



L.A. Care
Medi-Cal

L.A. Care Health Plan

Medi-Cal 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 All previous versions of the formulary are no longer in effect.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/medi-cal>

INTRODUCTION

Foreword

The L.A. Care Health Plan (L.A. Care) Medi-Cal formulary is a preferred list of covered drugs, approved by the L.A. Care Health Plan Pharmacy Quality Oversight Committee. This formulary applies only to outpatient drugs and self-administered drugs.

It does not apply to medications used in the inpatient setting or medical offices.

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated on a monthly basis and is effective the first of every month. These updates may include, and are not limited to, the following: (i) removal of drugs and/or dosage forms. (ii) changes in tier placement of a drug that results in an increase in cost sharing, 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 Customer Solutions Center at **1-888-839-9909** (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 Medi-Cal 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 6.

How Drugs Are Listed

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

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, your doctor may need to prescribe a drug that is not on the formulary. Your doctor must contact L.A. Care and request prior authorization to get an okay. To decide if this drug will be covered, L.A. Care may ask your provider for more information. This type of request for coverage may be made using the 'Medication Request Process' described on Page 6.

Within 24 hours after getting the prior authorization request, L.A. Care will tell your provider and pharmacy if the drug is authorized. L.A. Care and/or your provider or pharmacy will then let you know if your drug is covered or not. If the drug is approved, you can get the drug at a pharmacy that works with L.A. Care. If the drug is not approved, you have the right to appeal the decision or file a grievance. An "appeal" is when you want a decision to be reviewed.

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.

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 Customer Solutions Center at **1-888-839-9909** (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

You can get the following drugs and other items when they are prescribed by your doctor and are medically necessary:

- Prescription drugs listed on the L.A. Care formulary
- Non-prescription drugs or over-the-counter drugs (such as cough/cold syrups, cough drops or aspirin) listed on the L.A. Care formulary
- Formulary 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 devices, birth control pills, condoms and contraceptive jellies on the L.A. Care formulary
- Emergency contraception
- EpiPens, peak flow meters and spacers

How Much I Will Pay for My Drugs

All members of L.A. Care’s Medi-Cal Plan do **not** have to pay for covered services.

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 and 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. 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. Drugs used for erectile dysfunction
- E. Experimental drug products, or any drug product used in an experimental manner
- F. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
- G. 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.

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Last Updated 2/1/2021

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, 5MG</i> (DEXEDRINE 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
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		
CONTRAVE TAB 8MG-90MG (<i>naltrexone hcl-bupropion hcl</i>)	F	PA-QL QL= 4 tabs/day

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

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
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
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
<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 PantherRx Pharmacy 855-726-8479
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	F	PA-QL QL= 1 tab/day
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	F	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	F	-
<i>methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG</i> (RITALIN LA Equiv)	F	-
METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG (<i>methylphenidate hcl</i>)	F	-

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<i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i>	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	PA-QL QL= 2 tabs/day
QUILLIVANT XR SUSP 25MG/5ML (<i>methylphenidate hcl</i>)	F	-
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
<i>neomycin tab 500MG</i>	F	-
<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		
RINVOQ ER TAB 15MG (<i>upadacitinib</i>)	F	LMSP-PA-QL QL=1 tab/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

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ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML, 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML, 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 pens/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG <i>(auranofin)</i>	F	-
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML <i>(anakinra)</i>	F	LD-PA-QL QL= 28 inj/28 days; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML <i>(tocilizumab)</i>	F	LMSP-PA-QL QL= 2 inj/28 days

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ACTEMRA SC INJ 162MG/0.9ML (<i>tocilizumab</i>)	F	LMSP-PA-QL QL=2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (<i>sarilumab</i>)	F	LMSP-PA-QL QL=2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	F	QL QL= 2 caps/day
<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> (LODINE Equiv)	F	-
FLURBIPROFEN TAB 50MG (<i>flurbiprofen</i>)	F	-
<i>flurbiprofen tab 100MG, 50MG</i>	F	-
<i>ibuprofen cap 200MG</i> (ADVIL Equiv)	F	OTC
<i>ibuprofen chew tab 100MG</i> (CHILDRENS MOTRIN Equiv)	F	OTC
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	F	OTC
<i>ibuprofen tab 100MG, 200MG, 400MG, 600MG, 800MG</i> (MOTRIN Equiv)	F	OTC
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	F	-

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<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	F	-
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	F	QL QL= 20 tabs/5 days
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	F	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	F	-
<i>naproxen EC tab 375MG, 500MG</i> (NAPROSYN EC Equiv)	F	-
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	F	-
<i>oxaprozin tab 600MG</i> (DAYPRO 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 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 INJ 50MG/0.4ML 50MG/0.4ML (<i>abatacept</i>)	F	LMSP-PA-QL QL= 4 inj/28 days

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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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ORENCIA INJ 87.5MG/0.7ML 87.5MG/0.7ML (<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
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		
ENBREL INJ 25MG 25MG/0.5ML (<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	LMSP-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		
ANALGESICS OTHER - Drugs to treat pain		
<i>acetaminophen cap 325MG, 500MG</i> (TYLENOL Equiv)	F	OTC
<i>acetaminophen drops 160MG/5ML, 325MG/10.15ML, 650MG/20.3ML, 80MG/0.8ML, 80MG/2.5ML</i>	F	OTC
<i>acetaminophen elixir 160MG/5ML, 80MG/2.5ML</i> (TYLENOL Equiv)	F	OTC
<i>acetaminophen er tab 650MG</i> (TYLENOL Equiv)	F	OTC

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<i>acetaminophen liquid 1000MG/30ML, 160MG/5ML, 500MG/15ML</i> (TYLENOL Equiv)	F	OTC
<i>acetaminophen supp 120MG, 325MG, 650MG</i>	F	OTC
<i>acetaminophen tab 325MG, 500MG</i> (TYLENOL Equiv)	F	OTC
SALICYLATES - Drugs to treat pain		
<i>aspirin chew tab 81mg 81MG</i>	F	OTC
<i>aspirin ec tab</i> (ECOTRIN Equiv)	F	OTC
<i>aspirin EC tab 325mg 324MG, 325MG</i> (ECOTRIN Equiv)	F	OTC
<i>aspirin EC tab 81mg 81MG</i> (ECOTRIN Equiv)	F	OTC
<i>aspirin tab 500MG</i>	F	OTC
<i>aspirin tab 325mg 325MG</i>	F	OTC
ASPIRIN TAB 81MG (<i>aspirin</i>)	F	OTC
<i>aspirin tab 81mg</i>	F	OTC
ASPIRIN TAB EC 500MG (<i>aspirin</i>)	F	OTC
<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 (<i>codeine sulfate</i>)	F	QL QL= 240 tabs/30 days
CODEINE SULFATE TAB 30MG (<i>codeine sulfate</i>)	F	QL QL= 240 tabs/30 days

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<i>codeine sulfate tab 15MG, 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
<i>codeine sulfate tab 60mg 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 QL= 10 patches/30 days
<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> (METHADOSE Equiv)	F	QL QL= 600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i> (DOLOPHINE Equiv)	F	QL QL= 600ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i> (DOLOPHINE Equiv)	F	QL QL= 1200ml/30 days
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	F	QL QL= 120 tabs/30 days

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<i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv)	F	QL QL= 240 tabs/30 days
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	F	QL QL= 90 tabs/30 days
<i>morphine sulfate soln 10mg/5ml 10MG/5ML</i> (MORPHINE SULFATE Equiv)	F	QL QL= 120ml/30 days
<i>morphine sulfate soln 20mg/5ml 20MG/5ML</i> (ROXANOL Equiv)	F	QL QL= 120ml/30 days
<i>morphine sulfate soln 20mg/ml 100MG/5ML, 10MG/0.5ML, 20MG/ML, 5MG/0.25ML</i>	F	QL QL= 120ml/30 days
MORPHINE SULFATE TAB (<i>morphine sulfate</i>)	F	QL QL= 180 tabs/30 days
MORPHINE SULFATE TAB 15MG, 30MG (<i>morphine sulfate</i>)	F	QL QL= 180 tabs/30 days
<i>morphine sulfate tab 15MG, 30MG</i>	F	QL QL= 180 tabs/30 days
<i>oxycodone cap 5MG</i> (OXYIR Equiv)	F	QL QL= 120 caps/30 days
<i>oxycodone soln 5mg/5ml 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 cap/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	F	QL QL= 240ml/30 days
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	F	QL QL= 180 tabs/30 days
<i>hydrocodone/acetaminophen soln 7.5mg-325mg/15ml 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET Equiv)	F	QL QL= 1800ml/30 days
<i>hydrocodone/acetaminophen tab</i> (LORTAB Equiv)	F	QL QL= 120 tabs/30 days
<i>oxycodone/acetaminophen tab 10mg-325mg 10MG-325MG</i> (PERCOCET Equiv)	F	QL QL= 120 tabs/30 days
<i>oxycodone/acetaminophen tab 5mg-325mg 5MG-325MG</i> (PERCOCET Equiv)	F	QL QL= 120 tabs/30 days
<i>oxycodone/acetaminophen tab 7.5mg-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
<i>oxycodone/aspirin tab 4.835MG-325MG</i>	F	QL QL= 120 tabs/30 days

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OPIOID PARTIAL AGONISTS - Drugs to treat pain		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 75MCG, 900MCG <i>(buprenorphine hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
BUNAVAIL SL FILM .3MG-2.1MG, .7MG-4.2MG, 1MG-6.3MG <i>(buprenorphine hcl-naloxone hcl dihydrate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>buprenorphine/naloxone SL film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR <i>(buprenorphine)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PROBUPHINE KIT 74.2MG <i>(buprenorphine hcl)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SUBLOCADE INJ 100MG/0.5ML, 300MG/1.5ML <i>(buprenorphine)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SUBOXONE SL TAB (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZUBSOLV SL TAB .18MG-.7MG, .36MG-1.4MG, .71MG-2.9MG, 1.4MG-5.7MG, 2.1MG-8.6MG, 2.9MG-11.4MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANABOLIC STEROIDS - Drugs used to gain weight		
<i>oxandrolone tab 10MG, 2.5MG</i> (OXANDRIN Equiv)	F	-
ANDROGENS - Drugs to treat low testosterone level		
ANDROGEL PUMP 1% 1% (<i>testosterone</i>)	F	PA-QL QL= 4 bottles/30 days
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	F	-
METHYLTESTOSTERONE CAP 10MG (<i>methyltestosterone</i>)	F	PA
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	F	-
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM (<i>testosterone</i>)	F	PA-QL QL= 1 packet/day

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<i>testosterone gel 1% 25mg 25MG/2.5GM</i>	F	PA-QL QL= 1 packet/day
TESTOSTERONE GEL 1% 50MG 50MG/5GM (<i>testosterone</i>)	F	PA-QL QL= 2 packets/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i>	F	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	F	PA-QL QL= 4 bottles/30 days
<i>testosterone 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>hc pramoxine cream 1-1% 1%</i> (ANALPRAM HC Equiv)	F	-
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	F	-
PROCTOFOAM HC FOAM 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	F	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		

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<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	F	-
ANTACIDS - Drugs to treat ulcer and stomach acid		
ANTACID COMBINATIONS - Drugs to treat ulcer and stomach acid		
<i>antacid chew tab 20MG-80MG</i>	F	OTC
<i>magnesium/aluminum hydroxide/simethicone chew tab 25MG-200MG</i> (GELUSIL Equiv)	F	OTC
<i>magnesium/aluminum hydroxide/simethicone susp .2%-40MG/10ML-400MG/10ML, 120MG/30ML-1200MG/30ML, 20MG/5ML-200MG/5ML, 240MG/30ML-2400MG/30ML, 40MG/10ML-400MG/10ML, 40MG/5ML-400MG/5ML, 80MG/10ML-800MG/10ML</i> (MYLANTA Equiv)	F	OTC
ANTACIDS - ALUMINUM SALTS - Drugs to treat ulcer and stomach acid		
ALUMINUM HYDROXIDE GEL SUSP 320MG/5ML (<i>aluminum hydroxide gel</i>)	F	OTC
ANTACIDS - BICARBONATE - Drugs to treat ulcer and stomach acid		
<i>sodium bicarbonate tab 325MG, 650MG</i>	F	OTC
ANTACIDS - CALCIUM SALTS - Drugs to treat ulcer and stomach acid		
<i>calcium carbonate chew tab 1000MG, 400MG, 420MG, 500MG, 750MG</i> (MYLANTA Equiv)	F	OTC
<i>calcium carbonate susp 1250MG/5ML</i>	F	OTC

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<i>calcium carbonate tab 648MG</i>	F	OTC
ANTACIDS - MAGNESIUM SALTS - Drugs to treat ulcer and stomach acid		
<i>magnesium oxide tab 250MG, 400MG, 420MG</i> (MAG-OX Equiv)	F	OTC
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
<i>BENZNIDAZOLE TAB 100MG, 12.5MG</i> (<i>benznidazole</i>)	F	PA
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	F	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	F	-
<i>pyrantel pamoate susp 144MG/ML</i>	F	OTC
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 ER tab</i> (ISOCHRON Equiv)	F	-
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	F	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	F	-
<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	-

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<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	F	-
ANTI-ANXIETY AGENTS - Drugs to treat anxiety		
ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
<i>buspirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	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=180 ml/30 days
DIAZEPAM SOLN 5MG/5ML (<i>diazepam</i>)	F	QL QL=180 ml/30 days
<i>diazepam tab 10mg 10MG</i> (VALIUM Equiv)	F	QL QL=4 tabs/day
<i>diazepam tab 2mg 2MG</i> (VALIUM Equiv)	F	QL QL=4 tabs/day

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<i>diazepam tab 5mg 5MG</i> (VALIUM Equiv)	F	QL QL=3 tabs/day
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	F	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	F	-
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</i>	F	-
<i>quinidine sulfate tab</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	-

