABETICAL LISTING OF DRUGS

alclometasone oint	108	amantadine soln	77	amoxicillin/clavulanate	168
ALCOHOL SWABS	147	amantadine syrup	76	susp	
ALECENSA CAP	63	amantadine tab	76	amoxicillin/clavulanate tab	168
alendronate tab	118	ambrisentan tab	94	500-125mg, 875-125mg	
ALENDRONATE TAB	118	amethyst tab	96	amphetamine/dextroamphe	1
40MG		amiloride tab	117	tamine ER cap	
alfuzosin SR tab	130	AMILORIDE/HCTZ TAB	116	amphetamine/dextroamphe	1
allopurinol tab	131	amiloride/hydrochlorothia	116	tamine tab	
ALOCRILOPHTH SOLN	164	zide tab		ampicillin cap	168
ALOGLIPTIN TAB	37	aminocaproic acid soln	140	anagrelide cap	137
ALOGLIPTIN/PIOGLITAZ	35	aminocaproic acid tab	141	anastrozole tab	60
ONE TAB, OSENI TAB		amiodarone tab	18	ANDRODERM PATCH	14
ALOGLIPTIN-METFORM	35	amitriptyline tab	34	ANNOVERA RING	98
IN TAB		amlodipine tab	91	ANORO ELLIPTA	22
ALOGLIPTIN-PIOGLITAZ	35	amlodipine/benazepril cap	51	INHALER	
ONE TAB		amlodipine/olmesartan tab	51	APAP/CODEINE SOLN	13
ALOMIDE OPHTH SOLN	164	amlodipine/valsartan tab	51	apraclonidine ophth soln	159
ALPHANATE, HUMATE-I	132	ammonium lactate lotion	111	aprepitant cap	44
INJ		amnestem cap, claravis	103	aprepitant pak	44
ALPHANINE SD INJ	132	cap, isotretinoin cap,		APTIVUS CAP	81
alprazolam tab	17	myorisan cap, zenatane cap		APTIVUS SOLN	81
ALPROLIX INJ	132	amoxapine tab	34	aripiprazole tab	80
ALTUVIIIO INJ	132	amoxicillin cap	168	armodafinil tab	3
ALUNBRIG TAB 30MG	63	AMOXICILLIN CHEW	168	ARMOUR THYROID	177
ALUNBRIG TAB 90MG,	63	TAB		TAB, NATURE THROID	
180MG		amoxicillin susp	168	TAB	
ALVESCO INHALER	21	amoxicillin tab	168	ARNUITY ELLIPTA	21
amantadine cap	76			INHALER	

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ALPHABETICAL LISTING OF DRUGS

asenapine maleate SL tab	79	azelaic acid gel	113	benazepril/hydrochlorothia	51
ashlyna tab, daysee tab	96	azelastine nasal spray 0.1%	156	zide tab	
ASMANEX HFA	21	azelastine ophth soln	164	BENEFIX INJ	133
INHALER		azithromycin susp	143	BENLYSTA	152
ASMANEX INHALER	21	azithromycin tab	143	AUTO-INJECTOR	
aspirin chew tab 81mg	10	B		BENLYSTA INJ	152
aspirin ec tab 81mg	10	BACITRACIN OPHTH	160	BENZNIDAZOLE TAB	16
ASTAMED MYO CAP	114	OINT		benzonatate cap 100mg,	101
atazanavir cap	81	bacitracin/neomycin/poly	160	200mg	
atenolol tab	90	myxin b ophth oint		benztropine tab	76
atenolol/chlorthalidone tab	51	bacitracin/polymyxin b	160	BESREMI INJ	75
atomoxetine cap	2	ophth oint		betamethasone augmented	108
atorvastatin tab	48	bacitracin/polymyxin/neo	162	cream	
atovaquone susp	53	mycin/hydrocortisone		BETAMETHASONE	108
atovaquone/proguanil tab	55	ophth oint		AUGMENTED GEL	
atropine ophth oint	159	baclofen tab	155	betamethasone augmented	109
atropine ophth soln	159	balsalazide cap	127	lotion	
ATROPINE SULFATE	159	BALVERSA TAB 3MG	64	betamethasone augmented	109
OPHTH OINT		BALVERSA TAB 4MG	64	ointment	
ATROVENT HFA	19	BALVERSA TAB 5MG	64	betamethasone	109
INHALER		BAQSIMI NASAL	36	dipropionate cream	
AUGTYRO CAP	63	POWDER		betamethasone	109
AUGTYRO CAP 160MG	64	BCG INJ	180	dipropionate lotion	
AUSTEDO XR TAB	171	B-D INSULIN SYRINGE	147	betamethasone	109
AVONEX INJ	172	U-500		dipropionate oint	
AYVAKIT TAB	62	B-D PEN AUTOSHIELD	147	betamethasone valerate	109
AZASITE SOLN	160	DUO PEN NEEDLE		cream	
azathioprine tab	89	benazepril tab	49		

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ALPHABETICAL LISTING OF DRUGS

betamethasone valerate lotion	109	brimonidine ophth soln 0.2%	160	buspirone tab	17
betamethasone valerate oint	109	brimonidine tartrate gel	113	butorphanol nasal spray	14
BETASERON INJ	172	brimonidine tartrate ophth soln 0.1%	160	BYDUREON BCISE AUTO INJ	38
bethanechol tab	180	brimonidine/timolol ophth soln	158	BYDUREON INJ	38
bexarotene cap	75	brinzolamide ophth susp	164	BYDUREON PEN INJ	38
bexarotene gel	106	bromfenac ophth soln	164	BYLVAY CAP 1200MCG	126
bicalutamide tab	60	bromfenac sodium ophth soln 0.07%	164	BYLVAY CAP 400MCG	126
BIKTARVY TAB	81	bromocriptine cap	76	BYLVAY SPRINKLE CAP 200MCG	126
bimatoprost ophth soln	111	bromocriptine tab	76	BYLVAY SPRINKLE CAP 600MCG	127
bisoprolol tab	90	BRUKINSA CAP	64	<hr/>	
bisoprolol/hydrochlorothiazide tab	51	budesonide inh susp	21	C	
bosentan tab	94	budesonide SR cap	99	cabergoline tab	123
BOSULIF CAP	64	budesonide/formoterol inhaler	23	CABLIVI INJ KIT	137
BOSULIF TAB	64	bumetanide tab	117	CABOMETYX TAB	64
BRAFTOVI CAP 75MG	64	buprenorphine SL tab	13	calcipotriene cream	106
BREO ELLIPTA INHALER	22	buprenorphine/naloxone sl film	14	calcipotriene oint	106
BREO ELLIPTA INHALER 50-25 MCG/ACT	22	buprenorphine/naloxone SL tab	14	calcipotriene soln	106
BREZTRI AEROSPHERE INHALER	23	bupropion ER tab	31	calcitonin nasal spray	118
BRILINTA TAB	137	bupropion SR tab	173	calcitriol cap	120
brimonidine ophth soln 0.15%	160	bupropion tab	31	calcitriol soln	120
		bupropion XL tab	31	calcium acetate cap	128
				CALIBRATION LIQUID	144
				CALQUENCE TAB	65
				CAMZYOS CAP	92
				capecitabine tab	58
				CAPRELSA TAB	65

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ALPHABETICAL LISTING OF DRUGS

CAPRELSA TAB 300MG	65	cetirizine tab	45	ciclopirox topical susp	105
captopril tab	49	cetirizine/pseudoephedrine 12-hour tab	101	cilostazol tab	137
CAPVAXIVE INJ	180	cetorelix acetate for inj kit	119	CIMDUO TAB	81
carbamazepine chew tab	26	cevimeline cap	153	CIMZIA INJ	127
carbamazepine ER cap	26	CHEMET CAP	42	cinacalcet tab	121
carbamazepine ER tab	26	chlordiazepoxide cap	17	ciprofloxacin hcl otic soln	166
carbamazepine susp	26	chlorhexidine gluconate soln	153	ciprofloxacin ophth soln	160
carbamazepine tab	26	chloroquine tab	55	ciprofloxacin susp	125
carbidopa tab	76	CHLOROTHIAZIDE TAB	117	ciprofloxacin tab	125
carbidopa/levodopa ER tab	76	chlorpromazine tab	80	ciprofloxacin/dexamethasone otic susp	166
CARBIDOPA/LEVODOPA ODT	77	chlorthalidone tab	117	citalopram soln	32
carbidopa/levodopa tab	77	chlorzoxazone tab 500mg	155	citalopram tab	32
carbidopa-levodopa-entacapone tab	78	CHOLBAM CAP	125	CITRULLINE PACKET	158
carglumic acid tab	121	cholestyramine lite powder	47	CLARITHROMYC SUSP	143
carisoprodol tab	155	cholestyramine lite powder pack	47	clarithromycin tab	143
carvedilol tab	90	cholestyramine powder	47	clindamycin cap	53
CAYSTON INH SOLN	54	cholestyramine powder pack	47	clindamycin gel	103
cefdinir cap	96	CIBINQO TAB	111	clindamycin lotion	103
cefdinir susp	96	ciclopirox cream	105	clindamycin pad	103
cefuroxime tab	95	ciclopirox gel	105	clindamycin topical soln	104
celecoxib cap	7	ciclopirox nail soln	105	clindamycin vaginal cream	183
cephalexin cap	95	ciclopirox shampoo	105	CLINDESSE VAGINAL	182
cephalexin susp	95			CREAM	
CERDELGA CAP	138			clobazam susp	25
CERVICAL CAP	144			clobazam tab	25
cetirizine syrup	45			clobetasol propionate cream	109

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ALPHABETICAL LISTING OF DRUGS

clobetasol propionate emollient cream	109	COMBIPATCH	124	cromolyn ophth soln	164
clobetasol propionate gel	109	COMBIVENT RESPIMAT INHALER	23	CROMOLYN SODIUM OPTH SOLN	164
clobetasol propionate oint	109	COMETRIQ KIT	65	cryselle tab	96
clomiphene citrate tab	119	COMIRNATY INJ	181	CUE COVID-19 INJ TEST CARTRIDGE	114
CLOMIPHENE TAB	119	COMIRNATY INJ 30MCG/0.3ML	181	CUE HEALTH MONITOR	114
clonazepam tab	25	COMPLERA TAB	81	cyanocobalamin inj	138
clonidine ER tab	2	CONTRACEPTIVE FILM	183	cyclobenzaprine tab 10mg	155
clonidine patch	50	CONTRACEPTIVE FOAM	183	cyclobenzaprine tab 5mg	155
clonidine tab	50	CONTRACEPTIVE GEL	183	CYCLOMYDRIL OPTH SOLN	159
clopidogrel tab 75mg	137	COPIKTRA CAP	65	cyclopentolate ophth soln	159
clotrimazole troches	153	CORIFACT KIT	133	cyclophosphamide cap	57
clotrimazole/betamethason e cream	105	COTELLIC TAB	65	CYCLOPHOSPHAMIDE TAB	57
clozapine tab	79	COVID-19 TEST	114	cyclosporine cap	89
COAGADEX INJ	133	COVID-19 VACCINE INJ 5-11Y (PFIZER)	181	cyclosporine modified cap	89
CODEINE SULFATE TAB 15MG	10	COVID-19 VACCINE INJ 6M-11Y (MODERNA)	181	cyclosporine modified soln	89
codeine sulfate tab 15mg, 30mg	10	COVID-19 VACCINE INJ 6M-4Y (PFIZER)	181	cyclosporine ophth emulsion	162
codeine sulfate tab 60mg	10	CREATINE PACKET	158	cyproheptadine syrup	46
colchicine tab	131	5000MG		cyproheptadine tab	46
colchicine/probenecid tab	131	CREON CAP	116	CYSTADROPS SOLN	164
colesevelam pack	47	CRINONE GEL	184	CYSTAGON CAP	129
colesevelam tab	47	CRIXIVAN CAP	81	CYSTARAN OPTH SOLN	165
colestipol tab	47	cromolyn conc	125		
COLY-MYCIN S OTIC SUSP	166	cromolyn neb soln	19		

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ALPHABETICAL LISTING OF DRUGS