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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		
FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>)	F	MSP-PA-QL QL=1 inj/56 days
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	F	LMSP-PA-QL QL=1 inj/28 days
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	-
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT, 2.5MCG/ACT (<i>tiotropium bromide monohydrate</i>)	F	-
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	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>fluticasone furoate</i> (<i>inhalation</i>))	F	-

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<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)</i>	F	-
QVAR INHALER 40MCG/ACT, 80MCG/ACT <i>(beclomethasone dipropionate)</i>	F	-
QVAR REDIHALER 40MCG/ACT, 80MCG/ACT <i>(beclomethasone dipropionate hfa)</i>	F	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
<i>albuterol HFA inhaler 108MCG/ACT</i>	F	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML (PROVENTIL Equiv)</i>	F	-
<i>albuterol sulfate ER tab 4MG, 8MG (VOSPIRE ER Equiv)</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 (DUONEB Equiv)</i>	F	-
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH <i>(umeclidinium-vilanterol)</i>	F	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT <i>(budesonide-glycopyrrolate-formoterol fumarate)</i>	F	-

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COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT (<i>ipratropium-albuterol</i>)	F	-
<i>fluticasone/salmeterol diskus 100/50</i> 50MCG/ACT-100MCG/ACT, 50MCG/DOSE-100MCG/DOSE (ADVAIR DISKUS Equiv)	F	QL QL= 1 inhaler/30 days
<i>fluticasone/salmeterol diskus 250/50</i> 50MCG/ACT-250MCG/ACT, 50MCG/DOSE-250MCG/DOSE (ADVAIR DISKUS Equiv)	F	QL QL= 1 inhaler/30 days
<i>fluticasone/salmeterol diskus 500/50</i> 50MCG/DOSE-500MCG/DOSE (ADVAIR DISKUS Equiv)	F	QL QL= 1 inhaler/30 days
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT (<i>fluticasone-salmeterol</i>)	F	-
METAPROTERENOL SYRUP 10MG/5ML (<i>metaproterenol sulfite</i>)	F	-
SEREVENT DISKUS INHALER 50MCG/DOSE (<i>salmeterol xinafoate</i>)	F	-
STIOLTO INHALER 2.5MCG/ACT (<i>tiotropium bromide-olodaterol hcl</i>)	F	-

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<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	F	-
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH (<i>fluticasone-umeclidinium-vilanterol</i>)	F	-
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR 80MG/15ML (<i>theophylline</i>)	F	-
THEOCHRON TAB 100MG, 200MG, 300MG, 450MG (<i>theophylline</i>)	F	-
<i>theophylline CR tab 100MG, 200MG, 300MG, 450MG</i> (QUIBRON-T Equiv)	F	-
<i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv)	F	-
<i>theophylline soln 80MG/15ML</i>	F	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
<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 STARTER PACK 5MG (<i>apixaban</i>)	F	-
ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG (<i>apixaban</i>)	F	-
XARELTO STARTER PACK (<i>rivaroxaban</i>)	F	-

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XARELTO TAB 10MG, 15MG, 2.5MG, 20MG (<i>rivaroxaban</i>)	F	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv)	F	QL QL= 17 days supply
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	F	PA
THROMBIN INHIBITORS - Drugs to thin the blood		
PRADAXA CAP 110MG, 150MG, 75MG (<i>dabigatran etexilate mesylate</i>)	F	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	F	PA
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	F	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG (<i>diazepam (anticonvulsant)</i>)	F	QL QL= 2 units/fill
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
BANZEL TAB 200MG, 400MG (<i>rufinamide</i>)	F	PA
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	F	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	F	-

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<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	F	-
<i>carbamazepine susp 100MG/5ML</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 US Bioservices 888-518-7246
DIACOMIT POWDER PACK 250MG, 500MG (<i>stiripentol</i>)	F	LD-PA Only available through US Bioservices 888-518-7246
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	F	-
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	F	-
<i>gabapentin tab 600MG, 800MG</i> (NEURONTIN Equiv)	F	-
LAMICTAL CHEW TAB 2MG (<i>lamotrigine</i>)	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	-

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<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	F	-
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	F	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	F	-
<i>pregabalin cap 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG</i> (LYRICA Equiv)	F	PA
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	F	PA
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	F	-
<i>rufinamide susp 40MG/ML</i>	F	PA
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	F	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	F	-
VIMPAT SOLN 10MG/ML (<i>lacosamide</i>)	F	-
VIMPAT TAB 100MG, 150MG, 200MG, 50MG (<i>lacosamide</i>)	F	QL QL= 2 tabs/day
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	F	-
CARBAMATES - Drugs to treat seizures		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	F	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	F	-

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XCOPRI PAK 12.5-25MG (<i>cenobamate</i>)	F	QL QL=1 tab/day
XCOPRI PAK 150-200MG (<i>cenobamate</i>)	F	QL QL=1 tab/day
XCOPRI PAK 50-100MG (<i>cenobamate</i>)	F	QL QL=1 tab/day
XCOPRI PAK 50-200MG (<i>cenobamate</i>)	F	QL QL=2 tabs/day
XCOPRI TAB 100MG 100MG (<i>cenobamate</i>)	F	QL QL=1 tab/day
XCOPRI TAB 150MG 150MG (<i>cenobamate</i>)	F	QL QL=2 tabs/day
XCOPRI TAB 200MG 200MG (<i>cenobamate</i>)	F	QL QL=2 tabs/day
XCOPRI TAB 50MG 50MG (<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	-
<i>vigabatrin powder pack 500MG</i> (SABRIL Equiv)	F	LD-PA Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479

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<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	F	LD-PA Only available through Walgreens 888-347-3416
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		
CELONTIN CAP 300MG (<i>methsuximide</i>)	F	-
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	F	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	F	-
VALPROIC ACID - Drugs to treat seizures		
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	F	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	F	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	F	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	F	-
<i>valproic acid syrup 100MG/ML, 250MG/5ML, 500MG/5ML</i> (DEPAKENE Equiv)	F	-

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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	-
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR (<i>selegiline</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NARDIL TAB 15MG (<i>phenelzine sulfate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PARNATE TAB 10MG (<i>tranylcypromine sulfate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service 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>phenelzine tab 15MG</i> (NARDIL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
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 10MG, 20MG</i> (PROZAC Equiv)	F	-
<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	F	ST Step Therapy requires trial of citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, or sertraline
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	F	-
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	F	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	F	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	F	-

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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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>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 250MG, 50MG</i> (SERZONE Equiv)	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	-
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	F	-
TRICYCLIC AGENTS - Drugs to treat depression		
<i>amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (ELAVIL Equiv)	F	-
AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG (<i>amoxapine</i>)	F	-
<i>desipramine tab</i> (NORPRAMIN Equiv)	F	-
DOXEPIN CAP 150MG (SINEQUAN Equiv) (<i>doxepin hcl</i>)	F	-

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<i>doxepin cap 100MG, 10MG, 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	-
NORTRIPTYLINE SOLN 10MG/5ML (PAMELOR Equiv) (<i>nortriptyline hcl</i>)	F	-
<i>nortriptyline soln 10MG/5ML</i> (PAMELOR 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		
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, 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG (<i>alogliptin-pioglitazone</i>)	F	QL QL= 1 tab/day
AVANDAMET TAB (<i>rosiglitazone maleate-metformin hcl</i>)	F	-
<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv)	F	-

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<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv)	F	-
SEGLUROMET TAB 2.5MG-1000MG, 2.5MG-500MG, 7.5MG-1000MG, 7.5MG-500MG (<i>ertugliflozin-metformin hcl</i>)	F	QL QL=2 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
GLUCAGON EMERGENCY 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
GLUCOSE CHEW TAB 4GM-6MG (<i>glucose-vitamin c</i>)	F	OTC
<i>glucose gel 15GM/38GM, 40%</i>	F	OTC

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GLUCOSE TAB 1GM, 4GM, 5GM (<i>dextrose (diabetic use)</i>)	F	OTC
GVOKE INJ .5MG/0.1ML, 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
KORLYM TAB 300MG (<i>mifepristone (hyperglycemia)</i>)	F	LD-PA Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
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
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
OZEMPIC INJ 2MG/1.5ML (<i>semaglutide</i>)	F	QL QL=1 pack/28 days
RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>)	F	QL QL=1 tab/day
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>)	F	QL QL=4 pens/28 days
INSULIN - Drugs to regulate blood sugar		
ADMELOG INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
ADMELOG SOLOSTAR INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-

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BASAGLAR INJ 100UNIT/ML (<i>insulin glargine</i>)	F	-
HUMALOG MIX INJ (<i>insulin lispro protamine & lispro (human)</i>)	F	-
HUMALOG MIX KWIKPEN INJ 50/50 50UNIT/ML (<i>insulin lispro protamine & lispro (human)</i>)	F	-
HUMULIN MIX INJ, NOVOLIN MIX INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	F	OTC
HUMULIN MIX PEN INJ, NOVOLIN FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	F	OTC
HUMULIN N INJ, NOVOLIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	F	OTC
HUMULIN N PEN INJ, NOVOLIN N PEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	F	OTC
HUMULIN R INJ, NOVOLIN R INJ 100UNIT/ML, 500UNIT/ML (<i>insulin regular (human)</i>)	F	OTC
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>)	F	-
INSULIN LISPRO PROTAMINE INJ 75/25 25UNIT/ML-75UNIT/ML (<i>insulin lispro protamine & lispro</i>)	F	-
NOVOLIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	F	OTC

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INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
AVANDIA TAB 2MG, 4MG (<i>rosiglitazone maleate</i>)	F	-
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	F	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	F	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		
STEGLATRO TAB 15MG, 5MG (<i>ertugliflozin l-pyroglutamic acid</i>)	F	QL QL=1 tab/day.
SULFONYLUREAS - Drugs to regulate blood sugar		
<i>chlorpropamide tab</i> (DIABINESE Equiv)	F	-
<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	-
<i>glyburide micronized tab 1.5MG, 3MG, 6MG</i> (GLYNASE Equiv)	F	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	F	-
TOLAZAMIDE TAB 250MG (TOLINASE Equiv) (<i>tolazamide</i>)	F	-
<i>tolazamide tab 500MG</i> (TOLINASE Equiv)	F	-
TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>)	F	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		

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DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>)	F	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIDIARRHEAL AGENTS - MISC. - Miscellaneous antidiarrheal agents		
<i>bismuth subsalicylate chew tab 262MG</i> (PEPTO-BISMOL Equiv)	F	OTC
<i>bismuth subsalicylate susp 1050MG/30ML, 262MG/15ML, 525MG/15ML, 525MG/30ML, 527MG/30ML</i> (PEPTO-BISMOL Equiv)	F	OTC
<i>bismuth subsalicylate tab 262MG</i> (PEPTO BISMOL Equiv)	F	OTC
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	F	-
<i>loperamide cap 2MG</i> (IMODIUM Equiv)	F	OTC
<i>loperamide liquid 1MG/5ML, 1MG/7.5ML</i> (IMODIUM A-D Equiv)	F	OTC
<i>loperamide tab 2MG</i> (IMODIUM A-D Equiv)	F	OTC
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG (<i>succimer</i>)	F	-

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FERRIPROX SOLN 100MG/ML (<i>deferiprone</i>)	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
FERRIPROX TAB 1000MG (<i>deferiprone</i>)	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
EVZIO INJ .4MG/0.4ML, 2MG/0.4ML (<i>naloxone hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>naloxone inj .4MG/ML, 4MG/10ML</i> (NARCAN Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>naltrexone tab 50MG</i> (REVIA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
REVIA TAB (<i>naltrexone hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIVITROL INJ 380MG (<i>naltrexone</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>deferasirox granule packet 180MG, 360MG, 90MG</i>	F	LMSP
<i>deferasirox tab 125MG, 250MG, 500MG</i> (EXJADE Equiv)	F	LMSP

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<i>deferiasirox tab 90mg, 360mg 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
<i>deferiprone tab 500MG</i>	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
EVZIO INJ 2MG/0.4ML (<i>naloxone hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>naloxone prefilled inj 2MG/2ML</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
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> (ZOFRAN Equiv)	F	-
<i>ondansetron soln 4MG/5ML</i> (ZOFRAN Equiv)	F	-
ONDANSETRON TAB 24MG (ZOFRAN Equiv) (<i>ondansetron hcl</i>)	F	-
<i>ondansetron tab 24MG, 4MG, 8MG</i> (ZOFRAN Equiv)	F	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<i>dimenhydrin tab 50MG</i> (DRAMAMINE Equiv)	F	OTC
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	F	OTC

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<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	F	OTC
<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>anti-nausea soln 1.87GM/5ML-21.5MG/5ML</i> (EMETROL Equiv)	F	OTC
<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 PAK 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	-

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<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	F	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	F	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	F	-
<i>nystatin powder</i> (NYSTATIN Equiv)	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	PA
<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	F	-
NOXAFIL SUSP 40MG/ML (<i>posaconazole</i>)	F	-
<i>posaconazole DR tab 100MG</i> (NOXAFIL Equiv)	F	-
<i>voriconazole susp 40MG/ML</i> (VFEND Equiv)	F	RS Restricted to Infectious Disease Specialist
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	F	RS Restricted to Infectious Disease Specialist
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ALKYLAMINES - Drugs to treat cough, cold, and allergy symptoms		

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<i>chlorpheniramine CR tab 12MG</i> (CHLOR-TRIMETON Equiv)	F	OTC Only covered for members age 2 years or older
<i>chlorpheniramine syrup 2MG/5ML</i> (CHLOR-TRIMETON Equiv)	F	OTC Only covered for members age 2 years or older
<i>chlorpheniramine tab 4MG</i> (CHLOR-TRIMETON Equiv)	F	OTC Only covered for members age 2 years or older
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
<i>diphenhydramine cap 25MG, 50MG</i> (BENADRYL Equiv)	F	OTC Only covered for members age 2 years or older
<i>diphenhydramine liquid 12.5MG/5ML, 25MG/10ML, 50MG/20ML, 6.25MG/ML</i> (BENADRYL Equiv)	F	OTC Only covered for members age 2 years or older
<i>diphenhydramine tab 25MG</i> (BENADRYL Equiv)	F	OTC Only covered for members age 2 years or older
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-QL QL= 1 tab/day
CLARITIN REDITAB 5MG (<i>loratadine</i>)	F	OTC-QL QL= 1 tab/day