CYTRA K CRYSTALS	129	DEXAMETHASONE	162	DIAZEPAM GEL	25
CYTRA-3 SYRUP	129	OPHTH SOLN		diazepam oral soln	17
D					
dalfampridine ER tab	172	dexamethasone sodium	99	5mg/5ml	
danazol cap	14	phosphate inj		diazepam rectal gel	26
dantrolene cap	155	DEXAMETHASONE	100	diazepam tab 2mg, 10mg	17
dapsone tab	53	SOLN		diazepam tab 5mg	17
darunavir tab	81	dexamethasone tab	100	diclofenac gel	106
dasatinib tab	65	DEXCOM G6 RECEIVER	145	diclofenac gel 1%	106
DAYBUE SOLN	157	DEXCOM G6 SENSOR	145	diclofenac potassium tab	8
deferasirox granules	42	DEXCOM G6	145	diclofenac sodium EC tab	8
packet		TRANSMITTER		diclofenac sodium ophth	165
deferasirox tab	42	DEXCOM G7 RECEIVER	145	soln	
deferasirox tab for oral	42	DEXCOM G7 SENSOR	145	diclofenac sodium XR tab	8
susp		dexmethylphenidate ER	3	dicloxacillin cap	169
deferiprone tab	42	cap		dicyclomine cap	177
DELSTRIGO TAB	81	dexmethylphenidate tab	3	dicyclomine soln	178
DEPLIN CAP	114	dextroamphetamine ER	1	dicyclomine tab	178
DEPO-PROVERA INJ	99	cap		didanosine DR cap	82
DESCOVY TAB	82	dextroamphetamine tab	1	DIFICID SUSP	144
desipramine tab	34	DIACOMIT CAP	26	DIFICID TAB	144
desmopressin acetate tab	122	DIACOMIT POWDER	26	difluprednate ophth	162
desoximetasone cream	109	PACK		emulsion	
desoximetasone oint	109	DIALYVITE TAB	154	digoxin soln	92
desvenlafaxine ER tab	33	DIALYVITE/ZINC TAB	154	DIGOXIN SOLN	92
DEXAMETHASONE	99	DIAPHRAGM	144	0.05MG/ML	
CONC		DIASTAT RECTAL GEL,	25	digoxin tab	92
dexamethasone elixir	99	DIAZEPAM RECTAL GEL		DILANTIN CAP 30MG	30
		diazepam conc	17	diltiazem ER cap	91

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ALPHABETICAL LISTING OF DRUGS

diltiazem tab	91	doxercalciferol cap	121	econazole cream	105
dimethyl fumarate DR cap	172	doxycycline hyclate cap	176	EDURANT TAB	82
dimethyl fumarate DR	172	doxycycline hyclate tab	176	EFAVIRENZ CAP	82
starter pack		doxycycline monohydrate	176	efavirenz tab	82
diphenhydramine cap	45	cap 100mg		efavirenz/emtricitabine/tenofovir df tab	82
50mg		doxycycline monohydrate	176	efavirenz/lamivudine/tenofovir df (lo) tab	82
DIPHENOXYLATE/ATROPINE LIQUID	41	cap 50mg		EGRIFTA INJ	119
diphenoxylate/atropine tab	42	doxycycline monohydrate	176	ELIGEN B12 TAB	115
dipyridamole tab	137	tab		ELIQUIS TAB, ELIQUIS STARTER PACK	25
disopyramide cap	18	doxycycline susp	176	ELIXOPHYLLIN ELIXIR	24
disulfiram tab	169	D-PENAMINE TAB	88	ELLA TAB	98
DIURIL SUSP	117	dronabinol cap	44	ELOCTATE INJ	133
divalproex ER tab	30	drosiprenone/ethinyl estradiol/levomefolate tab	96	eluryng vaginal ring	98
divalproex sodium DR tab	31	DROSPIRENONE/ETHINYL	96	EMCYT CAP	60
divalproex sprinkle cap	31	YL		EMGALITY INJ	148
dofetilide cap	18	ESTRADIOL/LEVOMEFOLATE LATE TAB, SAFYRAL TABLETS		EMGALITY INJ	148
donepezil ODT	170	DROXIA CAP	138	100MG/ML	
donepezil tab	170	DRYSOL SOLN	113	EMPAVELI INJ	136
donepezil tab 23mg	170	DULERA INHALER	23	emtricitabine cap	82
DOPTELET TAB	139	duloxetine EC cap	33	emtricitabine/tenofovir	82
dorzolamide ophth soln	165	DUPIXENT INJ	111	disoproxil fumarate tab	
dorzolamide/timolol ophth soln	158	DUPIXENT PEN INJ	111	EMTRIVA SOLN	82
DOVATO TAB	82	dutasteride cap	130	EMVERM TAB	16
doxazosin tab	50			enalapril tab	49
doxepin cap	34	E			
doxepin conc	34	EBGLYSS INJ	111		
		EBGLYSS PEN INJ	111		

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ALPHABETICAL LISTING OF DRUGS

enalapril/hydrochlorothiazide tab	51	ERYTHROMYCIN CAP DR	143	etodolac cap	8
ENBREL INJ 25MG	10	ERYTHROMYCIN EC CAP	144	etodolac tab	8
ENBREL INJ 50MG	10	erythromycin	144	ETOPOSIDE CAP	76
ENBREL MINI INJ	10	ethylsuccinate susp		etravirine tab	82
ENBREL SURECLICK INJ 50MG	10	erythromycin gel	104	EULEXIN CAP	60
ENDOMETRIN INSERT	184	erythromycin ophth oint	160	everolimus tab	65
enoxaparin inj	25	erythromycin pad	104	everolimus tab (ZORTRESS equiv)	151
enpresse tab	96	erythromycin soln	104	everolimus tab for oral susp	65
ENSPRYNG INJ	151	escitalopram soln	32	EVOTAZ TAB	82
entacapone tab	76	escitalopram tab	32	EVRYSDI SOLN	157
entecavir tab	86	esomeprazole cap	178	exemestane tab	61
ENTYVIO SC INJ	127	ESPEROCT INJ	133	ezetimibe tab	48
EPIDIOLEX SOLN	26	estazolam tab	141	F	
EPIFOAM AEROSOL	109	estradiol cream	183	FALESSA TAB	115
epinephrine pen inj 0.15mg, 0.3mg	184	estradiol patch	124	famciclovir tab	87
EPIVIR HBV SOLN	86	estradiol tab	124	famotidine susp	178
eplerenone tab	52	estradiol vaginal tab, yuvafem vaginal tab	183	famotidine tab	178
EQUETRO CAP	78	estradiol valerate inj	124	FARXIGA TAB	41
ERIVEDGE CAP	60	estradiol/norethindrone tab	124	FASENRA PEN INJ	19
ERLEADA TAB	60	ESTRING	183	febuxostat tab	131
ERLEADA TAB 240MG	60	eszopiclone tab	141	FEIBA INJ	133
erlotinib tab	59	ethacrynic tab	117	felbamate susp	28
erlotinib tab 25mg	59	ethambutol tab	56	felbamate tab	29
ERY PAD	104	ethosuximide cap	30	felodipine ER tab	91
		ethosuximide soln	30	FEMALE CONDOMS	144
				FEMLYV TAB	96

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ALPHABETICAL LISTING OF DRUGS

fenofibrate cap 67mg, 134mg, 200mg	47	fluocinolone acetonide cream	109	fluticasone nasal spray	156
fenofibrate tab 48mg, 54mg, 145mg, 160mg	47	fluocinolone acetonide oint	109	fluticasone propionate cream	110
fenofibric acid DR cap	47	fluocinolone acetonide soln	110	fluticasone propionate oint	110
fentanyl patch	11	fluocinolone otic oil	166	fluticasone/salmeterol	23
ferrex 150 forte cap	139	fluocinonide cream 0.05%	110	inhaler, wixela inhaler	
FERRIPROX SOLN	42	fluocinonide cream 0.1%	110	FLUTICASONE-SALMET	23
fesoterodine fumarate ER tab	179	fluocinonide emollient cream	110	EROL INHALER 113-14 MCG/ACT	
FIBRYGA, RIASTAP INJ	133	fluocinonide gel	110	FLUTICASONE-SALMET	23
FILSPARI TAB	130	fluocinonide oint	110	EROL INHALER 232-14 MCG/ACT	
finasteride tab	111	fluocinonide soln	110	FLUTICASONE-SALMET	24
fingolimod hcl cap 0.5mg	172	FLUORIDEX	153	EROL INHALER 55-14 MCG/ACT	
FINTEPLA SOLN	26	SENSITIVITY PASTE		fluvoxamine ER cap	33
FIRDAPSE TAB	55	fluorometholone ophth soln	162	fluvoxamine tab	33
flecainide tab	18	fluorouracil cream	106	FLUZONE HIGH DOSE	182
FLORIVA PLUS DROPS	154	FLUOROURACIL SOLN	106	PF INJ	
FLUAD INJ	181	fluoxetine cap	32	FOLBEE PLUS CZ TAB	154
FLUBLOK INJ	181	fluoxetine soln	32	folbee tab	139
FLUCELVAX INJ	181	fluoxetine tab 60mg	32	folic acid tab 1mg	138
fluconazole susp	45	fluphenazine tab	80	folic acid tab 400mcg	138
fluconazole tab	45	FLURBIPROFEN OPHTH SOLN	165	folic acid tab 800mcg	138
flucytosine cap	44	flurbiprofen tab	8	fondaparinux inj	25
fludrocortisone tab	101	flutamide cap	61	fosamprenavir tab	82
FLULAVAL INJ, FLUARD INJ	181			fosinopril tab	49
FLUMIST NASAL	181				

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ALPHABETICAL LISTING OF DRUGS

fosinopril/hydrochlorothiazide tab	51	gabapentin cap	27	glucagon (rdna) for inj kit	36
FOSRENOL POWDER PACK	128	gabapentin soln	27	GLUCAGON EMR INJ	37
FOTIVDA CAP	66	gabapentin tab 600mg	27	GLUCAGON INJ KIT	37
FREESTYLE LIBRE 2 RECEIVER	145	gabapentin tab 800mg	27	GLYBURID MCR TAB	41
FREESTYLE LIBRE 2 SENSOR	145	galantamine ER cap	170	glyburide tab	41
FREESTYLE LIBRE 2-PLUS SENSOR	145	galantamine tab	170	glyburide/metformin tab	35
FREESTYLE LIBRE 3 READER	145	GALZIN CAP	150	glycopyrrolate tab	178
FREESTYLE LIBRE 3 SENSOR	145	GAVRETO CAP	66	GLYGEST PAK	115
FREESTYLE LIBRE 3-PLUS SENSOR	145	gefitinib tab	59	GOLYTELY SOLN	142
FREESTYLE LIBRE RECEIVER	145	gemfibrozil tab	47	granisetron tab	43
FREESTYLE LIBRE SENSOR (14-DAY)	146	GENOTROPIN INJ	120	griseofulvin micro tab	44
FRUZAQLA CAP 1MG	58	GENTAK OPHTH OINT	160	griseofulvin susp	45
FRUZAQLA CAP 5MG	58	gentamicin ophth soln	160	griseofulvin tab	45
FULPHILA INJ	139	gentamicin sulfate cream	105	guaifenesin/codeine soln	101
FUROSCIX KIT	117	gentamicin sulfate oint	105	GUAIFENESIN/CODEINE SYRUP	101
FUROSEMIDE SOLN	117	GENVOYA TAB	82	guanfacine ER tab	3
furosemide tab	117	gianvi tab, ocella tab	96	guanfacine IR tab	50
G		GILENYA CAP 0.25MG	172	GVOKE INJ	37
		GILOTRIF TAB	59	GVOKE INJ KIT	37
		glatiramer inj	172	GVOKE PFS INJ	37
		GLEOSTINE/LOMUSTINE CAP	57	H	
		glimepiride tab	41	HADLIMA INJ	6
		glipizide ER tab	41	HADLIMA INJ 40MG/0.8ML	6
		glipizide tab	41	HADLIMA PUSH INJ	7
		glipizide/metformin tab	35	HADLIMA PUSH INJ 40MG/0.8ML	7
		GLUCAGEN HYPOKIT INJ	36		

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ALPHABETICAL LISTING OF DRUGS

halobetasol propionate cream	110	HUMULIN R U-500	40	hydroxychloroquine tab	55
halobetasol propionate oint	110	KWIKPEN INJ		hydroxyprogesterone inj	169
haloperidol lactate conc	79	HYCAMTIN CAP	57	hydroxyurea cap	57
haloperidol tab	79	hydralazine tab	52	hydroxyzine pamoate cap	17
HEMLIBRA INJ	133	hydrochlorothiazide cap	118	hydroxyzine syrup	17
HEMOFIL M, KOATE INJ	133	hydrochlorothiazide tab	118	hydroxyzine tab	17
HEXALEN CAP	56	hydrocodone/acetaminoph en soln	13	HYFTOR GEL	112
HIZENTRA INJ	167	hydrocodone/acetaminoph en tab	13	hyoscyamine sulfate CR tab	178
HOMATROPINE OPHTH SOLN	159	hydrocodone/homatropine syrup	101	hyoscyamine sulfate elixir	178
HUMALOG JR	39	HYDROCORTISONE ACETATE/PRAMOXINE CREAM	15	hyoscyamine sulfate ODT	178
KWIKPEN INJ		hydrocortisone cream	15	hyoscyamine sulfate SL tab	178
HUMALOG KWIKPEN INJ	39	hydrocortisone enema	15	hyoscyamine tab	178
HUMALOG MIX INJ	39	hydrocortisone lotion	110	HYQVIA INJ	167
HUMALOG MIX	39	HYDROCORTISONE LOTION 2.5%	110	I	
KWIKPEN, INSULIN LISPRO MIX KWIKPEN		hydrocortisone oint	110	ibandronate tab 150mg	118
HUMALOG PEN INJ	39	hydrocortisone succinate inj 100mg	100	ibuprofen susp (Rx ONLY)	8
HUMALOG TEMPO PEN	39	hydrocortisone tab	100	ibuprofen tab	8
HUMULIN MIX INJ	39	hydromorphone tab 2mg	11	ICLUSIG TAB	66
HUMULIN MIX PEN INJ	39	hydromorphone tab 4mg	11	IDELVION INJ	134
HUMULIN N INJ	39	hydromorphone tab 8mg	11	IDHIFA TAB	66
HUMULIN N PEN INJ	39	hydroquinone cream	113	ILEVRO OPHTH SUSP	165
HUMULIN R INJ	39			imatinib tab	66
HUMULIN R INJ U-500	40			IMBRUVICA CAP 140MG	66
				IMBRUVICA CAP 70MG	66
				IMBRUVICA SUSP	67
				IMBRUVICA TAB 420MG	67
				IMCIVREE INJ	2