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<i>loratadine ODT 10MG</i> (CLARITIN Equiv)	F	OTC-QL QL= 1 tab/day
<i>loratadine syrup 5MG/5ML</i> (CLARITIN Equiv)	F	OTC-QL QL= 240ml/30 days; Only covered for members age 2 years or older
<i>loratadine tab 10MG</i> (CLARITIN Equiv)	F	OTC-QL QL= 1 tab/day; Covered for members age 2 years or older
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
<i>promethazine supp 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	F	-
<i>promethazine syrup 6.25MG/5ML</i>	F	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	F	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	F	-
ANTIHISTAMINES - 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		
ANTIHYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics		
<i>omega-3-acid ethyl esters cap 1GM-375MG-465MG</i> (LOVAZA Equiv)	F	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		

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<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>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, 50mg, 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		
<i>atorvastatin tab 10mg 10MG</i> (LIPITOR Equiv)	F	-
<i>atorvastatin tab 20mg 20MG</i> (LIPITOR Equiv)	F	-
<i>atorvastatin tab 40mg 40MG</i> (LIPITOR Equiv)	F	-
<i>atorvastatin tab 80mg 80MG</i> (LIPITOR Equiv)	F	-
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	F	-

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<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	F	-
<i>rosuvastatin tab 10mg 10MG</i> (CRESTOR Equiv)	F	QL QL= 1 tab/day
<i>rosuvastatin tab 20mg 20MG</i> (CRESTOR Equiv)	F	QL QL= 1.5 tabs/day
<i>rosuvastatin tab 40mg 40MG</i> (CRESTOR Equiv)	F	QL QL= 1 tab/day
<i>rosuvastatin tab 5mg 5MG</i> (CRESTOR Equiv)	F	QL QL= 1 tab/day
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	F	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		
PRALUENT INJ 150MG/ML, 75MG/ML (<i>alirocumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
REPATHA INJ 140MG/ML (<i>evolocumab</i>)	F	LMSP-PA-QL QL=2 inj/28 days

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REPATHA PUSHTRONEX INJ 420MG/3.5ML (evolocumab)	F	LMSP-PA-QL QL=1 inj/28 days
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	-
QBRELIS SOLN 1MG/ML (<i>lisinopril</i>)	F	PA
<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		
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	F	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	F	-

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<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</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	-
<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		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	F	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR Equiv)	F	-

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

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METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG (<i>methyldopa & hydrochlorothiazide</i>)	F	-
METOPROLOL/HYDROCHLOROTHIAZIDE TAB 50MG-100MG (<i>metoprolol & hydrochlorothiazide</i>)	F	-
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i>	F	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	F	-
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG (<i>propranolol & hydrochlorothiazide</i>)	F	-
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	F	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	F	-
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

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<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	F	-
<i>pentamidine neb soln 300MG</i> (PENTAM 300 Equiv)	F	LMSP
<i>trimethoprim tab</i> (PROLOPRIM Equiv)	F	-
XIFAXAN TAB 200MG 200MG (<i>rifaximin</i>)	F	PA-QL QL= 9 tabs/fill
XIFAXAN TAB 550MG 550MG (<i>rifaximin</i>)	F	PA-QL QL= 2 tabs/day
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 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	F	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML (<i>nitazoxanide</i>)	F	PA-QL QL=60ml/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	F	-
<i>nitazoxanide tab 500MG</i>	F	PA-QL QL=6 tabs/3 days
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRST-VANCOMYCIN SOLN 25MG/ML, 50MG/ML (<i>vancomycin hcl</i>)	F	-
FIRVANQ SOLN 25MG/ML, 50MG/ML (<i>vancomycin hcl</i>)	F	-

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<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	-
<i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv)	F	-
MONOBACTAMS - Drugs to treat bacterial infections		
CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>)	F	KMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
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
PLEUROMUTILINS - drugs to treat infections		

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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	-
<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 200MG</i> (PLAQUENIL Equiv)	F	-
KRINTAFEL TAB 150MG (<i>tafenoquine succinate</i>)	F	-
MEFLOQUINE TAB 250MG (<i>mefloquine hcl</i>)	F	-
<i>mefloquine tab 250MG</i>	F	-
<i>primaquine tab 26.3MG</i>	F	-
<i>pyrimethamine tab 25MG</i>	F	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		

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ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	F	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	F	-
RUZURGI TAB 10MG (<i>amifampridine</i>)	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
<i>isonarif cap</i> (RIFAMATE Equiv)	F	-
RIFAMATE CAP 150MG-300MG (<i>isoniazid & rifampin</i>)	F	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	F	-
ISONIAZID SYRUP 50MG/5ML (<i>isoniazid</i>)	F	-
ISONIAZID TAB 100MG (<i>isoniazid</i>)	F	-
<i>isoniazid tab 100MG, 300MG</i>	F	-
PRETOMANID TAB 200MG (<i>pretomanid</i>)	F	QL-RS Restricted to Infectious Disease Specialist. QL= 1 tab/day
PRIFTIN TAB 150MG (<i>rifapentine</i>)	F	-
PYRAZINAMIDE TAB 500MG (<i>pyrazinamide</i>)	F	-
<i>pyrazinamide tab 500MG</i>	F	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	F	-

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<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	F	-
ANTINEOPLASTICS - Drugs to treat cancer		
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	F	LMSP
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		
AFINITOR TAB 10MG 10MG (<i>everolimus</i>)	F	LMSP-PA-QL-SF QL= 1 tab/day
<i>cyclophosphamide cap 25MG, 50MG</i>	F	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG (<i>lomustine</i>)	F	-
HEXALEN CAP 50MG (<i>altretamine</i>)	F	LMSP
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	F	LMSP
<i>melphalan tab 2MG</i> (ALKERAN Equiv)	F	LMSP
MYLERAN TAB 2MG (<i>busulfan</i>)	F	LMSP
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	F	LMSP
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	F	-
<i>methotrexate inj 1GM</i>	F	-
<i>methotrexate tab 2.5MG</i> (TREXALL Equiv)	F	-

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TABLOID TAB 40MG (<i>thioguanine</i>)	F	-
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		
VENCLEXTA STARTER PACK (<i>venetoclax</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	F	KMSP-PA-SF
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)	F	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	F	-
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	F	-
ERLEADA TAB 60MG (<i>apalutamide</i>)	F	LMSP-PA-QL QL= 4 tabs/day

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<i>exemestane tab 25MG</i> (AROMASIN Equiv)	F	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>flutamide cap 125MG</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</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
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	F	-
<i>toremifene tab 60MG</i> (FARESTON Equiv)	F	-
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>)	F	KMSP-PA-QL QL=21 caps/28 days
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
XPOVIO PAK 20MG (<i>selinexor</i>)	F	LD-PA-QL-SF QL=32 tabs/28 days, Only available through Biologics 800-850-4306
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		

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LONSURF TAB 6.14MG-15MG, 8.19MG-20MG <i>(trifluridine-tipiracil)</i>	F	LD-PA Only available through Walgreens 888-347-3416
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
AFINITOR DISPERZ 2MG, 3MG, 5MG <i>(everolimus)</i>	F	LMSP-PA-QL-SF QL= 1 tab/day
ALECENSA CAP 150MG <i>(alectinib hcl)</i>	F	LMSP-PA-QL QL= 8 caps/day
ALUNBRIG TAB 180MG 180MG <i>(brigatinib)</i>	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 30MG 30MG <i>(brigatinib)</i>	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG 90MG <i>(brigatinib)</i>	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
AYVAKIT TAB 100MG, 200MG, 300MG <i>(avapritinib)</i>	F	LD-PA-QL-SF QL=1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 5MG <i>(erdafitinib)</i>	F	LD-PA-QL-SF QL= 1 tab/day; Only available through US Bioservices 888-518-7246

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BALVERSA TAB 3MG 3MG (<i>erdafitinib</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG 4MG (<i>erdafitinib</i>)	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>)	F	KMSP-PA-SF
BRAFTOVI CAP 50MG 50MG (<i>encorafenib</i>)	F	LD-PA-QL QL=4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
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 Biologics 800-850-4306
CABOMETYX TAB 20MG, 40MG, 60MG (<i>cabozantinib s-malate</i>)	F	MSP-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG (<i>acalabrutinib</i>)	F	LD-PA-QL-SF QL=2 cap/day; Only available through Diplomat Pharmacy 877-977-9118
CAPRELSA TAB 100MG, 300MG (<i>vandetanib</i>)	F	LD-PA Only available through Biologics 800-850-4306

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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	MSP-PA-QL QL= 3 tabs/day
<i>erlotinib tab 100MG, 150MG, 25MG</i> (TARCEVA Equiv)	F	LMSP-PA-SF
<i>everolimus tab 2.5MG, 5MG, 7.5MG</i> (AFINITOR TAB Equiv)	F	LMSP-PA-QL-SF QL= 1 tab/day
FARYDAK CAP 10MG, 15MG, 20MG (<i>panobinostat lactate</i>)	F	MSP-PA-QL QL= 6 caps/21 days
GILOTRIF TAB 20MG, 30MG, 40MG (<i>afatinib dimaleate</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
IBRANCE CAP 100MG, 125MG, 75MG (<i>palbociclib</i>)	F	KMSP-PA-QL QL= 21 caps/28 days
IBRANCE TAB 100MG, 125MG, 75MG (<i>palbociclib</i>)	F	KMSP-PA-QL QL= 21 tabs/28 days
ICLUSIG TAB 10MG, 30MG 10MG, 30MG (<i>ponatinib hcl</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Available only at AcariaHealth 1-800-511-5144

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ICLUSIG TAB 15MG 15MG (<i>ponatinib hcl</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Available only at AcariaHealth 1-800-511-5144
ICLUSIG TAB 15MG 15MG (<i>ponatinib hcl</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Available only at AcariaHealth 1-800-511-5144
ICLUSIG TAB 45MG 45MG (<i>ponatinib hcl</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Available only at AcariaHealth 1-800-511-5144
ICLUSIG TAB 45MG 45MG (<i>ponatinib hcl</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Available only at AcariaHealth 1-800-511-5144
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
IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG (<i>ibrutinib</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118

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INLYTA TAB 1MG, 5MG (<i>axitinib</i>)	F	KMSP-PA-QL-SF QL= 8 tabs/day
IRESSA TAB 250MG (<i>gefitinib</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>)	F	MSP-PA-QL QL= 2 tabs/day
KOSELUGO CAP 10MG, 25MG (<i>selumetinib sulfate</i>)	F	LD-PA-QL QL=4 caps/day; Only available through Onco360 Pharmacy 877-662-6633
<i>lapatinib ditosylate tab 250MG</i>	F	LMSP-PA
LENVIMA CAP 10MG, 4MG (<i>lenvatinib mesylate</i>)	F	LD-PA-QL QL= 3 caps/day; Only available through Accredo 800-803-2523
LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>)	F	KMSP-PA-QL-SF QL=1 tab/day
LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>)	F	KMSP-PA-QL-SF QL=3 tabs/day
LYNPARZA CAP 50MG (<i>olaparib</i>)	F	LD-PA-QL-SF QL=16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB 100MG, 150MG (<i>olaparib</i>)	F	LD-PA-QL-SF QL=4 tab/day; Only available through Biologics 800-850-4306

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MEKINIST TAB 0.5MG .5MG (<i>trametinib dimethyl sulfoxide</i>)	F	LMSP-PA-QL QL=3 tabs/day
MEKINIST TAB 2MG 2MG (<i>trametinib dimethyl sulfoxide</i>)	F	LMSP-PA-QL QL=1 tab/day
MEKTOVI TAB 15MG (<i>binimetinib</i>)	F	LD-PA-QL QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NERLYNX TAB 40MG (<i>neratinib maleate</i>)	F	LD-PA-QL-SF QL=6 tab/day
NEXAVAR TAB 200MG (<i>sorafenib tosylate</i>)	F	MSP-PA-SF
NINLARO CAP 2.3MG, 3MG, 4MG (<i>ixazomib citrate</i>)	F	KMSP-PA
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG (<i>pemigatinib</i>)	F	LD-PA-QL QL=14 tabs/21 days; 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 tab/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG (<i>selpercatinib</i>)	F	LMSP-PA-QL-SF QL=4 caps/day
ROZLYTREK CAP 100MG, 200MG (<i>entrectinib</i>)	F	MSP-PA-QL-SF QL=3 caps/day

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RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>)	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779.
RYDAPT CAP 25MG (<i>midostaurin</i>)	F	LMSP-PA
SPRYCEL TAB 100MG, 140MG, 50MG, 70MG, 80MG (<i>dasatinib</i>)	F	LMSP-PA-QL-SF QL= 1 tab/day
SPRYCEL TAB 20MG 20MG (<i>dasatinib</i>)	F	LMSP-PA-QL-SF QL= 3 tabs/day
STIVARGA TAB 40MG (<i>regorafenib</i>)	F	MSP-PA-QL-SF QL= 4 tabs/day
SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG (<i>sunitinib malate</i>)	F	KMSP-PA-SF
TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>)	F	LMSP-PA-QL-SF QL=4 tabs/day
TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>)	F	LMSP-PA-QL QL= 4 caps/day
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
TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>)	F	KMSP-PA-QL-SF QL=3 caps/day
TALZENNA CAP 1MG 1MG (<i>talazoparib tosylate</i>)	F	KMSP-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>)	F	LMSP-PA-SF

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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
TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>)	F	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 Pharmacy 877-662-6633
TIBSOVO TAB 250MG (<i>ivosidenib</i>)	F	LD-PA-QL QL=2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TUKYSA TAB 150MG, 50MG (<i>tucatinib</i>)	F	LD-PA-QL-SF QL=4 tab/day; Only available through Biologics 800-850-4306
TURALIO CAP 200MG (<i>pexidartinib hcl</i>)	F	LD-PA-QL-SF QL=4 caps/day; Only available through Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>)	F	LMSP-PA-QL-SF QL=2 tab/day
VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>)	F	LD-PA-QL-SF QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>)	F	LD-PA-QL-SF QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>)	F	LD-PA-QL-SF QL=10ml/day; Only available through US Bioservices 888-518-7246
VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>)	F	KMSP-PA-QL-SF QL=1 tab/day

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
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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VOTRIENT TAB 200MG (<i>pazopanib hcl</i>)	F	LMSP-PA-SF
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	F	KMSP-PA-QL-SF QL=2 cap/day
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	F	LD-PA-QL-SF QL=3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	F	LD-PA-QL-SF QL=3 cap/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	F	MSP-PA-QL QL=8 tabs/day
ZOLINZA CAP 100MG (<i>vorinostat</i>)	F	LMSP-PA-SF
ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP 150MG (<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		
ACTIMMUNE INJ 2000000UNIT/0.5ML (<i>interferon gamma-1b</i>)	F	LD-PA Only available through Walgreens 888-347-3416
ALFERON-N INJ 5MU/ML (<i>interferon alfa-n3</i>)	F	LMSP

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<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	F	LMSP-PA-SF
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	F	-
INTRON-A INJ 10MU/ML, 6000000UNIT/ML (<i>interferon alfa-2b</i>)	F	KMSP
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	F	-
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	F	-
MESNEX TAB 400MG (<i>mesna</i>)	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>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
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)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>amantadine syrup 50MG/5ML</i> (SYMMETREL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>amantadine tab 100MG</i> (SYMMETREL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<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	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	F	-
<i>carbidopa/levodopa tab</i> (SINEMET Equiv)	F	-
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>carbidopa-levodopa-entacapone</i>)	F	-
GOCOVRI CAP 137MG, 68.5MG (<i>amantadine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR (<i>rotigotine</i>)	F	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	F	-

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<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	-
XADAGO TAB 100MG, 50MG (<i>safinamide mesylate</i>)	F	PA-QL QL=1 tab/day
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>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
OSMOLEX ER TAB 129MG, 193MG, 258MG (<i>amantadine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
LITHIUM CARBONATE CAP 150MG, 600MG (<i>lithium carbonate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lithium carbonate cap 150MG, 300MG, 600MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>lithium carbonate tab 300MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LITHIUM CITRATE SOLN 8MEQ/5ML (<i>lithium</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lithium citrate soln</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LITHIUM POWDER (<i>lithium carbonate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LITHOBID TAB 300MG (<i>lithium carbonate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
CAPLYTA CAP 42MG (<i>lumateperone tosylate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EQUETRO CAP 100MG, 200MG, 300MG (<i>carbamazepine (antipsychotic)</i>)	F	-
GEODON CAP 20MG, 40MG, 60MG, 80MG (<i>ziprasidone hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
GEODON INJ 20MG (<i>ziprasidone mesylate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LATUDA TAB 120MG, 20MG, 40MG, 60MG, 80MG (<i>lurasidone hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NUPLAZID CAP 34MG (<i>pimavanserin tartrate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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NUPLAZID TAB 10MG, 17MG (<i>pimavanserin tartrate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VRAYLAR PACK (<i>cariprazine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>ziprasidone mesylate inj 20MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
BENZISOXAZOLES - Drugs to treat mood disorders		
FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG (<i>iloperidone</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FANAPT TITRATION PACK (<i>iloperidone</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
INVEGA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 273MG/0.875ML, 39MG/0.25ML, 410MG/1.315ML, 546MG/1.75ML, 78MG/0.5ML, 819MG/2.625ML (<i>paliperidone palmitate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG (<i>paliperidone</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>paliperidone SR tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PERSERIS INJ 120MG, 90MG (<i>risperidone</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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RISPERDAL INJ 12.5MG, 25MG, 37.5MG, 50MG <i>(risperidone microspheres)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RISPERDAL M ODT .5MG, 1MG, 2MG, 3MG, 4MG <i>(risperidone)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RISPERDAL SOLN 1MG/ML <i>(risperidone)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RISPERDAL TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG <i>(risperidone)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RISPERIDONE ODT .25MG (RISPERDAL M Equiv) <i>(risperidone)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>risperidone ODT .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
BUTYROPHENONES - Drugs to treat mood disorders		
HALDOL INJ 5MG/ML <i>(haloperidol lactate)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>haloperidol inj 5MG/ML</i> (HALDOL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>haloperidol lactate conc 2MG/ML</i> (HALDOL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
DIBENZAPINES - Drugs to treat mood disorders		
ADASUVE INHALER 10MG (<i>loxapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>asenapine maleate sl tab 10MG, 2.5MG, 5MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CLOZAPINE ODT 12.5MG, 150MG, 200MG (<i>clozapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>clozapine ODT 25mg, 100mg 100MG, 25MG</i> (CLOZAPINE/FAZACLO Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CLOZAPINE ODT/FAZACLO ODT 100MG, 12.5MG, 25MG (<i>clozapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CLOZARIL TAB 100MG, 200MG, 25MG, 50MG (<i>clozapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FAZACLO ODT 12.5MG, 150MG, 200MG (<i>clozapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LOXITANE CAP (<i>loxapine succinate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>olanzapine inj 10MG</i> (ZYPREXA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SAPHRIS SL TAB 10MG, 2.5MG, 5MG (<i>asenapine maleate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VERSACLOZ SUSP 50MG/ML (<i>clozapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZYPREXA INJ 10MG (<i>olanzapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZYPREXA RELPREVV INJ 210MG, 300MG, 405MG (<i>olanzapine pamoate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (<i>olanzapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG (<i>olanzapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
DIHYDROINDOLONES - Drugs to treat mood disorders		
MOLINDONE TAB 10MG, 25MG, 5MG (<i>molindone hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PHENOTHIAZINES - Drugs to treat mood disorders		
<i>chlorpromazine hcl inj 25MG/ML</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CHLORPROMAZINE INJ 50MG/2ML (<i>chlorpromazine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FLUPHENAZINE CONC 5MG/ML (<i>fluphenazine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FLUPHENAZINE DECONATE INJ 25MG/ML (PROLIXIN Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FLUPHENAZINE ELIXIR 2.5MG/5ML (<i>fluphenazine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FLUPHENAZINE INJ 2.5MG/ML (<i>fluphenazine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	F	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	F	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
ABILIFY DISCMELT (<i>aripiprazole</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ABILIFY MAINTENA INJ 300MG, 400MG (<i>aripiprazole</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ABILIFY MYCITE TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (<i>aripiprazole</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ABILIFY SOLN (<i>aripiprazole</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (<i>aripiprazole</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>aripiprazole ODT 10MG, 15MG</i> (ABILIFY Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>aripiprazole soln 1MG/ML</i> (ABILIFY Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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ARISTADA SYRINGE 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 675MG/2.4ML, 882MG/3.2ML (<i>aripiprazole lauroxil</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
REXULTI TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG (<i>brexpiprazole</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
THIOXANTHENES - Drugs to treat mood disorders		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ANTISEPTICS & DISINFECTANTS - Drugs to treat bacterial infections		
ANTISEPTICS & DISINFECTANTS - Drugs to treat bacterial infections		
<i>hydrogen peroxide soln 3%</i>	F	OTC
CHLORINE ANTISEPTICS - Drugs to treat bacterial infections		
<i>chlorhexidine gluconate liquid 4%</i> (HIBICLENS Equiv)	F	OTC
IODINE ANTISEPTICS - Drugs to treat bacterial infections		
<i>povidone-iodine soln 10%, 7.5%</i> (BETADINE Equiv)	F	OTC
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
APTIVUS CAP 250MG (<i>tipranavir</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
APTIVUS SOLN 100MG/ML (<i>tipranavir</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ATRIPLA TAB 200MG-300MG-600MG (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
BIKTARVY TAB 25MG-50MG-200MG (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CIMDUO TAB 300MG (<i>lamivudine-tenofovir disoproxil fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
COMBIVIR TAB 150MG-300MG (<i>lamivudine-zidovudine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
COMPLERA TAB 25MG-200MG-300MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CRIXIVAN CAP 200MG, 400MG (<i>indinavir sulfate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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DELSTRIGO TAB 100MG-300MG (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
DESCOVY TAB 25MG-200MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>didanosine DR cap 200MG, 250MG, 400MG</i> (VIDEX EC Equiv)	F	-
DOVATO TAB 50MG-300MG (<i>dolutegravir sodium-lamivudine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>efavirenz cap 200MG, 50MG</i> (SUSTIVA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>efavirenz/emtricitabine/tenofovir tab 200MG-300MG-600MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>efavirenz-lamivudine-tenofovir df tab 300MG-400MG, 300MG-600MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>emtricitabine cap 200MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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EMTRIVA CAP 200MG (<i>emtricitabine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EMTRIVA SOLN 10MG/ML (<i>emtricitabine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EPIVIR SOLN 10MG/ML (<i>lamivudine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EPIVIR TAB 150MG, 300MG (<i>lamivudine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EPZICOM TAB 300MG-600MG (<i>abacavir sulfate-lamivudine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ETOVAZ TAB 150MG-300MG (<i>atazanavir sulfate-cobicistat</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>fosamprenavir tab 700MG</i> (LEXIVA TAB Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
FUZEON INJ 90MG (<i>enfuvirtide</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
GENVOYA TAB 10MG-150MG-200MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
INTELENCE TAB 100MG, 200MG, 25MG (<i>etravirine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
INVIRASE CAP 200MG (<i>saquinavir mesylate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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INVIRASE TAB 500MG (<i>saquinavir mesylate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ISENTRESS CHEW TAB 100MG, 25MG (<i>raltegravir potassium</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ISENTRESS POWDER PACK 100MG (<i>raltegravir potassium</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ISENTRESS TAB 400MG, 600MG (<i>raltegravir potassium</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
JULUCA TAB 25MG-50MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
KALETRA SOLN 100MG/5ML-400MG/5ML (<i>lopinavir-ritonavir</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
KALETRA TAB 25MG-100MG, 50MG-200MG (<i>lopinavir-ritonavir</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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<i>nevirapine ER tab 100MG, 400MG</i> (VIRAMUNE XR Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NEVIRAPINE SUSP (VIRAMUNE Equiv) (<i>nevirapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>nevirapine susp 50MG/5ML</i> (VIRAMUNE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NORVIR CAP 100MG (<i>ritonavir</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NORVIR POWDER PACKET 100MG (<i>ritonavir</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NORVIR SOLN 80MG/ML (<i>ritonavir</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NORVIR TAB 100MG (<i>ritonavir</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ODEFSEY TAB 25MG-200MG (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PIFELTRO TAB 100MG (<i>doravirine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PREZCOBIX TAB 150MG-800MG (<i>darunavir-cobicistat</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PREZISTA SUSP 100MG/ML (<i>darunavir ethanolate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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PREZISTA TAB 150MG, 600MG, 75MG, 800MG (<i>darunavir ethanolate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RESCRIPTOR TAB 100MG, 200MG (<i>delavirdine mesylate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
REYATAZ CAP 150MG, 200MG, 300MG (<i>atazanavir sulfate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
REYATAZ POWDER PACK 50MG (<i>atazanavir sulfate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>ritonavir tab 100MG</i> (NORVIR TAB Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SELZENTRY ORAL SOLN 20MG/ML (<i>maraviroc</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SELZENTRY TAB 150MG, 25MG, 300MG, 75MG (<i>maraviroc</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i> (ZERIT Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>stavudine soln</i> (ZERIT Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
STRIBILD TAB 150MG-200MG-300MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SUSTIVA CAP 200MG, 50MG (<i>efavirenz</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SUSTIVA TAB 600MG (<i>efavirenz</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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SYMFI (LO) TAB 300MG-400MG, 300MG-600MG (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SYMTUZA TAB 10MG-150MG-200MG-800MG (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>tenofovir disoproxil fumarate tab 300MG</i> (VIREAD Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TIVICAY TAB 10MG, 25MG, 50MG (<i>dolutegravir sodium</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TRIUMEQ TAB 50MG-300MG-600MG (<i>abacavir-dolutegravir-lamivudine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TRIZIVIR TAB 150MG-300MG (<i>abacavir sulfate-lamivudine-zidovudine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TROGARZO INJ 200MG/1.33ML (<i>ibalizumab-uiyk</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TRUVADA TAB 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TYBOST TAB 150MG (<i>cobicistat</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIRACEPT POWDER (<i>nelfinavir mesylate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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VIRACEPT TAB 250MG, 625MG (<i>nelfinavir mesylate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIRAMUNE SUSP 50MG/5ML (<i>nevirapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIRAMUNE TAB 200MG (<i>nevirapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIRAMUNE XR TAB 100MG (<i>nevirapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIRAMUNE XR TAB 100MG, 400MG (<i>nevirapine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIREAD POW 40MG/GM (<i>tenofovir disoproxil fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIREAD TAB 150MG, 200MG, 250MG (<i>tenofovir disoproxil fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VIREAD TAB 300MG 300MG (<i>tenofovir disoproxil fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VITEKTA TAB 150MG, 85MG (<i>elvitegravir</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZERIT CAP 15MG, 20MG, 30MG, 40MG (<i>stavudine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZERIT SOLN 1MG/ML (<i>stavudine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ZIAGEN SOLN 20MG/ML (<i>abacavir sulfate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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ZIAGEN TAB 300MG (<i>abacavir sulfate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<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	-
CMV AGENTS - Drugs to treat viral infections		
<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> (BARACLUDGE Equiv)	F	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML (<i>lamivudine (hbv)</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
EPIVIR HBV TAB 100MG (<i>lamivudine (hbv)</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
MAVYRET TAB 40MG-100MG (<i>glecaprevir-pibrentasvir</i>)	F	LMSP-PA-QL QL=3 tabs/day
PEGASYS INJ 135MCG/0.5ML, 180MCG/0.5ML, 180MCG/ML (<i>peginterferon alfa-2a</i>)	F	LMSP
REBETOL SOLN 40MG/ML (<i>ribavirin (hepatitis c)</i>)	F	LMSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	F	LMSP