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ALPHABETICAL LISTING OF DRUGS

imipramine tab	34	INVIRASE CAP	83	IXIARO INJ	182
imiquimod cream	112	INVIRASE TAB	83	IXINITY INJ	134
IMOVAX INJ	182	IOPIDINE OPHTH SOLN	160	J	
IMPAVIDO CAP	52	ipratropium nasal spray	156	JAKAFI TAB	67
INCRELEX INJ	120	ipratropium neb soln	19	JANUMET TAB	35
INCRUSE ELLIPTA	19	irbesartan tab	50	JANUMET XR TAB	35
INHALER		irbesartan/hydrochlorothia	51	JANUVIA TAB	37
indapamide tab	118	zide tab		JARDIANCE TAB	41
indomethacin cap	8	ISENTRESS (HD) TAB	83	JAYPIRCA TAB	67
indomethacin CR cap	8	ISENTRESS CHEW TAB	83	jinteli tab	124
INFANT FORMULA	115	ISENTRESS POWDER	83	JIVI INJ	134
LIQUID		PACK		JOENJA TAB	151
INFANT FORMULA	115	isibloom tab, enskyce tab,	96	JULUCA TAB	83
POWDER		apri tab		JYNARQUE PAK	123
INGREZZA CAP	171	isoniazid syrup	56	JYNARQUE TAB	123
INGREZZA PACK	172	isoniazid tab	56	K	
40-80MG		ISOPTO CARBACHOL	159	KALYDECO PAK	175
INGREZZA SPRINKLE	172	OPHTH SOLN		KALYDECO TAB	175
CAP		isosorbide dinitrate tab	16	kelnor tab	96
INLYTA TAB	58	isosorbide mononitrate ER	16	KESIMPTA INJ	172
INLYTA TAB 1MG	58	tab		ketoconazole cream	105
INQOVI TAB	63	ISOSORBIDE	16	ketoconazole shampoo	105
INSULIN LISPRO INJ	40	MONONITRATE TAB		ketoconazole tab	45
INSULIN LISPRO JR	40	itraconazole cap	45	KETO-DIASTIX TEST	114
KWIKPEN INJ		ivabradine hcl tab	95	STRIP	
INSULIN LISPRO	40	ivermectin tab	16	ketorolac inj 15mg/ml	8
KWIKPEN INJ		IWILFIN TAB	76	ketorolac inj 30mg/ml	8
INTELENCE TAB	83	IXCHIQ INJ	182		

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ALPHABETICAL LISTING OF DRUGS

ketorolac inj 60mg/2ml	8	lamotrigine chew tab	27	LEVOFLOXACIN OPHTH	161
ketorolac ophth soln	165	lamotrigine tab	27	SOLN 0.5%	
ketorolac tab	8	LAMPIT TAB	53	levofloxacin soln	125
KETOSTIX	114	LANCET KIT	146	levofloxacin tab	125
ketotifen ophth soln	165	LANCETS	146	levonorgestrel tab	99
KEVZARA INJ	7	lansoprazole cap	178	levonorgestrel-ethinyl	97
KINERET INJ	7	lanthanum carbonate chew	128	estradiol-fe tab	
KISQALI PAK	63	tab		levothyroxine tab	177
KISQALI TAB	67	lapatinib ditosylate tab	67	LEXIVA SUSP	83
KLOXXADO NASAL	42	latanoprost ophth soln	165	l-glutamine powder packet	138
SPRAY		layolis FE tab, wymzya FE	97	lidocaine cream 3%	112
KOGENATE FS INJ	134	tab		lidocaine gel	112
KOSELUGO CAP	67	LEDIPASVIR/SOFOSBUV	86	lidocaine oint	113
KOSELUGO CAP 10MG	67	IR TAB		lidocaine patch 5%	113
KRAZATI TAB	67	leflunomide tab	9	lidocaine soln	113
KRINTAFEL TAB	55	lenalidomide cap	151	lidocaine viscous soln	152
<hr/>					
L		LENVIMA CAP	58	lidocaine/hydrocortisone	15
labetalol tab	90	letrozole tab	61	cream	
lacosamide oral solution	27	leucovorin tab	57	lidocaine/prilocaine cream	113
lacosamide tab	27	levabuterol neb soln	24	linezolid susp	54
LACTIC ACID LOTION	111	levetiracetam ER tab	27	linezolid tab	54
lactulose soln	128	levetiracetam soln	27	liothyronine tab	177
LAGEVRIO CAP (EUA)	88	levetiracetam tab	27	LIQUIGEN	158
LAGEVRIO CAP 200MG	88	levobunolol ophth soln	158	liraglutide soln	37
lamivudine soln	83	levocarnitine soln	121	pen-injector	
lamivudine tab	83	levocarnitine tab	121	lisdexamphetamine	1
lamivudine tab 100mg	86	levofloxacin ophth soln	160	dimesylate cap	
lamivudine/zidovudine tab	83				

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ALPHABETICAL LISTING OF DRUGS

lisdexamfetamine	1	lorazepam conc	17	LYUMJEV INJ	40
dimesylate chew tab		lorazepam tab	18	LYUMJEV KWIKPEN INJ	40
lisinopril tab	49	LORBRENA TAB 100MG	67	LYUMJEV TEMPO PEN	40
lisinopril/hydrochlorothiazide tab	51	LORBRENA TAB 25MG	68		
LITFULO CAP	112	losartan tab	50	M	
lithium carbonate cap	78	losartan/hydrochlorothiazide tab	52	malathion lotion	113
lithium carbonate ER tab	78	LOTEMAX OPHTH OINT	162	MALE CONDOMS	144
lithium carbonate tab	78	loteprednol etabonate	162	MAPROTILINE TAB	31
lithium oral solution	78	ophth gel		maraviroc tab	83
LIVMARLI SOLN	127	loteprednol ophth susp	162	MARPLAN TAB	32
LIVMARLI SOLN 19MG/ML	127	lovastatin tab	48	MATULANE CAP	57
LIVTENCITY TAB	86	loxapine cap	79	MAVENCLAD THERAPY	173
L-METHYLFOLATE TAB	115	lubiprostone cap	126	PAK	
LO LOESTRIN TAB	97	LUMAKRAS TAB	68	MAVYRET PAK	87
LOKELMA PAK	152	LUMAKRAS TAB 240MG	68	MAVYRET TAB	87
LONSURF TAB	63	LUMAKRAS TAB 320MG	68	MAXIDEX OPHTH SOLN	162
lopinavir/ritonavir soln	83	LUMIGAN OPHTH SOLN	166	MAYZENT TAB	173
lopinavir/ritonavir tab	83	LUMRYZ PAK	169	MAYZENT TAB STARTER	173
loratadine chew tab	45	LUMRYZ STARTER	170	PACK	
loratadine ODT	45	PACK		MCT OIL	158
loratadine syrup	45	LUPKYNIS CAP	152	meclizine chew tab	43
loratadine tab	45	lurasidone hcl tab	78	meclizine tab	43
loratadine/pseudoephedrine 12-hour tab	102	LUVIRA CAP	115	medroxyprogesterone tab	169
loratadine/pseudoephedrine 24-hour tab	102	LYNPARZA TAB	68	mefloquine tab	55
		LYSODREN TAB	61	megestrol susp	61
		LYTGOBI THERAPY	68	megestrol tab	61
		PACK		MEKINIST SOLN	68
				MEKINIST TAB 0.5MG	68
				MEKINIST TAB 2MG	68

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ALPHABETICAL LISTING OF DRUGS

MEKTOVI TAB	69	methsuximide cap	30	metronidazole vaginal gel	183
meloxicam tab	8	METHYLDOPA TAB	50	mexiletine hcl cap	18
MELPHALAN TAB	57	methylergonovine tab	167	midazolam inj	141
memantine ER cap	170	methylphenidate CD cap	3	midodrine tab	184
memantine soln	170	methylphenidate chew tab	3	mifepristone tab	37
memantine tab	170	methylphenidate ER cap	3	mifepristone tab 200mg	123
mercaptopurine tab	56	methylphenidate ER tab	4	MIFIPREX TAB	123
mesalamine enema	127	methylphenidate soln	4	miglustat cap	138
mesalamine ER cap	127	methylphenidate tab	4	minocycline cap	177
mesalamine supp	127	methylprednisolone	100	minoxidil tab	52
mesna tab	76	acetate inj		mirtazapine ODT	31
METANX CAP	115	methylprednisolone dose	100	mirtazapine tab	31
metformin ER tab	36	pack		MIRVASO GEL	113
metformin tab	36	methylprednisolone tab	100	misoprostol tab	179
methadone conc	11	methylprenisolone sod	100	modafinil tab	4
methadone soln 10mg/5ml	11	succinate inj		mometasone cream	110
methadone soln 5mg/5ml	11	metoclopramide soln	126	mometasone oint	110
methadone tab	12	metoclopramide tab	126	mometasone soln	110
methadone tablet 10mg	12	metolazone tab	118	montelukast chew tab	20
methazolamide tab	116	metoprolol ER tab	90	montelukast granule pack	20
methenamine hippurate tab	54	metoprolol tab	90	montelukast tab	20
methimazole tab	177	metoprolol/hydrochlorothi	52	morphine sulfate ER tab	12
methocarbamol tab	155	azide tab		morphine sulfate oral soln	12
methotrexate inj	58	metronidazole cream	113	10mg/5ml	
METHOTREXATE IV	58	metronidazole gel	113	morphine sulfate soln	12
SOLN 1000MG/40ML		metronidazole gel 0.75%	113	MORPHINE SULFATE	12
methotrexate tab	56	metronidazole lotion	113	SOLN 20MG/5ML	
methoxsalen cap	107	metronidazole tab	52	morphine sulfate tab	12

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ALPHABETICAL LISTING OF DRUGS

MOUNJARO INJ	38	MYLERAN TAB	57	NEOMYCIN/POLYMYXIN	161
moxifloxacin ophth soln	161	MYRBETRIQ TAB	179	/GRAMICIDIN OPHTH	
moxifloxacin tab	125	<hr/>			
MULTAQ TAB	18	N			
MULTIGEN FOLIC TAB	140	nabumetone tab	9	neomycin/polymixin/hydro	166
MULTIGEN PLUS TAB	140	nadolol tab	90	coritisona otic soln	
MULTIGEN TAB	140	naloxone hcl nasal spray	43	neomycin/polymixin/hydro	166
MULTIVITAMIN	154	NALOXONE HCL SOLN	43	coritisona otic susp	
FLUORIDE DROPS		0.4MG/ML		neomycin/polymyxin/dexa	163
0.25MG/ML		naloxone inj	43	methasone ophth oint	
MULTIVITAMIN	154	NALOXONE PREFILLED	43	neomycin/polymyxin/dexa	163
FLUORIDE DROPS		INJ		methasone ophth soln	
0.5MG/ML		naltrexone tab	42	NEOMYCIN/POLYMYXI	163
MULTIVITAMIN/FLOURI	154	naproxen EC tab	9	N/HYDROCORTISONE	
DE CHEW 0.25MG		naproxen tab	9	OPHTH SOLN	
MULTIVITAMIN/FLOURI	154	NARCAN NASAL SPRAY	43	NEPHRON FA TAB	140
DE CHEW 1MG		NATACYN OPHTH SUSP	161	NERLYNX TAB	69
MULTIVITAMIN/FLUORI	154	NATAZIA TAB	97	NEVANAC OPHTH SUSP	165
DE CHEW TAB		nateglinide tab	40	NEVIRAPINE ER TAB	83
multivitamin/minerals tab	154	nebivolol hcl tab	90	NEVIRAPINE SUSP	83
mupirocin oint	105	NEBUSAL NEB SOLN	102	nevirapine tab	84
mycophenolate DR tab	89	NEFAZODONE TAB	33	NEXLETOL TAB	46
mycophenolate mofetil	89	nefazodone tab 50mg,	33	NEXLIZET TAB	46
cap		250mg		NEXPLANON IMPLANT	99
mycophenolate mofetil	89	NEFFY SPRAY	184	NEXTSTELLIS TAB	97
susp		NEMLUVIO INJ	112	niacin cap	184
mycophenolate mofetil tab	89	neomycin tab	4	niacin CR tab	184
MYFEMBREE TAB	124			niacin ER tab	48
				niacin tab	184