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<i>ribavirin tab 200MG</i> (COPEGUS Equiv)	F	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (<i>sofosbuvir-velpatasvir</i>)	F	LMSP-PA-QL QL=1 tab/day
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VOSEVI TAB 100MG-400MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	F	LMSP-PA-QL
HERPES AGENTS - Drugs to treat viral infections		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	F	-
<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= 20 units/fill
RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>)	F	-

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ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB 125MG (<i>penicillamine</i>)	F	-
ENZYMES ***		
AMPHADASE INJ 150UNIT/ML (<i>hyaluronidase bovine</i>)	F	PA
HYLENEX INJ 150UNIT/ML (<i>hyaluronidase human</i>)	F	PA
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG (<i>lenalidomide</i>)	F	KMSP-PA-QL QL= 1 cap/day
THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>)	F	KMSP-PA
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	F	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	F	-
<i>cyclosporine modified cap, gengraf cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	F	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	F	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	F	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	F	-

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<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT Equiv)	F	-
<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	F	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML (<i>cyclosporine</i>)	F	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	F	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	F	-
ZORTRESS TAB 1MG 1MG (<i>everolimus</i> (<i>immunosuppressant</i>))	F	LMSP-PA
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
<i>sodium polystyrene powder</i> (KAYEXALATE Equiv)	F	-
<i>sodium polystyrene susp 15GM/60ML, 30GM/120ML, 50GM/200ML</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	-

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<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	F	-
<i>metoprolol tab 100MG, 25MG, 50MG</i> (LOPRESSOR Equiv)	F	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
<i>nadolol tab 20MG, 40MG, 80MG</i> (CORGARD Equiv)	F	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	F	-
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	F	-
PROPRANOLOL SOLN 20MG/5ML, 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 120MG, 160MG, 240MG, 80MG</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	-

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<i>diltiazem ER cap 120MG, 180MG, 240MG</i> (TIAZAC Equiv)	F	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	F	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	F	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	F	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	F	-
VERAPAMIL CAP 300MG (<i>verapamil hcl</i>)	F	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN PM Equiv)	F	-
VERAPAMIL SR CAP 360MG 360MG (<i>verapamil hcl</i>)	F	-
<i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR 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		
DIGOXIN SOLN .05MG/ML (LANOXIN Equiv) (<i>digoxin</i>)	F	-
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	F	-
<i>digoxin tab</i> (LANOXIN Equiv)	F	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		

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IMPOTENCE AGENTS - drugs to treat erectile dysfunction		
CIALIS TAB 10MG, 2.5MG, 20MG, 5MG (<i>tadalafil</i>)	EXC	-
LEVITRA TAB 10MG, 2.5MG, 20MG, 5MG (<i>varденаfil hcl</i>)	EXC	-
<i>tadalafil tab 10MG, 2.5MG, 20MG, 5MG</i> (CIALIS Equiv)	EXC	-
<i>varденаfil tab 10MG, 2.5MG, 20MG, 5MG</i> (LEVITRA Equiv)	EXC	-
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
TYVASO INH SOLN .6MG/ML (<i>treprostinil</i>)	F	LD-PA Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML (<i>iloprost</i>)	F	LD-PA Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416

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OPSUMIT TAB 10MG (<i>macitentan</i>)	F	LD-PA Only available through CVS Specialty 800-237-2767
TRACLEER TAB 32MG 32MG (<i>bosentan</i>)	F	LD-PA-QL QL= 4 tabs/day; Only available through Walgreens 888-347-3416
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	F	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	F	LMSP-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 Only available through Accredo 800-803-2523; QL=2 tab/day
TRANSTHYRETIN STABILIZERS - drugs to treat heart problems due to transthyretin amyloidosis		
VYNDAMAX CAP 61MG (<i>tafamidis</i>)	F	MSP-PA-QL QL=1 cap/day
VYNDAQEL CAP 20MG (<i>tafamidis meglumine (cardiac)</i>)	F	MSP-PA-QL QL=4 caps/day
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	F	-

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<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	F	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
<i>cefuroxime susp</i> (CEFTIN Equiv)	F	-
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	F	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	F	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	F	-
CHEMICALS - Miscellaneous chemicals		
BULK CHEMICALS - P'S - Miscellaneous compounding ingredients		
PROMAZINE POWDER (<i>promazine hcl (bulk)</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	F	-
<i>ashlyna tab, daysee tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	F	-
<i>cryselle tab .3MG-30MCG</i> (LO/OVRAL Equiv)	F	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	F	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	F	-
<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	F	-

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<i>junel FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	F	-
<i>junel tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	F	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	F	-
<i>layolis FE tab, wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv)	F	-
<i>mononessa tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	F	-
NECON TAB 35MCG (<i>norethindrone-eth estradiol (biphasic)</i>)	F	-
<i>nortrel 7/7/7 tab, pirmella 7/7/7 tab</i> (TRI-NORINYL Equiv)	F	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	F	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	F	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN Equiv)	F	-
TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>)	F	-
<i>velivet tab</i> (CYCLESSA Equiv)	F	-
<i>vienna tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	F	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	F	-

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COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
XULANE PATCH 35MCG/24HR-150MCG/24HR (<i>norelgestromin-ethinyl estradiol</i>)	F	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
<i>eluryng vaginal ring .015MG/24HR-.12MG/24HR</i> (NUVARING Equiv)	F	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	F	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	F	OTC
LEVONORGESTREL TAB 0.75MG (<i>levonorgestrel (emergency oc)</i>)	F	-
PLAN B TAB 1.5MG (<i>levonorgestrel (emergency oc)</i>)	F	OTC
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
<i>norethindrone tab .35MG</i> (NORA-QD Equiv)	F	-
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 SOLN .5MG/5ML (<i>dexamethasone</i>)	F	-
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 4MG, 6MG</i> (DECADRON Equiv)	F	-

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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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>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	F	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	F	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	F	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	F	-
PREDNISOLONE ORAL SYRUP 15MG/5ML (<i>prednisolone</i>)	F	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 5MG/5ML</i> (PEDIAPRED Equiv)	F	-
<i>prednisolone syrup 15MG/5ML</i> (PRELONE Equiv)	F	-
PREDNISONONE SOLN 5MG/5ML (<i>prednisone</i>)	F	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	F	-
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	F	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG</i> (TESSALON Equiv)	F	-
<i>dextromethorphan cap 15MG</i> (ROBITUSSIN Equiv)	F	OTC Only covered for members age 2 years or older

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<i>dextromethorphan ER liquid 30MG/5ML</i> (DELSYM Equiv)	F	OTC Only covered for members age 2 years or older
<i>dextromethorphan syrup 10MG/5ML, 15MG/5ML, 7.5MG/5ML</i> (BENYLIN PEDIATRIC Equiv)	F	OTC Only covered for members age 2 years or older
<i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML</i> (HYCODAN Equiv)	F	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
<i>brompheniram/phenylephrine/dm soln 1MG/5ML-2.5MG/5ML-5MG/5ML</i>	F	OTC Only covered for members age 2 years or older
BROTAPP DM LIQUID 1MG/5ML-5MG/5ML-15MG/5ML (<i>pseudoephed-bromphen-dm</i>)	F	OTC Only covered for members age 2 years or older
<i>cetirizine/pseudoephedrine 12-hour tab 5MG-120MG</i> (ZYRTEC Equiv)	F	OTC-QL QL= 1 tab/day
DECON-A ELIXIR 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 2MG/ML-5MG/ML, 4MG/5ML-10MG/5ML (<i>brompheniramine & phenyleph</i>)	EXC	-

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<i>dextromethorphan hb/doxylamine soln</i> <i>12.5MG/10ML-30MG/10ML,</i> <i>12.5MG/20ML-30MG/20ML,</i> <i>12.5MG/30ML-30MG/30ML,</i> <i>3.125MG/5ML-7.5MG/5ML,</i> <i>6.25MG/15ML-15MG/15ML</i> (VICKS NYQUIL COUGH Equiv)	F	OTC Only covered for members age 2 years or older
DEXTROMETHORPHAN/PHENYLEPHRINE LIQUID <i>2.5MG/5ML-5MG/5ML</i> (<i>phenylephrine-dm</i>)	F	OTC Only covered for members age 2 years or older
<i>dextromethorphan/phenylephrine liquid</i> <i>2.5MG/5ML-5MG/5ML</i>	F	OTC Only covered for members age 2 years or older
<i>diphenhydramine/phenylephrine/acetaminophen liquid</i> <i>10MG/30ML-25MG/30ML-650MG/30ML,</i> <i>2.5MG/5ML-6.25MG/5ML-160MG/5ML,</i> <i>5MG/10ML-12.5MG/10ML-325MG/10ML,</i> <i>5MG/15ML-12.5MG/15ML-325MG/15ML</i>	F	OTC Only covered for members age 2 years or older
<i>d-methorphan hb/p-epd hcl/bpm elixir</i> (DIMETAPP DM COLD/COUGH Equiv)	F	OTC Only covered for members age 2 years or older
<i>d-methorphan hb/p-ephed hcl/cp liquid</i> <i>1MG/5ML-5MG/5ML-15MG/5ML</i> (CHILDRENS NYQUIL COLD Equiv)	F	OTC Only covered for members age 2 years or older

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<i>d-methorphan/acetamin/doxylamn liquid 12.5MG/30ML-30MG/30ML-1000MG/30ML, 12.5MG/30ML-30MG/30ML-650MG/30ML, 6.25MG/15ML-15MG/15ML-325MG/15ML, 6.25MG/15ML-15MG/15ML-500MG/15ML</i> (VICKS NYQUIL COLD/FLU Equiv)	F	OTC Only covered for members age 2 years or older
<i>d-methorphan/pe/acetaminophen cap 5MG-10MG-325MG</i> (DAY TIME MULTI-SYMPTOM Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/codeine liquid 7.5MG/5ML-225MG/5ML</i> (MAR-COF CG Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/codeine soln 10MG/5ML-100MG/5ML, 6.3MG/5ML-100MG/5ML</i> (TUSSI-ORGANIDIN-S Equiv)	F	OTC Only covered for members age 2 years or older
GUAIFENESIN/CODEINE SYRUP 6.3MG/5ML-100MG/5ML (<i>guaifenesin-codeine</i>)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/dextromethorphan cap 10MG-200MG</i>	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/dextromethorphan ER tab 30MG-600MG, 60MG-1200MG</i> (DURADEX Equiv)	F	OTC Only covered for members age 2 years or older

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<i>guaifenesin/dextromethorphan liquid 10MG/5ML-100MG/5ML</i> (GNP DAY TIME MUCUS RELIEF Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/dextromethorphan tab 20MG-400MG</i> (HUMIBID CS Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/d-methorphan hb/pe syrup 5MG/5ML-10MG/5ML-100MG/5ML</i> (TUSSAFED EX Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin/pseudoephedrine tab 120MG-1200MG, 60MG-600MG</i> (PROFEN II Equiv)	F	OTC Only covered for members age 2 years or older
LOHIST-D LIQUID 2MG/5ML-30MG/5ML (<i>chlorpheniramine & pseudoeph</i>)	F	OTC Only covered for members age 2 years or older
<i>loratadine/pseudoephedrine 12-hour tab 5MG-120MG</i> (CLARITIN-D Equiv)	F	OTC-QL QL= 2 tabs/day
<i>loratadine/pseudoephedrine 24-hour tab 10MG-240MG</i> (CLARITIN-D Equiv)	F	OTC-QL QL= 1 tab/day
PEDIATRIC COUGH/COLD LIQUID 1MG/5ML-5MG/5ML-15MG/5ML (<i>pseudoephedrine-chlorphen-dm</i>)	F	OTC Only covered for members age 2 years or older

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<i>phenylphrine/brompheniramine elixir</i> 1MG/5ML-2.5MG/5ML (DIMETAPP COLD/ALLERGY Equiv)	F	OTC Only covered for members age 2 years or older
PHENYLDPHRINE/BROMPHENIRAMINE TAB 4MG-10MG (<i>brompheniramine & phenyleph</i>)	F	OTC Only covered for members age 2 years or older
<i>phenylephrine/chlorpheniramine liquid</i> 4MG/5ML-10MG/5ML (ED A-HIST Equiv)	F	OTC Only covered for members age 2 years or older
<i>phenylephrine/chlorpheniramine tab 4MG-10MG</i>	F	OTC Only covered for members age 2 years or older
<i>phenylephrine/diphenhydramine liquid</i> 2.5MG/5ML-6.25MG/5ML (TRIAMINIC COLD Equiv)	F	OTC Only covered for members age 2 years or older
<i>phenylephrine/dm/acetaminop/gg liquid</i> 10MG/20ML-20MG/20ML-400MG/20ML-650MG/20ML, 10MG/30ML-20MG/30ML-400MG/30ML-650MG/30ML, 5MG/10ML-10MG/10ML-200MG/10ML-325MG/10ML, 5MG/15ML-10MG/15ML-200MG/15ML-325MG/15ML (TYLENOL COUGH Equiv)	F	OTC Only covered for members age 2 years or older

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<i>phenylephrine/dm/acetaminop/gg tab</i> 5MG-10MG-100MG-325MG, 5MG-10MG-200MG-325MG (SUDAFED PE COLD/COUGH Equiv)	F	OTC Only covered for members age 2 years or older
PHENYLEPRINE/ACETAMIN/DOXYLAMINE CAP 5MG-6.25MG-325MG <i>(doxylamine-phenylephrine-acetaminophen)</i>	F	OTC Only covered for members age 2 years or older
<i>promethazine DM syrup 6.25MG/5ML-15MG/5ML</i>	F	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML <i>(promethazine & phenylephrine)</i>	F	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i>	F	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML <i>(promethazine-phenylephrine-codeine)</i>	F	-
<i>promethazine VC/codeine syrup</i> 5MG/5ML-6.25MG/5ML-10MG/5ML	F	-
<i>promethazine/codeine syrup</i> 6.25MG/5ML-10MG/5ML (PHENERGAN/CODIENE Equiv)	F	-
<i>pseudoephedrine/brompheniramine liquid</i> 1MG/5ML-15MG/5ML (DIMETAPP COLD/ALLERGY Equiv)	F	OTC Only covered for members age 2 years or older

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<i>pseudoephedrine/chlorpheniramine tab 4MG-60MG</i> (DECONAMINE Equiv)	F	OTC Only covered for members age 2 years or older
<i>pseudoephedrine/triprolidine tab 2.5MG-60MG</i> (ACTIFED COLD/ALLERGY Equiv)	F	OTC Only covered for members age 2 years or older
TUSSIN CF LIQUID 1.25MG/ML-2.5MG/ML-25MG/ML, 10MG/15ML-18MG/15ML-396MG/15ML, 10MG/5ML-20MG/5ML-200MG/5ML, 10MG/5ML-20MG/5ML-400MG/5ML, 10MG/5ML-28MG/5ML-388MG/5ML, 10MG/5ML-29MG/5ML-390MG/5ML, 10MG/5ML-30MG/5ML-200MG/5ML, 2.5MG/5ML-5MG/5ML-50MG/5ML, 2.5MG/ML-7.5MG/ML-88MG/ML, 7.5MG/5ML-30MG/5ML-200MG/5ML (<i>phenylephrine w/ dm-gg</i>)	F	OTC Only covered for members age 2 years or older
EXPECTORANTS - Drugs to thin and loosen mucus in the chest		
<i>guaifenesin ER tab 1200MG, 600MG</i> (MUCINEX Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin liquid 100MG/5ML, 200MG/10ML, 300MG/15ML, 400MG/20ML</i> (ORGANIDIN Equiv)	F	OTC Only covered for members age 2 years or older

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<i>guaifenesin syrup 100MG/5ML, 200MG/10ML</i> (ROBITUSSIN Equiv)	F	OTC Only covered for members age 2 years or older
<i>guaifenesin tab 200MG, 400MG</i> (ALLFEN Equiv)	F	OTC Only covered for members age 2 years or older
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
NEBUSAL NEB SOLN 3.5%, 6% (<i>sodium chloride (inhalant)</i>)	F	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	F	-
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 – members age 35 or older require Prior Authorization
<i>adapalene gel 0.3% .3%</i> (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (ACCUTANE Equiv)	F	-

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<i>benzoyl peroxide cream 10%, 2.5%</i>	F	OTC-QL QL= 1 tube/30 days
<i>benzoyl peroxide gel 10%, 2.5%, 5%</i> (BENZAC AC Equiv)	F	OTC-QL QL= 1 tube/30 days
<i>benzoyl peroxide liquid 10%, 4%, 5%, 7%</i> (PANOXYL Equiv)	F	OTC-QL QL= 1 bottle/30 days
<i>benzoyl peroxide lotion</i> (TRIAZ CLEANSER Equiv)	F	OTC-QL QL= 1 bottle/30 days
<i>clindamycin gel 1%</i> (CLEOCIN Equiv)	F	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	F	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	F	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	F	-
DIFFERIN OTC GEL 0.1% .1% (<i>adapalene</i>)	F	OTC-PA Acne Only – members age 35 or older require Prior Authorization
<i>erythromycin gel 2%</i> (ERYGEL Equiv)	F	-
ERYTHROMYCIN PAD 2% (T-STAT Equiv) (<i>erythromycin (acne aid)</i>)	F	-
<i>erythromycin pad 2%</i> (T-STAT Equiv)	F	-
<i>erythromycin soln 2%</i> (T-STAT Equiv)	F	-
<i>sodium sulfacetamide/sulfur emulsion 10-5% 5% -10%</i> (ROSAC Equiv)	F	-
<i>sodium sulfacetamide/sulfur wash 9-4.5% 4.5%-9%</i> (SUMAXIN Equiv)	F	-

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LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA Prior Authorization	QL Quantity Limit
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ST Step Therapy	VAC Vaccine Program	

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<i>tretinoin cream .025%, .05%, .1%</i> (RETIN-A Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .01%, .025%, .05%</i> (RETIN-A MICRO Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - drugs for cosmetic uses		
RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>)	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
<i>bacitracin oint 500UNIT/GM</i> (BACIGUENT Equiv)	F	OTC
<i>bacitracin/polymyxin b oint 500UNIT/GM-100000UNIT/GM, 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	F	OTC
<i>bacitracin/zinc oint 500UNIT/GM</i>	F	OTC
<i>gentamicin sulfate cream</i>	F	-
<i>gentamicin sulfate oint .1%</i>	F	-
<i>mupirocin oint 2%</i> (BACTROBAN Equiv)	F	-

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<i>neomycin/bacitracin/polymyxin b oint</i> 3.5MG-400UNIT-5000UNIT, 3.5MG/GM-400UNIT/GM-5000UNIT/GM, 3.5MG/GM-500UNIT/GM-10000UNIT/GM, 5MG-400UNIT-5000UNIT, 5MG/GM-400UNIT/GM-5000UNIT/GM, 5MG/GM-500UNIT/GM-10000UNIT/GM (NEOSPORIN ORIGINAL Equiv)	F	OTC
<i>neomycin/bacitracin/polymyxin b/pramoxine oint</i> 3.5MG/GM-10MG/GM-500UNIT/GM-10000UNIT/G M, 5MG/GM-10MG/GM-500UNIT/GM-10000UNIT/GM	F	OTC
<i>neomycin/polymyxin b/pramoxine cream</i> 3.5MG/GM-10MG/GM-10000UNIT/GM (NEOSPORIN Equiv)	F	OTC
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
<i>ciclopirox cream .77%</i> (LOPROX Equiv)	F	-
<i>ciclopirox gel .77%</i> (LOPROX Equiv)	F	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	F	-
<i>ciclopirox shampoo 1%</i> (LOPROX Equiv)	F	-
<i>ciclopirox topical susp .77%</i> (LOPROX Equiv)	F	-
<i>clotrimazole cream 1%</i> (LOTRIMIN AF Equiv)	F	OTC
<i>clotrimazole soln 1%</i> (LOTRIMIN AF Equiv)	F	OTC

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<i>clotrimazole/betamethasone cream .05%-1%</i> (LOTRISONE Equiv)	F	-
<i>clotrimazole/betamethasone lotion .05%-1%</i> (LOTRISONE Equiv)	F	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	F	-
FUNGOID SOLN 2% (<i>miconazole nitrate (topical)</i>)	F	OTC
<i>keetoconazole cream 2%</i> (NIZORAL Equiv)	F	-
<i>keetoconazole shampoo 1%, 2%</i> (NIZORAL Equiv)	F	-
<i>miconazole cream 2%</i> (MICATIN Equiv)	F	OTC
<i>miconazole nitrate powder 2%</i>	F	OTC
<i>miconazole oint 2%</i> (ALOE VESTA Equiv)	F	OTC
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN Equiv)	F	-
<i>nystatin oint 100000UNIT/GM</i>	F	-
<i>nystatin topical powder 100000UNIT/GM</i> (MYCOSTATIN Equiv)	F	-
<i>terbinafine cream 1%</i> (LAMISIL AT Equiv)	F	OTC-QL QL= 1 tube/30 days; Covered for members age 12 years or older
<i>tolnaftate aerosol 1%</i> (TINACTIN Equiv)	F	OTC
<i>tolnaftate cream 1%</i> (TINACTIN Equiv)	F	OTC
<i>tolnaftate powder 1%</i> (TINACTIN Equiv)	F	OTC
ANTI-HISTAMINES-TOPICAL - Drugs to treat allergies		

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<i>diphenhydramine cream .1%-1%, .1%-2%</i> (BENADRYL Equiv)	F	OTC
<i>diphenhydramine gel 2%</i> (DERMAREST Equiv)	F	OTC
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	F	QL QL=5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
<i>fluorouracil cream 5%</i> (EFUDEX Equiv)	F	-
FLUOROURACIL SOLN 2%, 5% (<i>fluorouracil (topical)</i>)	F	-
TARGRETIN GEL 1% (<i>bexarotene (topical)</i>)	F	LMSP-PA
VALCHLOR GEL .016% (<i>mechlorethamine hcl (topical)</i>)	F	LD-PA-QL QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
ANTIPSORIATICS - Drugs to treat psoriasis		
8-MOP CAP (<i>methoxsalen</i>)	F	LMSP
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	F	LMSP
<i>calcipotriene cream .005%</i> (DOVONEX Equiv)	F	QL QL=120 gm/30 days
<i>calcipotriene oint .005%</i>	F	-
<i>calcipotriene soln .005%</i> (DOVONEX Equiv)	F	-
COSENTYX INJ (1-PACK) 150MG/ML (<i>secukinumab</i>)	F	LMSP-PA-QL QL=1 inj/28 days

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COSENTYX INJ (2-PACK) 150MG/ML (<i>secukinumab</i>)	F	LMSP-PA-QL QL=2 inj/28 days
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	F	LMSP
SKYRIZI INJ 75MG/0.83ML (<i>risankizumab-rzaa</i>)	F	LMSP-PA-QL QL= 2 inj/84 days
<i>tazarotene cream .1%</i> (TAZORAC Equiv)	F	-
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	F	LMSP-PA-QL QL=1 inj/56 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
<i>selenium sulfide lotion 1%, 2.5%</i> (SELSUN BLUE Equiv)	F	-
<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 Equiv)	F	-
SULFAMYLLON CREAM 85MG/GM (<i>mafenide acetate</i>)	F	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	F	-
<i>alclometasone oint .05%</i> (ACLOVATE Equiv)	F	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF Equiv)	F	-

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BETAMETHASONE AUGMENTED GEL .05% <i>(betamethasone dipropionate augmented)</i>	F	-
<i>betamethasone augmented gel .05%</i>	F	-
<i>betamethasone augmented lotion .05%</i> (DIPROLENE Equiv)	F	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE Equiv)	F	-
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE Equiv)	F	-
<i>betamethasone dipropionate lotion .05%</i>	F	-
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE 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 Equiv)	F	-
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	F	-
<i>desoximetasone cream .25%</i> (TOPICORT Equiv)	F	-
<i>desoximetasone oint .25%</i> (TOPICORT Equiv)	F	-
EPIFOAM AEROSOL 1% (<i>pramoxine-hc</i>)	F	-

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<i>fluocinolone acetonide cream .01%, .025%</i> (SYNALAR Equiv)	F	-
<i>fluocinolone acetonide oint .025%</i> (SYNALAR Equiv)	F	-
<i>fluocinolone acetonide soln .01%</i> (SYNALAR Equiv)	F	-
<i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv)	F	-
<i>fluocinonide emollient cream .05%</i> (LIDEX-E Equiv)	F	-
<i>fluocinonide gel .05%</i> (LIDEX Equiv)	F	-
<i>fluocinonide oint .05%</i> (LIDEX Equiv)	F	-
<i>fluocinonide soln .05%</i> (LIDEX Equiv)	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 ac cream 1%</i>	F	OTC
<i>hydrocortisone aloe cream .5%, 1%</i>	F	OTC
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	F	OTC
<i>hydrocortisone gel 1%</i> (INSTACORT 10 Equiv)	F	OTC
<i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv)	F	OTC
<i>hydrocortisone oint .5%, 1%, 2.5%</i> (HYTONE Equiv)	F	OTC
<i>hydrocortisone topical soln 1%</i>	F	OTC

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<i>mometasone cream .1%</i> (ELOCON Equiv)	F	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	F	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	F	-
PREDNICARBATE CREAM .1% (<i>prednicarbate</i>)	F	-
PREDNICARBATE OINT .1% (<i>prednicarbate</i>)	F	-
<i>triamcinolone cream .025%, .1%, .5%</i> (ARISTOCORT A Equiv)	F	-
<i>triamcinolone lotion .025%, .1%</i> (KENALOG Equiv)	F	-
<i>triamcinolone oint .025%, .1%, .5%</i> (ARISTOCORT A Equiv)	F	-
DIAPER RASH PRODUCTS - Drugs to treat diaper rash		
<i>A-D oint 15.5%-53.4%, 46.5%, 51.1%, 60.4%, 71.3%</i>	F	OTC
ECZEMA AGENTS - Drugs to treat eczema		
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML (<i>dupilumab</i>)	F	LMSP-PA-QL QL=2 inj/28 days
DUPIXENT PEN INJ 300MG/2ML (<i>dupilumab</i>)	F	LMSP-PA-QL QL=2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
AAMMONIUM LACTATE LOTION 5% (<i>lactic acid ammonium lactate</i>)	F	OTC
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	F	OTC
<i>ammonium lactate lotion 10%, 12%, 5%</i> (LACTICARE Equiv)	F	OTC
<i>glycerin lotion 1.25%</i> (VASELINE Equiv)	F	OTC

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<i>mineral oil/petrolatum cream</i> (CETAPHIL Equiv)	F	OTC
petrolatum oint .3%, 4.5%-7.3%-54.86%, 41%, 46.5% (<i>emollient</i>)	F	OTC
<i>vitamin a - d oint</i> 15.5%-53.4%, 15.5%-53.5%, 93.5%, 95%, 96%	F	OTC
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>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
HAIR REDUCTION AGENTS - drugs to remove hair		
VANIQA CREAM 13.9% (<i>eflornithine hcl</i>)	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	F	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC Equiv)	F	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOCON SOLN 25% (<i>podophyllum resin</i>)	F	-
<i>podofilox soln .5%</i> (CONDYLOX Equiv)	F	-
<i>salicylic acid pad 2%, 40%</i> (STRI-DEX Equiv)	F	OTC
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
CAPSAICIN CREAM .033%, .035%, .075% (ZOSTRIX Equiv) (<i>capsaicin</i>)	F	OTC
<i>capsaicin cream .025%, .1%</i> (ZOSTRIX Equiv)	F	OTC