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ALPHABETICAL LISTING OF DRUGS

NIACIN TR CAP	185	norethindrone	97	NUWIQ INJ	134
NIACIN TR TAB	185	acetate/ethinyl estradial FE		NUWIQ KIT	134
niacinamide tab	185	chew tab		nystatin cream	105
nicotine gum	174	norethindrone	97	nystatin oint	105
NICOTINE KIT	174	acetate/ethinyl estradiol		nystatin powder	45
nicotine lozenge	174	tab		nystatin susp	153
nicotine patch	174	norethindrone tab	99	nystatin tab	45
NICOTROL INHALER	174	norethindrone/ethinyl	97	nystatin topical powder	105
NICOTROL NASAL	174	estradiol FE tab		nystatin/triamcinolone	106
SPRAY		nortrel 7/7/7 tab, pirmella	97	cream	
nifedipine cap	91	7/7/7 tab		nystatin/triamcinolone oint	106
nifedipine ER tab	92	nortrel tab	97	NYVEPRIA INJ	139
nilutamide tab	61	nortriptyline cap	34	<hr/>	
NINLARO CAP	69	nortriptyline oral soln	34	O	
nitazoxanide tab	53	NORVIR CAP	84	OBIZUR INJ	135
nitrofurantoin	55	NORVIR POWDER PACK	84	octreotide inj	123
macrocrystals cap		NORVIR SOLN	84	OCTREOTIDE INJ	123
nitrofurantoin	55	NOVAVAX INJ	182	100MCG	
monohydrate cap		NOVOEIGHT INJ	134	ODEFSEY TAB	84
nitroglycerin patch	16	NOVOSEVEN RT INJ	134	ODOMZO CAP	60
nitroglycerin SL tab	16	np thyroid tab	177	OFEV CAP	176
NIVESTYM INJ	139	NUBEQA TAB	61	ofloxacin ophth soln	161
NIZORAL A-D	105	NUCALA INJ	19	ofloxacin tab	125
SHAMPOO		NUEDEXTA CAP	173	OGSIVEO TAB	69
norethindrone ace-ethinyl	97	NUTRITIONAL	115	OGSIVEO TAB 50MG	69
estradiol-fe cap		SUPPLEMENT LIQUID		OHTUVAYRE SUSP	20
		NUTRITIONAL	115	OJEMDA SUSP	69
		SUPPLEMENT POWDER		OJEMDA TAB	69
				OJJAARA TAB	70

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ALPHABETICAL LISTING OF DRUGS

olanzapine ODT	79	OMNIPOD DASH PODS	146	ORENCIA SC INJ	9
olanzapine tab	79	OMNIPOD GO KIT	146	87.5MG/0.7ML	
olanzapine/fluoxetine cap	171	OMNIPOD STARTER KIT	146	ORGOVYX TAB	61
OLLIZAC POWDER	115	OMNITROPE INJ	120	ORIAHNN CAP	124
olmesartan tab	50	ondansetron ODT	43	ORILISSA TAB 150MG	119
olmesartan/hydrochlorothi azide tab	52	ondansetron soln	43	ORILISSA TAB 200MG	119
olopatadine ophth soln	165	ondansetron tab	43	ORKAMBI GRANULES	175
0.1%		ONETOUCH METER	147	PACKET	
olopatadine ophth soln	165	ONETOUCH TEST STRIP	114	ORKAMBI TAB	175
0.2%		ONETOUCH VERIO	147	ORSERDU TAB	61
OLUMIANT TAB	4	FLEX METER		ORSERDU TAB 345MG	62
omega-3-acid ethyl esters cap	47	ONETOUCH VERIO IQ	147	oseltamivir cap	88
omeprazole DR cap	178	METER		oseltamivir cap 30mg	88
omeprazole tab	179	ONETOUCH VERIO	147	oseltamivir susp	88
OMNIPOD 5 G6 INTRO KIT	146	ONETOUCH VERIO	147	OTEZLA STARTER PACK	9
OMNIPOD 5 G6 PODS	146	REFLECT METER		OTEZLA TAB	9
MISC		ONETOUCH VERIO TEST STRIP	114	OVIDREL INJ	119
OMNIPOD 5 G7 KIT	146	OPILL TAB	99	oxcarbazepine susp	27
INTRO		OPSUMIT TAB	94	oxcarbazepine tab	28
OMNIPOD 5 G7 MIS	146	OPVEE NASAL SPRAY	43	oxybutynin ER tab	179
PODS		ORACIT SOLN	129	oxybutynin syrup	179
OMNIPOD 5 INTRO KIT	146	ORENCIA CLICK INJ	9	oxybutynin tab	179
OMNIPOD 5 PACK PODS	146	ORENCIA SC INJ	9	oxycodone soln	12
OMNIPOD DASH INTRO KIT	146	125MG/ML		oxycodone tab	12
		ORENCIA SC INJ	9	oxycodone/acetaminophen tab	13
		50MG/0.4ML		OXYCODONE/ASPIRIN TAB	13

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ALPHABETICAL LISTING OF DRUGS

OXYTROL PATCH (OTC) 179	pentoxifylline ER tab 136	PIMOZIDE TAB 173
OZEMPIC INJ 38	permethrin cream 113	pindolol tab 90
P	perphenazine tab 80	pioglitazone tab 40
paliperidone ER tab 78	PERPHENAZINE/ AMITRIPTYLINE TAB 171	PIQRAY TAB 70
PALYNZIQ INJ 121	PHEBURANE ORAL 121	pirfenidone cap 176
pantoprazole EC tab 178	PELLETS	pirfenidone tab 267mg 176
paricalcitol cap 121	phenazopyridine tab 131	pirfenidone tab 801mg 176
paroxetine ER tab 33	PHENELZINE SULFATE 32	piroxicam cap 9
paroxetine tab 33	TAB	PLAN B TAB 99
PAXLOVID TAB 86	phenelzine tab 32	PLEGRIDY INJ 173
150-100MG	phenobarbital elixir 141	PLEGRIDY PEN INJ 173
PAXLOVID TAB 86	phenobarbital tab 141	PNEUMOVAX INJ 180
300-100MG	phenoxybenzamine cap 49	PODIAPN CAP 115
pazopanib tab 70	phentermine cap 1	PODOCON SOLN 112
PEAK FLOW METER 148	phentermine tab 1	podofilox soln 112
pediatric multiple 155	phenylephrine ophth soln 159	POLYETHYLENE 169
vitamins/fluoride soln	phenytoin cap 30	GLYCOL 8000
pediatric multiple 154	phenytoin chew tab 30	GRANULES
vitamins/fluoride/iron soln	phenytoin susp 30	polymyxin b/trimethoprim 161
peg 3350 soln (100 gram Moviprep equiv) 142	PHEXXI GEL 183	ophth soln
peg 3350/electrolytes soln 142	phlexy-10 tab 158	POMALYST CAP 62
PEGASYS INJ 87	PHOSLYRA SOLN 128	potassium bicarbonate effer tab 150
PEG-INTRON INJ 87	phospha 250 neutral tab 150	potassium chloride ER cap 150
PEMAZYRE TAB 70	phytonadione tab 184	potassium chloride ER tab 150
penicillamine tab 151	PIFELTRO TAB 84	potassium chloride micro tab 150
penicillin vk tab 168	pilocarpine ophth soln 159	
pentamidine neb soln 52	pilocarpine tab 153	

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ALPHABETICAL LISTING OF DRUGS

potassium chloride powder packet	150	prednisolone soln	100	prochlorperazine tab	80
potassium chloride soln	150	PREDNISONE SOLN	100	proctosol HC cream	15
potassium citrate CR tab	129	prednisone tab	100	PROFILNINE INJ	135
potassium citrate/citric acid powder pack	129	pregabalin cap	28	progesterone cap	169
potassium citrate/citric acid soln	129	pregabalin cap 225mg	28	PROMACTA POWDER	139
potassium phosphate monobasic tab	150	pregabalin cap 300mg	28	PROMACTA TAB	139
pramipexole tab	77	pregabalin soln	28	12.5MG, 25MG	
prasugrel tab	137	PREMARIN TAB	124	PROMACTA TAB 50MG	139
pravastatin tab	48	PREMARIN VAGINAL CREAM	183	PROMACTA TAB 75MG	139
praziquantel tab	16	PREMPHASE TAB,	124	promethazine supp	46
prazosin cap	50	PREMPRO TAB		promethazine syrup	46
PRED MILD OPHTH SOLN	163	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	155	promethazine tab	46
PRED-G OPHTH SOLN	163	PRETOMANID TAB	56	promethazine VC syrup	102
prednisolone acetate ophth susp	163	PREVNAR 13 INJ	180	PROMETHAZINE VC/CODEINE SYRUP	102
prednisolone ODT	100	PREVNAR 20 INJ	180	promethazine/codeine syrup	102
PREDNISOLONE ODT TAB	100	PREVYMIS PAK	86	PROMETHEGAN SUPP	46
PREDNISOLONE OPHTH SUSP	163	PREVYMIS TAB	86	propafenone ER cap	18
PREDNISOLONE	163	PREZCOBIX TAB	84	propafenone tab	18
SODIUM PHOSPHATE OPHTH SOLN		PREZISTA SUSP	84	PROPANOLOL ORAL SOLN 20MG/5ML	91
		PREZISTA TAB	84	proparacaine ophth soln	162
		PRIFTIN TAB	56	propranolol ER cap	91
		primaquine tab	55	PROPRANOLOL SOLN	91
		primidone tab	28	propranolol tab	91
		probenecid tab	131	propylthiouracil tab	177
		prochlorperazine supp	80	pro-stat liquid	158

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ALPHABETICAL LISTING OF DRUGS

PULMOZYME INH SOLN	175	rasagiline tab	77	RIFAMATE CAP	56
pyrazinamide tab	56	REBINYN INJ	135	rifampin cap	56
pyridostigmine CR tab	55	RECOMBINATE INJ	135	RIFLOZA INJ 160MG	130
pyridostigmine tab	56	REGANEX GEL	114	riluzole tab	157
pyrimethamine tab	55	RELENZA DISKHALER	88	RIMANTADINE TAB	88
PYRUKYND TAB	137	renaphro cap	154	RINVOQ ER TAB	5
PYRUKYND TAPER	137	RENOVA CREAM	105	RINVOQ ORAL SOLN	5
PACK		repaglinide tab	41	risedronate tab	118
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Q		REPATHA INJ	48	risperidone ODT	79
QINLOCK TAB	70	REPATHA PUSHTRONEX	49	risperidone soln	79
QSYMIA CAP	2	INJ		risperidone tab	79
quetiapine tab	79	RESCRIPTOR TAB	84	ritonavir tab	84
quetiapine XR tab	80	RETACRIT INJ	139	rivastigmine cap	171
quinapril tab	49	RETEVMO CAP	70	rivastigmine patch	171
quinidine gluconate CR tab	18	RETEVMO CAP 40MG	70	RIVFLOZA INJ	130
quinidine sulfate tab	18	RETEVMO TAB	70	RIVFLOZA VIAL	130
QVAR REDIHALER	21	RETEVMO TAB 40MG	70	RIVIVE, REXTOVY	43
<hr/>					
R		REVLIMID CAP	151	SPRAY	
RABAVERT INJ	182	REYATAZ POWDER	84	RIXUBIS INJ	135
rabeprazole EC tab	178	PACK		rizatriptan ODT	149
RADICAVA ORS	157	REYVOW TAB	149	rizatriptan tab	149
STARTER KIT		REZDIFFRA TAB	126	roflumilast tab	20
RADICAVA ORS SUSP	157	REZLIDHIA CAP	70	ropinirole ER tab	77
raloxifene tab	120	REZUROCK TAB	151	ropinirole tab	77
ramelteon tab	142	RHOFADE CREAM	113	rosuvastatin tab	48
ramipril cap	49	ribavirin cap	87	ROZLYTREK CAP	71
ranolazine tab	16	RIBAVIRIN TAB	87	ROZLYTREK PAK	71
		rifabutin cap	56	RUBRACA TAB	71

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ALPHABETICAL LISTING OF DRUGS

rufinamide susp	28	SEMGLEE INJ, INSULIN	40	SKYRIZI INJ 150MG/ML	107
rufinamide tab	28	GLARGINE-YFGN INJ		SKYRIZI INJ 180	127
RUKOBIA ER TAB	84	SEMGLEE PEN, INSULIN	40	MG/1.2ML	
RYBELSUS TAB	38	GLARGINE-YFGN PEN		SKYRIZI INJ	127
RYDAPT CAP	71	sertraline conc	33	360MG/2.4ML	
S					
salsalate tab	10	sertraline tab	33	SKYTROFA INJ	120
SANDIMMUNE SOLN	89	sevelamer powder pak	128	SLYND TAB	99
100MG/ML		sevelamer tab	128	smz/tmp (DS) tab	53
SANTYL OINT	111	SEVENFACT INJ	135	smz/tmp susp	53
sapropterin	121	SIGNIFOR INJ	123	SODIUM CHLORIDE	130
dihydrochloride powder		sildenafil susp	94	0.9% IRR SOLN	
packet		sildenafil tab	92	sodium chloride neb soln	103
sapropterin	121	sildenafil tab 20mg	94	sodium citrate/citric acid	129
dihydrochloride soluble		silver sulfadiazine cream	108	soln	
tab		SIMBRINZA OPHTH	160	sodium fluoride chew tab	149
SAVELLA PAK	171	SUSP		sodium fluoride cream	153
SAVELLA TAB	171	SIMLANDI INJ	7	sodium fluoride gel	153
SAXENDA INJ	2	(adalimumab-ryvk)		sodium fluoride paste	153
SCSEMBLIX TAB	71	SIMLANDI KIT	7	sodium fluoride rinse	153
SCSEMBLIX TAB 100 MG	71	(adalimumab-ryvk)		sodium fluoride soln	149
scopolamine patch	44	SIMPONI	7	SODIUM FLUORIDE TAE	150
selegiline cap	77	AUTO-INJECTOR 100MG		SODIUM OXYBATE	170
selegiline tab	77	SIMPONI INJ 100MG	7	SOLN	
selenium sulfide shampoo	108	simvastatin tab	48	sodium polystyrene	90
SELZENTRY SOLN	84	sirolimus soln	152	powder	
SELZENTRY TAB	84	sirolimus tab	89	sodium polystyrene susp	90
		SIVEXTRO TAB	54		
		SKYCLARYS CAP	157		

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ALPHABETICAL LISTING OF DRUGS

sodium	104	SPIKEVAX INJ	182	sulfacetamide	163
sulfacetamide/sulfur cleanser 10-5%		SPIKEVAX INJ 50MCG/0.5ML	182	sodium/prednisolone ophth soln	
sodium	104	SPINOSAD SUSP	114	SULFAMYLON CREAM	108
sulfacetamide/sulfur cleanser 9-4.5%		SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	20	sulfasalazine EC tab	127
sodium	104	spironolactone tab	117	sulfasalazine tab	127
sulfacetamide/sulfur emulsion 10-5%		spironolactone/hydrochlor othiazide tab	116	sulindac tab	9
sodium/magnesium/potassi um soln	143	sprintec 28 tab	98	SUMATRIPTAN INJ	149
SOFOSBUVIR/VELPATAS VIR TAB	87	SPS	152	SUMATRIPTAN INJ 6MG/0.5ML	149
SOGROYA INJ	120	stavudine cap	84	sumatriptan tab	149
SOHONOS CAP 1.5MG	155	STELARA INJ	107	sunitinib malate cap	71
SOHONOS CAP 10MG	156	STEQEYMA INJ	107	SUNOSI TAB	3
SOHONOS CAP 1MG	156	STEQEYMA INJ 90MG	107	SYMDEKO TAB	175
SOHONOS CAP 2.5MG	156	STIMATE NASAL SOLN	122	SYMPROIC TAB	128
SOHONOS CAP 5MG	156	STIVARGA TAB	71	SYMTUZA TAB	85
solifenacin tab	179	STRENSIQ INJ	122	SYNAREL NASAL SOLN	120
SOLU-CORTEF INJ	101	STRIBILD TAB	85	SYNJARDY TAB	35
SOLU-MEDROL INJ 2GM	101	STRIVERDI RESPIMAT INHALER	24	SYNJARDY XR TAB	35
SOMAVERT INJ	119	sucralfate susp	179	10-1000MG, 25-1000MG	
sorafenib tosylate tab	71	sucralfate tab	178	SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	36
sotalol AF tab	91	SUFLAVE SOLN	143	<hr/>	
sotalol tab	91	sulfacetamide sodium	161	T	
SPEVIGO INJ	107	ophth soln		TABLOID TAB	56
				TABRECTA TAB	71
				tacrolimus cap	89
				tacrolimus oint	112

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ALPHABETICAL LISTING OF DRUGS

tadalafil tab	92	TEMPO SMART BUTTON	147	TEZSPIRE INJ	19
tadalafil tab (PAH)	94	tenofovir disoproxil	85	THALOMID CAP	89
tadalafil tab 2.5mg, 5mg	92	fumarate tab 300mg		theophylline er tab	24
TAFINLAR CAP	72	TEPMETKO TAB	72	theophylline soln	24
TAFINLAR TAB	72	terazosin cap	50	THEOPHYLLINE TAB ER	24
TAGRISSO TAB	59	terbinafine tab	45	thioridazine hcl tab	80
TAKHZYRO INJ	137	terbutaline sulfate tab	24	thiothixene cap	80
TAKHZYRO INJ	137	terconazole cream	183	THYROLAR TAB	177
150MG/ML		TERCONAZOLE CREAM	183	tiagabine tab	29
TALTZ INJ	107	0.8%		TIBSOVO TAB	72
TALTZ INJ 20MG/0.25ML	107	terconazole supp	183	TICOVAC INJ	182
TALTZ INJ 40 MG/0.5ML	107	teriflunomide tab	173	timolol maleate ophth gel	158
TALZENNA CAP 0.25MG	72	TERIPARATIDE INJ	118	timolol maleate ophth soln	158
TALZENNA CAP 0.5MG,	72	620MCG/2.48ML		timolol maleate tab	91
0.75MG, 1MG		testosterone cypionate inj	14	tinidazole tab	52
tamoxifen tab	62	TESTOSTERONE	14	tiopronin tab	131
tamsulosin cap	130	ENANTHATE INJ		tiopronin tab delayed	131
TASIGNA CAP	72	200MG/ML		release	
TAVNEOS CAP	136	TESTOSTERONE GEL 1%	14	TIVICAY PD TAB	85
tazarotene cream 0.1%	107	25MG		TIVICAY TAB	85
TAZVERIK TAB	72	testosterone gel 1% 50mg	14	tizanidine tab	155
TECHLITE INSULIN	147	testosterone gel 1% pump	15	TOBI PODHALER	4
SYRINGE		TESTOSTERONE GEL	15	TOBRADEX OPHTH	163
TECHLITE PEN NEEDLE	147	PUMP 1%		OINT	
telmisartan tab	50	testosterone gel pump	15	tobramycin neb soln	4
temazepam cap 15mg	141	1.62%		tobramycin ophth soln	161
temazepam cap 30mg	141	testosterone soln	15	tobramycin/dexamethason	163
temozolomide cap	57	tetrabenazine tab	172	e ophth soln	

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ALPHABETICAL LISTING OF DRUGS

TODAY SPONGE	183	triamcinolone in orabase	153	tri-sprintec tab	98
TOLAZAMIDE TAB	41	paste		TRIUMEQ PD TAB	85
TOLBUTAMIDE TAB	41	triamcinolone lotion	110	TRIUMEQ TAB	85
tolterodine SR cap	179	triamcinolone oint	110	TRI-VITAMIN FLUORIDE	155
tolterodine tab	179	triamcinolone OTC nasal	157	DROPS	
topiramate sprinkle cap	28	spray		TRIZIVIR TAB	85
topiramate tab	28	triamterene/hydrochloroth	116	tropicamide ophth soln	159
toremifene tab	62	iazide cap		TRUEPLUS INSULIN	148
torsemide tab	117	triamterene/hydrochloroth	117	SYRINGE	
TRACLEER TAB 32MG	94	iazide tab		TRUEPLUS PEN	148
tramadol tab	12	triazolam tab	142	NEEDLE	
tranexamic acid tab	141	tricitrates soln	129	TRULANCE TAB	125
tranlycypromine tab	32	tricon cap	140	TRULICITY INJ	38
trazodone tab	33	trientine cap	151	TRUQAP TAB	72
TRELEGY ELLIPTA	24	trifluoperazine tab	80	TRUQAP THERAPY	73
INHALER		TRIFLURIDINE OPHTH	161	PACK	
TREMFYA INJ	107	SOLN		TUKYSA TAB	59
TREMFYA INJ	128	trihexyphenidyl elixir	77	TURALIO CAP	73
200MG/2ML		TRIHXYPHENIDYL	77	TWIRLA PATCH	98
tretinoin cap	57	SOLN		TYBLUME TAB	98
tretinoin cream	104	trihexyphenidyl tab	76	TYENNE INJ	7
tretinoin gel	104	TRIKAFTA TAB	175	TYMLOS INJ	118
tretinoin gel 0.08%	104	TRIKAFTA THERAPY	167	TYPHIM VI INJ	180
TRETEN INJ	135	PACK		TYVASO DPI POWDER	93
triamcinolone acetonide	101	tri-legest tab	98	TYVASO DPI POWDER	93
inj		TRI-LUMA CREAM	113	MAINTENANCE KIT	
triamcinolone cream	110	trimethobenzamide cap	44	32-48MCG	
		TRIMETHOPRIM TAB	52		

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ALPHABETICAL LISTING OF DRUGS

TYVASO DPI POWDER	93	VANIQA CREAM	112	vigabatrin tab	30
TITRATION KIT		VARENICLINE TAB	174	vigadrone powder pack	30
16-32-48MCG		varenicline tartrate tab	174	VIMKUNYA INJ	182
TYVASO DPI POWDER	93	varenicline tartrate tab	174	viorele tab, kariva tab	98
TITRATION KIT		starter pack		VIRACEPT TAB	85
16-32MCG		VARUBI TAB	44	VIREAD TAB 150MG,	85
TYVASO INH SOLN 0.6	93	VAXCHORA SUSP	180	200MG, 250MG	
MG/ML		VAXNEUVANCE INJ	180	vitamin D cap	184
<hr/>					
U		VELIVET PAK	98	VITAMIN D TAB	184
UBRELVY TAB	148	velivet tab	98	400UNIT	
UPNEEQ SOLN	165	VEMLIDY TAB	87	VITRAKVI CAP 100MG	73
UPTRAVI TAB	94	VENCLEXTA STARTER	59	VITRAKVI CAP 25MG	73
ursodiol cap	125	PACK		VITRAKVI SOLN	74
ursodiol tab	125	VENCLEXTA TAB	59	VIVOTIF CAP	180
<hr/>					
V		VENELEX OINT	114	VIZIMPRO TAB	60
valacyclovir tab	88	venlafaxine ER cap	34	VONJO CAP	74
VALCHLOR GEL	106	venlafaxine tab	34	VONVENDI INJ	135
valganciclovir soln	86	VENTAVIS INH SOLN	93	VORANIGO TAB	74
valganciclovir tab	86	VENTOLIN HFA	24	VORANIGO TAB 10MG	74
valproic acid cap	31	INHALER		voriconazole tab	45
valproic acid syrup	31	verapamil SR cap	92	VOSEVI TAB	87
valsartan tab	50	verapamil tab	92	VOWST CAP	128
valsartan/hydrochlorothiazide tab	52	VERZENIO TAB	73	VOXZOGO INJ	122
vancomycin cap	53	V-GO INJ KIT	147	VOYDEYA TAB	136
VANFLYTA TAB	73	VIDEX SOLN	85	VOYDEYA TAB	136
VANFLYTA TAB 26.5MG	73	vienva tab, lessina tab,	98	THERAPY PACK	
		kurvelo tab		VYNDAMAX CAP	95
		vigabatrin powder pack	30	VYNDAQEL CAP	95

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ALPHABETICAL LISTING OF DRUGS