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<i>lidocaine cream 3% 3%</i> (LIDAMANTLE Equiv)	F	-
<i>lidocaine gel 2%</i> (XYLOCAINE Equiv)	F	-
<i>lidocaine oint 5%</i>	F	QL QL=107 gm/30 days
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	F	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	F	-
MISC. TOPICAL - Miscellaneous topical products		
<i>aluminum chloride soln</i> (DRYSOL Equiv)	F	-
CALAMINE LOTION 6.971%, 8% (<i>calamine-zinc oxide</i>)	F	OTC
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	F	-
GEL DRESSING (<i>skin protectants, misc.</i>)	F	QL QL= 2 boxes/30 days
<i>lubricating jelly 1%</i> (H-R STERILE JELLY Equiv)	F	OTC
<i>mineral oil/petrolatum cream</i> (EUCERIN Equiv)	F	OTC
SODIUM CHLORIDE SPRAY .9% (<i>sodium chloride external</i>)	F	OTC
<i>zinc oxide oint 10%, 20%, 30%, 40%</i> (DESITIN Equiv)	F	OTC
<i>zinc oxide paste 40%</i> (DESITIN Equiv)	F	OTC
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		

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<i>azelaic acid gel 15%</i> (FINACEA Equiv)	F	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	F	-
<i>metronidazole gel .75%, 1%</i> (METROGEL Equiv)	F	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
LICE B GONE SHAMPOO (<i>vegetable extract</i>)	F	OTC
LINDANE LOTION (<i>lindane</i>)	F	-
<i>permethrin cream 5%</i> (ELIMITE Equiv)	F	-
<i>permethrin liquid 1%</i> (NIX Equiv)	F	OTC
<i>permethrin lotion 1%</i>	F	OTC
<i>piperonyl butoxide/pyrethrins liquid .3%-1.2%-2.4% -3%, .33%-4%</i> (RID Equiv)	F	OTC
<i>piperonyl butoxide/pyrethrins shampoo .33%-4%</i> (TEGRIN-LT Equiv)	F	OTC
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= two 15gm tubes/fill
VENELEX OINT 87MG/GM-788MG/GM (<i>balsam peru-castor oil</i>)	F	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC PRODUCTS, MISC. - drugs to diagnose or monitor conditions		

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FREESTYLE LITE TEST STRIP (<i>glucose blood</i>)	F	OTC Limited to 50 strips per month for members not on diabetes medication
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
FREESTYLE INSULINX TEST STRIP (<i>glucose blood</i>)	F	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE TEST STRIP (<i>glucose blood</i>)	F	OTC Limited to 50 strips per month for members not on diabetes medication
KETOSTIX (<i>acetone (urine) test</i>)	F	OTC
PRECISION XTRA TEST STRIP (<i>glucose blood</i>)	F	OTC Limited to 50 strips per month for members not on diabetes medication
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
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
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		

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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 125MG, 250MG</i>	F	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	F	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
<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	-
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg 25MG-50MG (<i>triamterene & hydrochlorothiazide</i>)	F	-

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
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>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	-
FUROSEMIDE SOLN 8MG/ML (<i>furosemide</i>)	F	-
<i>furosemide soln 10MG/ML</i>	F	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	F	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	F	-
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		
<i>chlorothiazide tab 500MG</i> (DIURIL Equiv)	F	-
CHLOROTHIAZIDE TAB 250MG, 500MG 250MG, 500MG (<i>chlorothiazide</i>)	F	-
CHLORTHALIDONE TAB (<i>chlorthalidone</i>)	F	-
<i>chlorthalidone tab 25MG, 50MG</i>	F	-
DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>)	F	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	F	-

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<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, 5MG, 70MG</i> (FOSAMAX Equiv)	F	-
ALENDRONATE TAB 40MG 40MG, 5MG (<i>alendronate sodium</i>)	F	-
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	F	-
FORTEO INJ 600MCG/2.4ML (<i>teriparatide (recombinant)</i>)	F	LMSP-PA
MIACALCIN INJ 200UNIT/ML (<i>calcitonin (salmon)</i>)	F	LMSP
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG (<i>parathyroid hormone (recombinant)</i>)	F	LD-PA Only available through Walgreens 888-347-3416
TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>)	F	LMSP
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
GANIRELIX AC INJ 250MCG/0.5ML (<i>ganirelix acetate</i>)	EXC	INF

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<i>ganirelix ac inj 250MCG/0.5ML</i>	EXC	INF
ORILISSA TAB 150MG 150MG (<i>elagolix sodium</i>)	F	PA-QL QL=1 tab/day
ORILISSA TAB 200MG 200MG (<i>elagolix sodium</i>)	F	PA-QL QL=2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG (<i>pegvisomant</i>)	F	LD-PA Only available through Walgreens 888-347-3416
GROWTH HORMONES - Drugs to regulate hormones		
HUMATROPE INJ 12MG, 24MG, 5MG, 6MG (<i>somatropin</i>)	F	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	F	-
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	F	MSP
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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CARBAGLU TAB 200MG (<i>carglumic acid</i>)	F	LD-PA Only available through Accredo 800-803-2523
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	F	LMSP-PA
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 10MG/0.5ML (<i>pegvaliase-pqpz</i>)	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
PALYNZIQ INJ 2.5MG/0.5ML 2.5MG/0.5ML (<i>pegvaliase-pqpz</i>)	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
PALYNZIQ INJ 20MG/ML 20MG/ML (<i>pegvaliase-pqpz</i>)	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	F	-
<i>sapropterin dihydrochloride powder pack 100MG, 500MG</i>	F	LMSP-PA
<i>sapropterin dihydrochloride tab 100MG</i>	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
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
<i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv)	F	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	F	-
<i>desmopressin nasal soln</i> (DDAVP Equiv)	F	-
STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>)	F	LMSP
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
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML (<i>pasireotide diaspertate</i>)	F	LD-PA-QL QL= 2 vials/day; Only available through Accredo 800-803-2523
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
ESTROGENS - Drugs to replace female hormones		

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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
ESTROGEN COMBINATIONS - Drugs to replace female hormones		
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	F	-
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> (VIVELLE-DOT Equiv)	F	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	F	-
<i>estradiol valerate inj 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv)	F	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG (<i>estrogens, conjugated</i>)	F	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		
FLUOROQUINOLONES - Drugs to treat bacterial infections		
<i>ciprofloxacin susp 250MG/5ML, 500MG/5ML</i> (CIPRO Equiv)	F	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	F	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	F	-

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<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	F	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	F	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	F	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
ANTIFLATULENTS - Drugs to treat excessive gas		
<i>simethicone cap 125MG, 180MG</i> (MYLANTA Equiv)	F	OTC
<i>simethicone chew tab 125MG, 80MG</i> (GAS-X Equiv)	F	OTC
<i>simethicone drops 20MG/0.3ML, 40MG/0.6ML</i> (MYLICON Equiv)	F	OTC
simethicone liquid (<i>simethicone</i>)	F	OTC
<i>simethicone liquid 20MG/0.3ML, 40MG/0.6ML</i>	F	OTC
SIMETHICONE STRIPS 40MG, 62.5MG (<i>simethicone</i>)	F	OTC
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 Dohman LSS 844-246-5226
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>)	F	LD-PA-QL-SF Only available through Walgreens 888-347-3416; QL=1 tab/day
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	F	-

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<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	-
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	-
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	F	-
<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	-
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	F	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	F	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lactulose soln 10GM/15ML</i>	F	-
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
SYMPROIC TAB .2MG (<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	-
PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>)	F	-

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<i>sevelamer carbonate tab 800MG</i> (RENVELA Equiv)	F	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
<i>CYTRA K CRYSTALS 1002MG-3300MG (potassium citrate-citric acid)</i>	F	-
<i>CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (pot & sod citrates w/citric ac)</i>	F	-
<i>ORACIT SOLN 490MG/5ML-640MG/5ML (sodium citrate & citric acid)</i>	F	-
<i>potassium citrate CR tab 1080MG, 15MEQ, 540MG</i> (UROCIT-K Equiv)	F	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG</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 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	F	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
<i>CYSTAGON CAP 150MG, 50MG (cysteamine bitartrate)</i>	F	LD-PA Only available through CVS Specialty 800-237-2767
GENITOURINARY IRRIGANTS - Drugs to treat the urinary system		
<i>sodium chloride irr soln .9%</i>	F	-

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INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	F	-
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	-
URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG, 95MG, 97.5MG, 99.5MG</i> (PYRIDIDIUM Equiv)	F	-
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	PA
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	F	ST Step Therapy requires trial of allopurinol
MITIGARE CAP .6MG (<i>colchicine</i>)	F	-
URICOSURICS - Drugs to treat gout		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	F	-

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HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
ADVATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
AFSTYLA KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(antihemophilic factor (recombinant) single chain)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ALPROLIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(coagulation factor ix (recomb) fc fusion protein (rfixfc))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
BENEFIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(coagulation factor ix (recombinant))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ELOCTATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 500UNIT, 6000UNIT, 750UNIT <i>(antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML <i>(emicizumab-kxwh)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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HUMATE-P INJ 1000UNIT, 1000UNIT-2400UNIT, 1500UNIT, 2000UNIT, 250UNIT, 250UNIT-600UNIT, 500UNIT, 500UNIT-1200UNIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
IDELVION 1000UNIT, 2000UNIT, 250UNIT, 3500UNIT, 500UNIT (<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
JIVI INJ 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (rcmb) pegylated-auct (bdd-rfviii peg-auct)</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
KOATE DVI INJ 1000UNIT, 1700UNIT, 250UNIT, 500UNIT (<i>antihemophilic factor (human)</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
KOGENATE INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (recombinant)</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
MINONINE INJ 1000UNIT, 1500UNIT, 500UNIT (<i>coagulation factor ix</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NOVOEIGHT INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
NOVOSEVEN INJ 1MG, 2MG, 5MG, 8MG (<i>coagulation factor viia (recombinant)</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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NUWIQ INJ 1000UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PROFILNINE SD INJ 1000UNIT, 1500UNIT, 200-1200 UNIT, 500UNIT <i>(factor ix complex)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
REBINYN SOLN 1000UNIT, 2000UNIT, 500UNIT <i>(coagulation factor ix (recombinant) glycopegylated)</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
RECOMBINATE INJ 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT <i>(antihemophilic factor (recombinant))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
TRETTIN INJ 2000-3125 UNIT <i>(coagulation factor xiii a-subunit (recombinant))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
VONVEDI INJ 1300UNIT, 650UNIT <i>(von willebrand factor (recombinant))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
XYNTHA INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor))</i>	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
HEMATOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders		
TAVALISSE TAB 100MG, 150MG <i>(fostamatinib disodium)</i>	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	F	-

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PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	F	-
CABLIVI 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 25MG, 50MG, 75MG</i> (PERSANTINE Equiv)	F	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	F	-
TICLOPIDINE TAB (<i>ticlopidine hcl</i>)	F	-
<i>ticlopidine tab</i>	F	-
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	F	LD-PA Only available through Walgreens 888-347-3416
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	F	LD-PA Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea (sickle cell anemia)</i>)	F	-

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ENDARI POWDER PACK 5GM (<i>glutamine (sickle cell)</i>)	F	LMSP-PA-QL QL= 6 packets/day
COBALAMINS - Drugs to treat vitamin deficiency		
<i>cyanocobalamin inj 1000MCG/ML</i>	F	-
<i>cyanocobalamin er tab 1000MCG, 120MG-1000MCG, 1500MCG, 2000MCG</i>	F	OTC
<i>cyanocobalamin lozenge 1000MCG, 100MCG, 250MCG, 3000MCG, 5000MCG, 50MCG</i> (<i>cyanocobalamin</i>)	F	OTC
<i>cyanocobalamin sl tab 1000MCG, 2500MCG, 3000MCG, 5000MCG, 50MCG</i>	F	OTC
<i>cyanocobalamin tab 1000MCG, 100MCG, 2000MCG, 250MCG, 500MCG, 50MCG</i>	F	OTC
VITAMIN B-12 TAB 2000MCG, 2500MCG (<i>cyanocobalamin</i>)	F	OTC
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
<i>folic acid tab 1mg 1MG</i>	F	-
<i>folic acid tab 400mcg 400MCG</i>	F	OTC
<i>folic acid tab 800mcg 800MCG</i>	F	OTC
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	F	KMSP-PA-QL QL=2 tabs/day
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	F	LMSP
NEUMEGA INJ (<i>oprelvekin</i>)	F	LMSP

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NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML <i>(filgrastim-aafi)</i>	F	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG <i>(eltrombopag olamine)</i>	F	LMSP-PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML <i>(epoetin alfa-epbx)</i>	F	LMSP
RETACRIT INJ 40000UNIT/ML <i>(epoetin alfa-epbx)</i>	F	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML <i>(filgrastim-sndz)</i>	F	LMSP
ZIEXTENZO INJ 6MG/0.6ML <i>(pegfilgrastim-bmez)</i>	F	LMSP
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
FERREX 150 CAP 1MG-25MCG-150MG <i>(polysaccharide iron-folic acid-vit b12)</i>	F	-
<i>ferrex 150 forte cap 1MG-25MCG-150MG</i>	F	-
<i>folbee tab 1MG-2.5MG-25MG</i> (FOLGARD Equiv)	F	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG <i>(fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa)</i>	F	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG <i>(fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa)</i>	F	-