W		XCOPRI TAB 150MG,	29	XPOVIO PAK	63
WAINUA INJ	174	200MG		XTAMPZA ER CAP	13
WAKIX TAB	3	XCOPRI TAB 25MG	29	XYNTHA INJ	135
warfarin tab	25	XCOPRI TAB 50MG,	29	XYZBAC TAB	115
WEGOVY INJ	2	100MG		<hr/>	
WEGOVY INJ	2	XCOPRI TITRATION PAK	29	Y	
1.7MG/0.75ML		12.5-25MG		YESINTEK INJ	108
WEGOVY INJ	2	XCOPRI TITRATION PAK	29	YESINTEK SYRINGE	108
2.4MG/0.75ML		150-200MG		YESINTEK SYRINGE	108
WELIREG TAB	62	XCOPRI TITRATION PAK	29	90MG	
WILATE INJ	135	50-100MG		YF-VAX INJ	182
WINREVAIR INJ	93	XDEMVEY OPHTH SOLN	161	YORVIPATH INJ	122
<hr/>		XELJANZ SOLN	5	YORVIPATH INJ 294MCG	122
X		XELJANZ TAB	5	YORVIPATH INJ 420MCG	122
XACIATO GEL	182	XELJANZ XR TAB	5	<hr/>	
XALKORI CAP	74	XEMBIFY INJ	168	Z	
XALKORI SPRINKLE	74	XENLETA TAB	54	zafemy patch	98
CAP		XIFAXAN TAB 550MG	53	zaleplon cap	142
XAQUIL XR TAB	115	XIGDUO XR TAB	36	ZARXIO INJ	139
XARELTO STARTER	25	XIGDUO XR TAB	36	ZAVZPRET NASAL	148
PACK		10-1000MG		SPRAY	
XARELTO SUSP	25	XIGDUO XR TAB	36	ZEGALOGUE INJ	37
XARELTO TAB	25	2.5-1000MG, 5-1000MG		ZEJULA CAP	75
XCOPRI PAK	29	XIGDUO XR TAB	36	ZEJULA TAB	75
100-150MG		5-500MG, 10-500MG,		ZELBORAF TAB	75
XCOPRI PAK	29	10-1000MG		ZEPBOUND INJ	2
150-200MG		XOLREMDI CAP	140	ZEPOSIA CAP	173
XCOPRI PAK 50-200MG	29	XOSPATA TAB	74	ZEPOSIA STARTER PACK	173
				zidovudine cap	85

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ALPHABETICAL LISTING OF DRUGS

zidovudine syrup	85
zidovudine tab	85
ZILBRYSQ INJ	136
ZILBRYSQ INJ 23MG	136
ZILBRYSQ INJ 32.4MG	136
ZIMHI SOLN	43
ziprasidone cap	78
ZIRGAN OPHTH GEL	161
ZOKINVY CAP	152
ZOLINZA CAP	57
zolmitriptan tab	149
zolpidem ER tab	142
zolpidem tab	141
zonisamide cap	28
ZTALMY SUSP	28
ZURZUVAE CAP 20MG, 25MG	32
ZURZUVAE CAP 30MG	32
ZYDELIG TAB	75
ZYKADIA CAP	75
ZYKADIA TAB	75
ZYLET OPHTH SUSP	164

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L.A. CARE HOME INFUSION DRUG LIST
Alphabetical Index

4/1/2025

Search Tip:

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

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

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

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

L.A. Care Home Infusion List

Alphabetical Index

Last Updated 4/1/2025

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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

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Drug Name	Special Code	Tier	Category
AMINOSYN II INJ	-	F	NUTRIENTS
AMINOSYN-RF INJ	-	F	NUTRIENTS
amiodarone inj	-	F	ANTIARRHYTHMICS
AMONDYS 45 INJ	-	EXC	NEUROMUSCULAR AGENTS
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
ampicillin inj	-	F	PENICILLINS
ampicillin/sulbactam inj	-	F	PENICILLINS
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANKTIVA SOL (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
APHEXDA INJ	-	EXC	HEMATOPOIETIC AGENTS
APRETUDE SUSP (QL=7 inj/year)	QL	F	ANTIVIRALS
ARALAST NP INJ	PA	F	RESPIRATORY AGENTS - MISC.
ARGATROBAN INJ	-	F	ANTICOAGULANTS
ARRANON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASCENIV INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ASPARLAS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ATROPINE SULFATE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
atropine sulfate iv soln	-	F	ULCER DRUGS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVSOLA INJ (QL= 20 vials/28 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES

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

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Drug Name	Special Code	Tier	Category
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX COSMETIC INJ	-	EXC	DERMATOLOGICALS
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUTORPHANOL INJ	-	F	ANALGESICS - OPIOID
BYOOVIZ INJ (QL= 1 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CABENUVA IM SUSP	-	NC	ANTIVIRALS
CABENUVA SUSP 600MG-900MG/3ML	-	NC	ANTIVIRALS
calcium gluconate inj	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
casprofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
cefazolin inj	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
CEFEPIME INJ	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS

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cefotetan inj	-	F	CEPHALOSPORINS
cefoxitin inj	-	F	CEPHALOSPORINS
CEFTAZIDIME INJ	-	F	CEPHALOSPORINS
CEFTRIAZONE INJ	-	F	CEPHALOSPORINS
CEFTRIAZONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
chromic chloride inj (CHROMIUM CHLORIDE equiv)	-	F	MINERALS & ELECTROLYTES
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ (QL= 6 vials/28 days)	PA-QL	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
CIPROFLOXACIN INJ	-	F	FLUOROQUINOLONES
cisplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CISPLATIN INJ 50MG/50ML	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COAGADEX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
COPPER INJ	-	F	MINERALS & ELECTROLYTES
CORIFACT KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CRYSVITA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
cupric chloride inj (COPPER equiv)	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYTARABINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
DANYELZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARZALEX FASPRO SOLN (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daunorubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES
desmopressin (DDAVP) inj	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS

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dexamethasone sodium phosphate inj	-	F	CORTICOSTEROIDS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
DEXTROSE INJ	-	EXC	NUTRIENTS
DEXTROSE INJ	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	ANTI-ANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
DILTIAZEM INJ	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
DOBUTAMINE/D5W INJ	-	F	CARDIOTONICS
DOCETAXEL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	CARDIOTONICS
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin hcl inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOXORUBICIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline hyclate inj	-	F	TETRACYCLINES
DURAMORPH INJ 0.5MG/ML	-	EXC	ANALGESICS - OPIOID
DURAMORPH INJ 1MG/ML	-	EXC	ANALGESICS - OPIOID
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DURYSTA IMP (QL= 1 intraocular implant/eye/lifetime)	PA-QL	F	OPHTHALMIC AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
edaravone inj (RADICAVA equiv) (QL= 20 vials/28 days)	PA-QL	F	NEUROMUSCULAR AGENTS
ELAHERE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
electrolyte-a solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES

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ELELYSO INJ	PA	F	HEMATOPOIETIC AGENTS
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ELFABRIO SOL	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELZONRIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENJAYMO SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
EPINEPHRINE INJ	-	EXC	VASOPRESSORS
epinephrine inj	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 4MG/0.8ML (QL= 3 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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Drug Name	Special Code	Tier	Category
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLEBOGAMMA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
FLOLAN INJ, VELETRI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
fluconazole/nacl inj	-	F	ANTIFUNGALS
fludarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
folic acid inj	-	F	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS
foscarnet sodium inj	-	F	ANTIVIRALS
FOSCAVIR INJ	-	NC	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
furosemide inj	-	F	DIURETICS
FYARRO SUSP	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAMASTAN INJ	-	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMIFANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING AGENTS
GAMMAGARD SD INJ	PA	F	PASSIVE IMMUNIZING AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ganciclovir inj	-	F	ANTIVIRALS
GAZYVA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEL-ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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gemcitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ, KOATE-DVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HEPAGAM B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
heparin sodium inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
HEPARIN SODIUM/NACL INJ	-	F	ANTICOAGULANTS
HEPZATO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HUMATE-P INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID

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HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ibandronate sodium inj (BONIVA equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION SOLN	-	NC	HEMATOLOGICAL AGENTS - MISC.
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA SOLN	-	NC	DERMATOLOGICALS
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
IMDELLTRA 1 MG INJ (QL= 1 vial/30 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMDELLTRA 10 MG INJ (QL= 2 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMJUDO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMLYGIC INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC
INFLIXIMAB INJ (QL= 20 vials/28 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
INFUGEM SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS
INVEGA INJ, ERZOFRI INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
IRINOTECAN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES

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ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F	OPHTHALMIC AGENTS
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
JEVTANA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JIVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANUMA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KCENTRA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/DEXTROSE/NACL INJ	-	F	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	NC	MINERALS & ELECTROLYTES
KEPIVANCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KIMMTRAK SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
KORSUVA INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F	GOUT AGENTS
KYMRIAH SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
lacosamide iv inj	-	F	ANTICONVULSANTS
lactated ringers inj	-	F	MINERALS & ELECTROLYTES
LACTATED RINGERS INJ	-	NC	MINERALS & ELECTROLYTES
LAMZEDE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANTIDRA INJ	-	EXC	ANTIDIABETICS
LARTRUVO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LENMELDY INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQEMBI SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
leucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONVULSANTS
levofloxacin inj	-	F	FLUOROQUINOLONES
levofloxacin/d5w inj	-	F	FLUOROQUINOLONES
levoleucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levoleucovorin inj (FUSILEV equiv)	--PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOLEUCOVORIN SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOTHYROXINE INJ	-	EXC	THYROID AGENTS
levothyroxine inj	-	F	THYROID AGENTS
LIBTAYO INJ (QL= 1 vial/3 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL

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lincomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
linezolid IV soln	-	F	ANTI-INFECTIVE AGENTS - MISC.
LIOTHYRONINE INJ	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
LOQTORZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lorazepam inj	-	F	ANTI-ANXIETY AGENTS
LUNSUMIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ (QL= 1 kit/28 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 22.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 30MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 45MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 7.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUTATHERA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F	OPHTHALMIC AGENTS
LYFGENIA SUSP	-	EXC	HEMATOPOIETIC AGENTS
MACI MIS	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
MAGNESIUM SU INJ	-	EXC	MINERALS & ELECTROLYTES
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARGENZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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MARQIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj (ALKERAN equiv) (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj (MESNEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
micafungin inj	-	F	ANTIFUNGALS
milrinone inj	-	F	CARDIOTONICS
MINOCIN INJ	-	F	TETRACYCLINES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mitomycin inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOFERRIC INJ	-	F	HEMATOPOIETIC AGENTS
MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
MORPHINE SULFATE 10MG/ML PF INJ	-	F	ANALGESICS - OPIOID
morphine sulfate inj	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	NC	HEMATOPOIETIC AGENTS
MULT ELECTRO INJ PH	-	F	MINERALS & ELECTROLYTES
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYLOTARG INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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MYOZYME/LUMIZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NAFCILLIN INJ	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nelarabine iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
NEXVIAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NICARDIPINE INJ	-	EXC	CALCIUM CHANNEL BLOCKERS
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NICARDIPINE SOLN	-	EXC	CALCIUM CHANNEL BLOCKERS
NICARDIPINE SOLN	-	F	CALCIUM CHANNEL BLOCKERS
NIPENT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
NOVOEIGHT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NOVOSEVEN RT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	PA	F	HEMATOPOIETIC AGENTS
NUCALA INJ (QL= 1 vial/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULIBRY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULOJIX INJ	-	F	ASSORTED CLASSES
NUWIQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
OGIVRI INJ (Restricted to Oncology or Hematolog Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OMISIRGE SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ONCASPAR INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFTRAN) inj	-	NC	ANTIEMETICS
ONDANSETRON INJ	-	F	ANTIEMETICS
ONIVYDE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN (QL= 2 vials/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPFOLDA CAP	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORENCIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OXLUMO INJ	PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
paclitaxel protein-bound inj (ABRAXANE equiv)	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PADCEV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj	-	F	ANTIEMETICS
palonosetron inj (Restricted to Oncology or Hematology specialist)	--RS	F	ANTIEMETICS
PAMIDRONATE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
pemetrexed disodium for iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PHENYTOIN INJ	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	RS	F	HEMATOPOIETIC AGENTS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
POMBILITI SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
POTASSIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES

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

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RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ROCTAVIAN INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
romidepsin for iv inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMIDEPSIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
RYTELO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCENESSE IMP (QL=1 implant/56 days)	-	EXC	DERMATOLOGICALS
selenious acid inj (SELENIUM equiv)	-	F	MINERALS & ELECTROLYTES
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SEVENFACT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES

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SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
SKYRIZI SOLN (QL=1 vial per 28 days with up to 4 fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SMOFLIPID EMULSION	-	F	NUTRIENTS
sodium bicarbonate inj	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTIDOTES
SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE INJ (QL= 1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMATULINE INJ	PA-QL	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F	DERMATOLOGICALS
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
STELARA IV INJ	PA	F	GASTROINTESTINAL AGENTS - MISC
STERILE DILUENT SOLN	-	F	PHARMACEUTICAL ADJUVANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STERILE WATER INJ	-	F	PHARMACEUTICAL ADJUVANTS
STRATAGRAFT MIS	-	EXC	DERMATOLOGICALS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
STRONTIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTIVIRALS
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F	OPHTHALMIC AGENTS

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SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL	F	OPHTHALMIC AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECELRA SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
TEMODAR IV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tobramycin inj	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRIESENCE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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voriconazole inj	-	F	ANTIFUNGALS
VPRIV INJ	PA	F	HEMATOPOIETIC AGENTS
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F	DERMATOLOGICALS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS
VYVGART HYTRULO INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYXEOS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
XENPOZYME SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAIVA INJ	-	F	TETRACYCLINES
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XIAFLEX INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
XIPERE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
XOFIGO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XOLAIR INJ (QL= 2 vials/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZEPZELCA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERBAXA INJ	-	F	CEPHALOSPORINS
zinc chloride inj	-	F	MINERALS & ELECTROLYTES
ZINC CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES

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

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DrugName	Special Code	Tier
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin inj	-	F
gentamicin inj	-	F
gentamicin/ nacl inj	-	F
GENTAMICIN/NACL INJ	-	F
STREPTOMYCIN INJ	-	F
tobramycin inj	-	F
ZEMDRI INJ	-	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
SIMPONI ARIA INJ	PA	F
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	PA	F
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ	-	NC
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ	-	NC
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DURAMORPH INJ 0.5MG/ML	-	EXC
DURAMORPH INJ 1MG/ML	-	EXC
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
MORPHINE SULFATE 10MG/ML PF INJ	-	F
MORPHINE SULFATE INJ	-	F
OPIOID PARTIAL AGONISTS		
butorphanol inj	-	F
ANDROGENS-ANABOLIC		
ANDROGENS		
TESTOSTERONE ENANTHATE INJ	-	F
TESTOPEL MIS	-	NC
ANTIANGINAL AGENTS		
NITRATES		
NITROGLYCERIN IV SOLN	-	F
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
procainamide inj	-	F

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

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

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

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALKYLATING AGENTS		
HEPZATO INJ	-	EXC
bendamustine inj	-	F
BENDAMUSTINE SOL	PA	F
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	PA	F
cisplatin inj	-	F
CISPLATIN INJ 50MG/50ML	-	F
cyclophosphamide inj	-	F
EVOMELA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
IFEX INJ	-	F
ifosfamide inj	-	F
melphalan inj (ALKERAN equiv) (Restricted to Oncology or Hematology Specialist)	RS	F
oxaliplatin inj	-	F
TEMODAR IV INJ	PA	F
thiotepa inj	-	F
YONDELIS INJ	PA	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN	PA	F
CARMUSTINE INJ	-	NC
ANTIMETABOLITES		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
CYTARABINE INJ	-	F
decitabine inj	PA	F
FLUDARABINE INJ	-	F
fluorouracil inj	-	F
FOLOTYN INJ	-	F
GEMCITABINE INJ	-	F
nelarabine iv soln	PA	F
pemetrexed disodium for iv soln	PA	F
ALIMTA INJ	-	NC
ARRANON INJ	-	NC
INFUGEM SOLN	-	NC
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC
VIDAZA INJ	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ANTINEOPLASTIC - ANTIBODIES		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
BESPONSA INJ	PA	F
BLINCYTO INJ	PA	F
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F
DARZALEX SOLN	PA	F
ELAHERE INJ	PA	F
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F
ENHERTU INJ	PA	F
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F
EPKINLY INJ 4MG/0.8ML (QL= 3 vials/365 days)	PA-QL	F
GAZYVA INJ	PA	F
IMDELLTRA 1 MG INJ (QL= 1 vial/30 days)	PA-QL	F
IMDELLTRA 10 MG INJ (QL= 2 vials/28 days)	PA-QL	F
IMFINZI INJ	PA	F
IMJUDO INJ	PA	F
JEMPERLI SOLN	PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
KIMMTRAK SOLN	PA	F
LIBTAYO INJ (QL= 1 vial/3 weeks)	PA-QL	F
LOQTORZI INJ	PA	F
LUNSUMIO INJ	PA	F
MONJUVI INJ	PA	F
MYLOTARG INJ	PA	F
OPDIVO INJ	PA	F
PADCEV INJ	PA	F
POLIVY INJ	PA	F
POTELIGEO INJ	PA	F

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

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F
FIRMAGON INJ	-	NC
LUPRON DEPOT INJ 22.5MG	-	NC
LUPRON DEPOT INJ 30MG	-	NC
LUPRON DEPOT INJ 45MG	-	NC
LUPRON DEPOT INJ 7.5MG	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
LARTRUVO INJ	-	NC
ANTINEOPLASTIC ANTIBIOTICS		
DOXORUBICIN INJ	-	EXC
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
DAUNORUBICIN INJ	-	F
doxorubicin hcl inj	-	F
epirubicin inj	-	F
idarubicin inj	-	F
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	F
lipodox inj	-	F
mitomycin inj	PA	F
mitoxantron inj	-	F
valrubicin inj (QL= 24 vials/3 months)	PA-QL	F
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO SOLN (QL= 4 vials/28 days)	PA-QL	F
OPDUALAG SOLN (QL= 2 vials/4 weeks)	PA-QL	F
VYXEOS INJ	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
BALEODAQ INJ	PA	F

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

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ANTIRETROVIRALS		
APRETUDE SUSP (QL=7 inj/year)	QL	F
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10QL-RS vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F
CABENUVA IM SUSP	-	NC
CABENUVA SUSP 600MG-900MG/3ML	-	NC
CMV AGENTS		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F
FOSCAVIR INJ	-	NC
HERPES AGENTS		
acyclovir sodium IV soln	-	F
ASSORTED CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA IV SOLN	PA	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol inj	-	F
BETA BLOCKERS CARDIO-SELECTIVE		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
BETA BLOCKERS NON-SELECTIVE		
propranolol inj	-	F
SOTALOL INJ	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
NICARDIPINE INJ	-	EXC
NICARDIPINE SOLN	-	EXC
CARDENE INJ	-	F
DILTIAZEM INJ	-	F
nicardipine inj	-	F
NICARDIPINE SOLN	-	F
verapamil inj	-	F
CARDIOTONICS		

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DrugName	Special Code	Tier
CARDIOTONICS Cont.		
INOTROPES		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F
milrinone inj	-	F
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj	PA	F
treprostinil inj	PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOLIN INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
CEPHALOSPORINS - 2ND GENERATION		
CEFOTETAN INJ	-	F
cefoxitin inj	-	F
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
ceftazidime inj	-	F
CEFTRIAXONE INJ	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ	-	F
CONTRACEPTIVES		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		

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CORTICOSTEROIDS Cont.		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
DERMATOLOGICALS		
ANTIPSORIATICS		
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F
ILUMYA SOLN	-	NC
GLABELLAR LINES (FROWN LINES) AGENTS		
BOTOX COSMETIC INJ	-	EXC
JEUVEAU INJ	-	EXC
PROTECTIVES AGAINST UV RADIATION		
SCENESSE IMP (QL=1 implant/56 days)	-	EXC
WOUND CARE PRODUCTS		
STRATAGRAFT MIS	-	EXC
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F
DIURETICS		
LOOP DIURETICS		
furosemide inj	-	F
OSMOTIC DIURETICS		
mannitol inj	-	F
OSMITROL INJ	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
EVENITY INJ	PA	F
ibandronate sodium inj (BONIVA equiv)	-	F
pamidronate inj	-	F
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F
XGEVA INJ	PA	F
zoledronic acid inj (ZOMETA INJ equiv)	-	F
zoledronic acid IV soln (RECLAST INJ equiv)	-	F

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

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

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HEMATOLOGICAL AGENTS - MISC. Cont.		
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F
HUMATE-P INJ	PA	F
NOVOSEVEN RT INJ	PA	F
ROCTAVIAN INJ (QL= 1 kit/lifetime)	PA-QL	F
SEVENFACT INJ	PA	F
VONVENDI INJ	PA	F
WILATE INJ	PA	F
ADVATE INJ, KOVALTRY INJ	-	NC
ADYNOVATE INJ	-	NC
AFSTYLA KIT	-	NC
ALPHANATE INJ, HUMATE-P INJ	-	NC
ALPHANINE SD INJ, MONONINE INJ	-	NC
ALPROLIX INJ	-	NC
BENEFIX INJ	-	NC
COAGADEX INJ	-	NC
CORIFACT KIT	-	NC
ELOCTATE INJ	-	NC
FIBRYGA INJ	-	NC
HEMOFIL M INJ, KOATE-DVI INJ	-	NC
IDELVION SOLN	-	NC
IXINITY INJ, RIXUBIS INJ	-	NC
JIVI INJ	-	NC
KCENTRA KIT	-	NC
KOGENATE FS INJ	-	NC
NOVOEIGHT INJ	-	NC
NUWIQ INJ	-	NC
NUWIQ KIT	-	NC
OBIZUR INJ	-	NC
PROFILNINE INJ	-	NC
REBINYN SOL	-	NC
RECOMBINATE INJ	-	NC
RIXUBIS INJ	-	NC
TRETTEN INJ	-	NC
XYNTHA INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
ENJAYMO SOLN	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F

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HEMATOLOGICAL AGENTS - MISC. Cont.		
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
VEOPOZ INJ	-	NC
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA KIT	PA	F
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ	PA	F
PLASMA PROTEINS		
albuminar inj	-	F
RYPLAZIM SOLN	PA	F
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE INJ	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ	PA	F
ELELYSO INJ	PA	F
VPRIV INJ	PA	F
AGENTS FOR SICKLE CELL DISEASE		
CASGEVY INJ	-	EXC
LYFGENIA SUSP	-	EXC
ADAKVEO INJ	PA	F
FOLIC ACID/FOLATES		
folic acid inj	-	F
HEMATOPOIETIC GENE THERAPY		
ZYNTEGLO INJ	-	EXC
HEMATOPOIETIC GROWTH FACTORS		
NPLATE INJ	PA	F
REBLOZYL INJ	PA	F
MIRCERA INJ	-	NC
IRON		
ferric gluconate IV soln	-	F
ferumoxytol inj	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F
MONOFERRIC INJ	-	F
VENOFER INJ	-	F
FERAHEME INJ	-	NC
FERRLECIT INJ	-	NC
STEM CELL MOBILIZERS		
APHEXDA INJ	-	EXC

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	RS	F
MOZOBIL INJ	-	NC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj	-	F
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
lidocaine inj	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin inj	-	F
ERYTHROMYCINS		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
MINERALS & ELECTROLYTES		
BICARBONATES		
sodium bicarbonate inj	-	F
CALCIUM		
calcium gluconate inj	-	F
ELECTROLYTE MIXTURES		
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
electrolyte-a solution (PLASMA-LYTE equiv)	-	F
IONOSOL-MB INJ D5W	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W/LR INJ	-	F
KCL/DEXTROSE/NACL INJ	-	F
LACTATED RINGERS INJ	-	F
MULT ELECTRO INJ PH	-	F
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F

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MINERALS & ELECTROLYTES Cont.		
NORMOSOL-R INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
KCL/NACL INJ	-	NC
LACTATED RINGERS INJ	-	NC
MAGNESIUM		
MAGNESIUM SU INJ	-	EXC
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
POTASSIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
POTASSIUM		
potassium chloride inj	-	F
POTASSIUM CHLORIDE INJ	-	NC
SODIUM		
sodium chloride inj	-	F
TRACE MINERALS		
chromic chloride inj (CHROMIUM CHLORIDE equiv)	-	F
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
selenious acid inj (SELENIUM equiv)	-	F
SELENIUM INJ	-	F
ZINC		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
MISCELLANEOUS THERAPEUTIC CLASSES		
ENZYMES		
XIAFLEX INJ	PA	F
IMMUNOMODULATORS		
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F
VYVGART HYTRULO INJ	PA	F
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F
IMMUNOSUPPRESSIVE AGENTS		
AZATHIOPRINE INJ	-	F
GAMIFANT INJ	PA	F

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DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN (QL= 3 vials/6 months)	PA-QL	F
LYMPHATIC AGENTS		
SYLVANT INJ	PA	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
UREMIC PRURITUS AGENTS		
KORSUVA INJ	PA	F
MULTIVITAMINS		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
ARTICULAR CARTILAGE REPAIR THERAPY		
MACI MIS	-	EXC
VISCOSUPPLEMENTS		
DUROLANE	PA	F
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL STEROIDS		
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F
NEUROMUSCULAR AGENTS		
ALS AGENTS		
edaravone inj (RADICAVA equiv) (QL= 20 vials/28 days)	PA-QL	F

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DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F
RADICAVA INJ	-	NC
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F
DYSPORE	PA	F
XEOMIN INJ	PA	F
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE INJ	-	EXC
dextrose inj	-	F
LIPIIDS		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
PROTEINS		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
OPHTHALMIC AGENTS		
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BYOOVIZ INJ (QL= 1 inj/eye/28 days)	PA-QL	F
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F

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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F
SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL	F
OPHTHALMIC GENE THERAPY		
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
OPHTHALMIC STEROIDS		
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F
TRIESENCE INJ (QL=2 inj/fill)	QL	F
XIPERE INJ (QL=2 inj/fill)	QL	F
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F
RETISERT IMPLANT	-	NC
PROSTAGLANDINS - OPHTHALMIC		
DURYSTA IMP (QL= 1 intraocular implant/eye/lifetime)	PA-QL	F
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
PRIVIGEN INJ	PA	F
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
ASCENIV INJ	PA	F
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMASTAN INJ	-	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F
HYPERHEP B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
MONOCLONAL ANTIBODIES		
ZINPLAVA SOLN	PA	F
SYNAGIS INJ	-	NC
PENICILLINS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PENICILLINS Cont.		
AMINOPENICILLINS		
ampicillin inj	-	F
NATURAL PENICILLINS		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PENICILLIN COMBINATIONS		
AMPICILLIN/SULBACTAM INJ	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
PENICILLINASE-RESISTANT PENICILLINS		
BACTOCILL/DEXTROSE INJ	-	F
nafcillin inj	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
STERILE DILUENT SOLN	-	F
sterile water for inj	-	F
STERILE WATER INJ	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
LEQEMBI SOLN	PA	F
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS		
LENMELDY INJ	-	EXC
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F
OCREVUS INJ	PA	F
TYSABRI INJ (QL= 1 vial/4 weeks)	PA-QL	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F
ONPATTRO SOLN	PA	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
XERAVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F
TETRACYCLINES		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
LEVOTHYROXINE INJ	-	EXC
levothyroxine inj	-	F
LIOTHYRONINE INJ	-	F
ULCER DRUGS		
ANTISPASMODICS		
atropine sulfate iv soln	-	F
H-2 ANTAGONISTS		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
ATROPINE SULFATE INJ	-	NC
PROTON PUMP INHIBITORS		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
VASOPRESSORS		
VASOPRESSORS		
EPINEPHRINE INJ	-	EXC
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin K1 inj	-	F

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

Symbols and abbreviations are defined on page 1.

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

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

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

Symbols and abbreviations are defined on page 1.

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

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
COLUMVI 2.5MG INJ	F
CRYSVITA INJ	F
DARZALEX FASPRO SOLN	F
DARZALEX SOLN	F
decitabine inj	F
desmopressin (DDAVP) inj	F
DUROLANE	F
DURYSTA IMP	F
DYSPORT	F
edaravone inj	F
ELAHERE INJ	F
ELAPRASE INJ	F
ELELYSO INJ	F
ELEVIDYS KIT	F
ELFABRIO SOL	F
ELIGARD INJ 22.5 MG	F
ELIGARD INJ 30 MG	F
ELIGARD INJ 45 MG	F
ELIGARD INJ 7.5 MG	F
ELREXFIO INJ 44MG/1.1ML	F
ELREXFIO INJ 76MG/1.9ML	F
ELZONRIS SOLN	F
ENHERTU INJ	F
ENJAYMO SOLN	F
ENTYVIO INJ	F
EPKINLY INJ 48 MG/0.8ML	F
EPKINLY INJ 4MG/0.8ML	F
epoprostenol inj	F
ERBITUX INJ	F
eribulin mesylate inj	F
ESPEROCT INJ	F
EVENITY INJ	F
EVKEEZA INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FASENRA INJ 10MG/0.5ML	F
FEIBA INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
FIRMAGON INJ 120MG	F
FIRMAGON INJ 80MG	F
FLEBOGAMMA INJ	F
FYARRO SUSP	F
GAMIFANT INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GAZYVA INJ	F
GIVLAARI INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F
HEMGENIX INJ	F
HEPAGAM B INJ	F
HUMATE-P INJ	F
HYPERHEP B INJ	F
ILARIS INJ	F
IMDELLTRA 1 MG INJ	F
IMDELLTRA 10 MG INJ	F
IMFINZI INJ	F
IMJUDO INJ	F
INFLIXIMAB INJ	F
IXEMPRA KIT INJ	F
IZERVAY SOLN	F
JELMYTO INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KANUMA INJ	F
KEPIVANCE INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KHAPZORY SOLN	F
KIMMTRAK SOLN	F
KORSUVA INJ	F
KRYSTEXXA INJ	F

Symbols and abbreviations are defined on page 1.

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
KYPROLIS SOLN	F
LAMZEDE INJ	F
lanreotide acetate extended release inj	F
LEMTRADA INJ	F
LEQEMBI SOLN	F
levoleucovorin inj	F
LEVOLEUCOVORIN SOLN	F
LIBTAYO INJ	F
LOQTORZI INJ	F
LUNSUMIO INJ	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ 11.25 MG	F
LUPRON DEPOT INJ 3.75 MG	F
LUXTURNA SUSP	F
MARGENZA INJ	F
mitomycin inj	F
MONJUVI INJ	F
MYLOTARG INJ	F
MYOZYME/LUMIZYME INJ	F
NAGLAZYME INJ	F
nelarabine iv soln	F
NEXVIAZYME INJ	F
NIPENT INJ	F
NOVOSEVEN RT INJ	F
NPLATE INJ	F
NUCALA INJ	F
NULIBRY INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
ONCASPAR INJ	F
ONIVYDE INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
OPDUALAG SOLN	F
OPFOLDA CAP	F
OXLUMO INJ	F
paclitaxel protein-bound inj	F

Symbols and abbreviations are defined on page 1.

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
PADCEV INJ	F
PANZYGA INJ	F
pemetrexed disodium for iv soln	F
PERJETA INJ	F
POLIVY INJ	F
POMBILITI SOLN	F
POTELIGEO INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
QALSODY SOL	F
REBLOZYL INJ	F
REBYOTA SUSP FECAL	F
REVCovi INJ	F
ROCTAVIAN INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
RYPLAZIM SOLN	F
RYSTIGGO INJ	F
RYTELO INJ	F
SANDOSTATIN LAR DEPOT KIT	F
SAPHNELO SOLN	F
SARCLISA SOLN	F
SEVENFACT INJ	F
SIGNIFOR LAR INJ	F
SIMPONI ARIA INJ	F
SINUVA 1350 MCG IMP	F
SKYRIZI SOLN	F
SOLIRIS IV SOLN	F
SOMATULINE INJ	F
SPEVIGO INJ	F
SPINRAZA INJ	F
SPRAVATO SOLN	F
STELARA IV INJ	F
SUSVIMO INJ	F

Symbols and abbreviations are defined on page 1.

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
SYFOVRE INJ	F
SYLVANT INJ	F
TECENTRIQ INJ 1200MG/20ML	F
TECENTRIQ INJ 840MG/14ML	F
TEMODAR IV INJ	F
TEPEZZA INJ	F
TEZSPIRE SOLN	F
THYROGEN INJ	F
TIVDAK INJ	F
TRELSTAR INJ 11.25MG	F
TRELSTAR INJ 22.5MG	F
TRELSTAR INJ 3.75MG	F
treprostinil inj	F
TRIPTODUR SUSP	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
TZIELD INJ	F
ULTOMIRIS INJ	F
UPLIZNA SOLN	F
valrubicin inj	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
VONVENDI INJ	F
VPRIV INJ	F
VYJUVEK GEL	F
VYVGART HYTRULO INJ	F
VYVGART INJ	F
VYXEOS INJ	F
WILATE INJ	F
XENPOZYME SOLN	F
XEOMIN INJ	F
XGEVA INJ	F
XIAFLEX INJ	F
XOLAIR INJ	F
YERVOY INJ	F

Symbols and abbreviations are defined on page 1.

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

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

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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Last Updated* 4/1/2025

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
AMVUTTRA SOLN	QL=1 syringe/90 days
ANKTIVA SOL	QL= 4 vials/28 days
APRETUDE SUSP	QL=7 inj/year
AVSOLA INJ	QL= 20 vials/28 days
BEOVU INJ	QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days
BEQVEZ INJ	QL= 1 kit/lifetime
BRINEURA KIT	QL=4 kits/28 days
BRIUMVI INJ	QL= 7 vials/48 weeks
BYOOVIZ INJ	QL= 1 inj/eye/28 days
CIMERLI INJ	QL= 1 inj/eye/28 days
CINQAIR INJ	QL= 6 vials/28 days
COLUMVI 10/10ML INJ	QL= 3 vials/21 days
COLUMVI 2.5MG INJ	QL= 1 vial/21 days
DARZALEX FASPRO SOLN	QL= 4 vials/28 days
DURYSTA IMP	QL= 1 intraocular implant/eye/lifetime
edaravone inj	QL= 20 vials/28 days
ELEVIDYS KIT	QL= 1 kit/lifetime
ELIGARD INJ 22.5 MG	QL= 1 kit/84 days
ELIGARD INJ 30 MG	QL= 1 kit/112 days
ELIGARD INJ 45 MG	QL= 1 kit/168 days
ELIGARD INJ 7.5 MG	QL= 1 kit/28 days
ELREXFIO INJ 44MG/1.1ML	QL= 2 vials/365 days
ELREXFIO INJ 76MG/1.9ML	QL= 4 vials/28 days
ENTYVIO INJ	QL= 1 vial/56 days
EPKINLY INJ 48 MG/0.8ML	QL= 4 vials/28 days
EPKINLY INJ 4MG/0.8ML	QL= 3 vials/365 days
FASENRA INJ	QL= 1 inj/56 days
FASENRA INJ 10MG/0.5ML	QL= 1 inj/56 days
FIRMAGON INJ 120MG	QL=2 vials/fill
FIRMAGON INJ 80MG	QL=1 vial/28 days
HEMGENIX INJ	QL= 1 kit/lifetime
ILUVIEN IMPLANT	QL=2 inj/36 months
IMDELLTRA 1 MG INJ	QL= 1 vial/30 days
IMDELLTRA 10 MG INJ	QL= 2 vials/28 days
INFLIXIMAB INJ	QL= 20 vials/28 days
IZERVAY SOLN	QL= 2 vials/28 days
JELMYTO INJ	QL= 17 kits/425 days
KRYSTEXXA INJ	QL= 2 mL/28 days

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Last Updated* 4/1/2025

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
lanreotide acetate extended release inj	QL= 1 syringe/28 days
LEMTRADA INJ	QL= 3.6 mL/year
LIBTAYO INJ	QL= 1 vial/3 weeks
LUPRON DEPO-PED INJ	QL= 1 kit/84 days
LUPRON DEPOT INJ 11.25 MG	QL= 1 kit/84 days
LUPRON DEPOT INJ 3.75 MG	QL= 1 kit/28 days
LUXTURNA SUSP	QL=1 kit per eye, per lifetime
NUCALA INJ	QL= 1 vial/28 days
OPDUALAG SOLN	QL= 2 vials/4 weeks
OZURDEX IMPLANT	QL=2 inj/180 days
PERJETA INJ	QL= 42 mL/63 days
PROLIA SOLN	QL= 1 inj/6 months
QALSODY SOL	QL= 1 vial/28 days
REBYOTA SUSP FECAL	QL= 150 mL/lifetime
ROCTAVIAN INJ	QL= 1 kit/lifetime
RYSTIGGO INJ	QL= 36 ml/63 days
SANDOSTATIN LAR DEPOT KIT	QL=1 kit every 4 weeks
SAPHNELO SOLN	QL=2ml/28 days
SIGNIFOR LAR INJ	QL=1 kit/28 days
SINUVA 1350 MCG IMP	QL= 2 kits/90 days
SKYRIZI SOLN	QL=1 vial per 28 days with up to 3 fills per 6 months
SOMATULINE INJ	QL=1 syringe/28 days
SPEVIGO INJ	QL=2 vials/fill, 4 vials/month
SPINRAZA INJ	QL= 1 vial/4 months
SUNLENCA INJ	QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist
SUSVIMO INJ	QL= 1 inj/eye/168 days
SYFOVRE INJ	QL= 2 vials/25 days
TECENTRIQ INJ 1200MG/20ML	QL= 1 vial/3 weeks
TECENTRIQ INJ 840MG/14ML	QL= 2 vials/4 weeks
TEZSPIRE SOLN	QL=1 inj/28 days
THYROGEN INJ	QL= 2 vials/lifetime
TIVDAK INJ	QL= 5 vials/21 days
TRELSTAR INJ 11.25MG	QL=1 kit/84 days
TRELSTAR INJ 22.5MG	QL=1 kit/168 days
TRELSTAR INJ 3.75MG	QL=1 kit/28 days
TRIESENCE INJ	QL=2 inj/fill
TRIPTODUR SUSP	QL=1 inj every 24 weeks

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Last Updated* 4/1/2025

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
TROGARZO INJ	Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days
TYSABRI INJ	QL= 1 vial/4 weeks
TZIELD INJ	QL= 14 vials/month
UPLIZNA SOLN	QL= 3 vials/6 months
valrubicin inj	QL= 24 vials/3 months
VYJUVEK GEL	QL= 4 vials/28 days
VYVGART INJ	QL= 12 vials/28 days; 8 fills/year
XIPERE INJ	QL=2 inj/fill
XOLAIR INJ	QL= 2 vials/28 days
YUTIQ IMPLANT	QL=2 inj/36 months
ZOLADEX INJ 10.8 MG	QL= 1 implant/84 days
ZOLADEX INJ 3.6 MG	QL= 1 implant/28 days
ZOLGENSMA INJ	QL= 1 kit/lifetime
ZYNYZ INJ	QL= 1 vial/28 days

Symbols and abbreviations are defined on page 1.



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