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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	-
IRON - Drugs to treat iron deficiency		
<i>ferrous gluconate tab 240MG, 27MG, 324MG</i> (FERGON Equiv)	F	OTC
<i>ferrous sulfate dr tab 324MG (ferrous sulfate)</i>	F	OTC
<i>ferrous sulfate dr tab 325MG</i>	F	OTC
<i>ferrous sulfate er tab 142MG, 143MG, 45MG, 47.5MG, 50MG</i> (SLOW FE Equiv)	F	OTC
FERROUS SULFATE LIQUID 220MG/5ML, 5MG/20ML (<i>ferrous sulfate</i>)	F	OTC
<i>ferrous sulfate slow release tab 160MG, 45MG</i> (SLOW FE Equiv)	F	OTC
<i>ferrous sulfate soln 220MG/5ML</i> (FER-IN-SOL Equiv)	F	OTC
<i>ferrous sulfate syrup 300MG/5ML</i>	F	OTC

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<i>ferrous sulfate tab 134MG, 27MG, 28MG, 325MG, 65MG</i>	F	OTC
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
<i>aminocaproic acid soln .25GM/ML (AMICAR Equiv)</i>	F	-
<i>aminocaproic acid syrup (AMICAR Equiv)</i>	F	-
<i>aminocaproic acid tab 1000MG, 500MG (AMICAR Equiv)</i>	F	-
<i>tranexamic acid tab 650MG (LYSTEDA Equiv)</i>	F	-
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia		
<i>diphenhydramine tab 25MG, 50MG (NYTOL Equiv)</i>	F	OTC
<i>diphenhydramine/acetaminophen tab (SOMINEX Equiv)</i>	F	OTC Only covered for members age 2 years or older
<i>doxylamine succinate tab 25MG (UNISOM Equiv)</i>	F	OTC
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 (PROSOM Equiv)</i>	F	-
<i>eszopiclone tab 1MG, 2MG, 3MG (LUNESTA Equiv)</i>	F	QL QL= 1 tab/day

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FLURAZEPAM CAP 15MG, 30MG (<i>flurazepam hcl</i>)	F	-
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	F	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	F	-
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	F	-
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	F	-
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	F	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
BULK LAXATIVES - Drugs to treat constipation		
<i>calcium pycarbophil tab 625MG</i> (FIBERCON Equiv)	F	OTC
KONSYL POWDER 27%, 52.3%, 55.6%, 57.6%, 60.3%, 63%, 70%, 71.67% (<i>psyllium</i>)	F	OTC
KONSYL POWDER PACKET 100%, 28%, 28.3%, 49%, 51.7%, 58.12%, 58.6%, 60.3%, 70%, 95% (<i>psyllium</i>)	F	OTC
<i>psyllium cap .52GM, 400MG, 520MG</i> (METAMUCIL Equiv)	F	OTC
<i>psyllium powder 100%, 25%, 28.3%, 30%, 30.9%, 33%, 43%, 48.57%, 49%, 51.7%, 58.6%, 68%, 95%</i> (METAMUCIL Equiv)	F	OTC
LAXATIVE COMBINATIONS - Drugs to treat constipation		

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<i>peg 3350/electrolytes soln</i> 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (COLYTE Equiv)	F	-
<i>sennosides/docusate sodium tab 8.6MG-50MG</i> (SENOKOT S Equiv)	F	OTC
<i>trilyte soln 1.48GM-5.72GM-11.2GM-420GM</i> (NULYTELY Equiv)	F	-
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
FLEET ENEMA 5.4GM/DOSE (glycerin (laxative))	F	OTC
GLYCERIN SUPPOSITORY 1GM, 2GM (glycerin (laxative))	F	OTC
glycerin suppository 1.2GM, 1GM, 2.1GM, 2GM, 80.7%	F	OTC
lactulose soln 10GM/15ML, 20GM/30ML	F	-
polyethylene glycol 3350 powder 17GM/SCOOP (MIRALAX Equiv)	F	OTC
polyethylene glycol packet 17GM (MIRALAX Equiv)	F	OTC
LUBRICANT LAXATIVES - Drugs to treat constipation		
mineral oil 100%, 99.9%	F	OTC
mineral oil enema 100% (FLEET OIL Equiv)	F	OTC
SALINE LAXATIVES - Drugs to treat constipation		
magnesium citrate soln 1.745GM/30ML	F	OTC

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<i>magnesium hydroxide susp 1200MG/15ML, 2400MG/10ML, 2400MG/30ML, 400MG/5ML, 7.75%</i>	F	OTC
<i>sodium phosphate enema 3.5GM/59ML-9.5GM/59ML, 6GM/133ML-16GM/133ML, 7GM/118ML-19GM/118ML (FLEET ENEMA Equiv)</i>	F	OTC
STIMULANT LAXATIVES - Drugs to treat constipation		
<i>BISACODYL ENEMA 10MG/30ML (bisacodyl)</i>	F	OTC
<i>bisacodyl supp 10MG (DULCOLAX Equiv)</i>	F	OTC
<i>bisacodyl tab 5MG (DULCOLAX Equiv)</i>	F	OTC
<i>sennosides tab 15MG, 17.2MG, 25MG, 8.6MG (SENOKOT Equiv)</i>	F	OTC
SURFACTANT LAXATIVES - Drugs to treat constipation		
<i>docusate calcium cap 240MG (KAOPECTATE Equiv)</i>	F	OTC
<i>docusate sodium cap 100MG, 250MG, 50MG (COLACE Equiv)</i>	F	OTC
<i>docusate sodium enema 100MG/5ML, 283MG/5ML (DOCUSOL KIDS Equiv)</i>	F	OTC
<i>docusate sodium liquid 100MG/10ML, 150MG/15ML, 50MG/5ML (COLACE Equiv)</i>	F	OTC
<i>docusate sodium syrup 60MG/15ML (COLACE Equiv)</i>	F	OTC
<i>docusate sodium tab 100MG</i>	F	OTC
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		

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<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		
CLARITHROMYCIN SUSP 125MG/5ML, 250MG/5ML (<i>clarithromycin</i>)	F	-
<i>clarithromycin susp 125MG/5ML, 250MG/5ML</i>	F	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	F	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN EC CAP 250MG 250MG (<i>erythromycin base</i>)	F	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (E.E.S. Equiv)	F	-
<i>erythromycin stearate tab 250MG</i>	F	-
<i>erythromycin tab 250MG, 500MG</i>	F	all forms except PCE
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, vancomycin soln or FIRVANQ SOLN

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DIFICID TAB 200MG (<i>fidaxomicin</i>)	F	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln or FIRVANQ SOLN
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
CERVICAL CAP (<i>cervical caps</i>)	F	-
DIAPHRAGM (<i>diaphragms</i>)	F	-
FEMALE CONDOMS (<i>condoms - female</i>)	F	OTC
MALE CONDOMS (<i>condoms latex lubricated - male</i>)	F	OTC
DIABETIC SUPPLIES - Devices to assist with diabetes		
CALIBRATION LIQUID (<i>blood glucose calibration</i>)	F	OTC
FREESTYLE FREEDOM LITE METER (<i>blood glucose monitoring supplies</i>)	F	OTC
FREESTYLE INSULINX METER (<i>blood glucose monitoring supplies</i>)	F	OTC
FREESTYLE LIBRE 2 RECEIVER (<i>continuous blood glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood glucose system sensor</i>)	F	PA-QL QL= 3 sensors/30 days
FREESTYLE LIBRE RECEIVER (<i>continuous blood glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY) (<i>continuous blood glucose system sensor</i>)	F	PA-QL QL= 3 sensors/30 days

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FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous blood glucose system sensor</i>)	F	PA-QL QL=2 sensor/28 days
FREESTYLE LITE METER (<i>blood glucose monitoring supplies</i>)	F	OTC
LANCETS (<i>lancets</i>)	F	OTC
PRECISION XTRA METER (<i>blood glucose monitoring supplies</i>)	F	OTC
V-GO INJ KIT (<i>insulin infusion disposable pump</i>)	F	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 62%, 70% (<i>alcohol swabs</i>)	F	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
BD AUTOSHIELD DUO PEN NEEDLE (<i>insulin pen needle</i>)	F	OTC
B-D INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	F	OTC
TECHLITE INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	F	OTC
TECHLITE PEN NEEDLE (<i>insulin pen needle</i>)	F	OTC
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	F	OTC
TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>)	F	-
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>spacer/aerosol-holding chambers</i>)	F	OTC

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PEAK FLOW METER (<i>peak flow meter</i>)	F	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
MIGERGOT SUPP 2MG-100MG (<i>ergotamine w/ caffeine</i>)	F	-
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
NURTEC ODT 75MG (<i>rimegepant sulfate</i>)	F	PA-QL QL= 8 tabs/30 days, 6 fills/year
UBRELVY TAB 100MG, 50MG (<i>ubrogepant</i>)	F	PA-QL QL=1 pack/month; max 6 fills per year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
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
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i> (IMITREX Equiv)	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
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		

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CALCIUM - Drugs to treat calcium deficiency		
CALCIUM ACETATE TAB 668MG (<i>calcium acetate</i>)	F	QL QL= 9 tabs/day
<i>calcium and phosphorus w/vitamin D tab</i> (RISACAL-D Equiv)	F	OTC
calcium carbonate chew tab 1250MG, 260MG, 500MG (<i>calcium carbonate</i>)	F	OTC
<i>calcium carbonate chew tab</i>	F	OTC
<i>calcium carbonate tab 1250MG, 1500MG, 500MG, 600MG</i> (OS-CAL Equiv)	F	OTC
<i>calcium carbonate w/vitamin D cap 200UNIT-600MG</i>	F	OTC
CALCIUM CARBONATE W/VITAMIN D CHEW TAB 100UNIT-500MG, 400UNIT-600MG, 600MG-800UNIT (<i>calcium carbonate-cholecalciferol</i>)	F	OTC
<i>calcium carbonate w/vitamin D chew tab 100UNIT-500MG, 10MCG-500MG, 400UNIT-500MG, 500MG-600UNIT</i>	F	OTC
<i>calcium carbonate w/vitamin D tab</i>	F	OTC

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<i>calcium carbonate w/vitamin D tab 10MCG-500MG, 10MCG-600MG, 125UNIT-250MG, 125UNIT-500MG, 15MCG-500MG, 200UNIT-500MG, 200UNIT-600MG, 20MCG-600MG, 3.12MCG-250MG, 400UNIT-500MG, 400UNIT-600MG, 500MG-600UNIT, 5MCG-500MG, 5MCG-600MG, 600MG-800UNIT (CALTRATE Equiv)</i>	F	OTC
calcium citrate tab 1040MG, 200MG, 250MG, 333MG (<i>calcium citrate</i>)	F	OTC
<i>calcium citrate tab 200MG, 950MG</i>	F	OTC
<i>calcium citrate w/vitamin D tab 200MG-250UNIT, 200UNIT-250MG, 200UNIT-315MG, 250UNIT-315MG, 5MCG-315MG, 6.25MCG-200MG (CITRACAL Equiv)</i>	F	OTC
CALCIUM GLUCONATE TAB 500MG, 50MG (<i>calcium gluconate</i>)	F	OTC
CALCIUM/D3 WAFER 15MCG-500MG (<i>calcium carbonate-cholecalciferol</i>)	F	OTC
RISCAL-D TAB 78MG-100MG-120UNIT, 81MG-105MG-120UNIT (<i>calcium & phosphorus w/ vitamin d</i>)	F	OTC
ELECTROLYTE MIXTURES - Drugs to treat electrolyte disorders		

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<p><i>pediatric electrolyte soln</i> 1.2GM/240ML-1.8MG/240ML-4.7GM/240ML-4.7MEQ/240ML-8.3MEQ/240ML-10.6MEQ/240ML, 1.8MG/237ML-180MG/237ML-240MG/237ML-290MG/237ML, 1.9MG/237ML-5.9GM/237ML-180MG/237ML-240MG/237ML-290MG/237ML, 20MEQ/1000ML-25GM/1000ML-35MEQ/1000ML-45MEQ/1000ML, 20MEQ/L-25GM/L-30MEQ/L-35MEQ/L-45MEQ/L, 20MEQ/L-25GM/L-30MEQ/L-65MEQ/L-75MEQ/L, 20MEQ/L-25GM/L-35MEQ/L-45MEQ/L, 20MEQ/L-25MEQ/L-35MEQ/L-45MEQ/L, 20MEQ/L-30GM/L-30MEQ/L-35MEQ/L-45MEQ/L, 4.8GM/L-18.8GM/L-18.8MEQ/L-33.2MEQ/L-42.4MEQ/L, 5GM/L-20GM/L-20MEQ/L-30MEQ/L-35MEQ/L-45MEQ/L, 5GM/L-20GM/L-20MEQ/L-35MEQ/L-45MEQ/L, 5GM/L-20MEQ/L-25GM/L-30MEQ/L-35MEQ/L-45MEQ/L, 5GM/L-7.8MG/L-20GM/L-20MEQ/L-40MEQ/L-50MEQ/L, 5GM/L-7.8MG/L-20GM/L-780MG/L-1150MG/L-142</p>	<p>F</p>	<p>OTC</p>

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0MG/L, 7.8MG/L-16GM/L-20MEQ/L-30MEQ/L-35MEQ/L-45MEQ/L, 7.8MG/L-20GM/L-20MEQ/L-40MEQ/L-50MEQ/L, 7.8MG/L-20MEQ/L-25GM-35MEQ/L-45MEQ/L, 7.8MG/L-20MEQ/L-25GM/L-35MEQ/L-45MEQ/L, 7.8MG/L-20MEQ/L-25MEQ/L-35MEQ/L-45MEQ/L (PEDIALYTE Equiv)		
FLUORIDE - Drugs to treat mineral deficiency		
<i>sodium fluoride chew tab .25MG, .5MG, 1MG, 2.2MG</i> (LURIDE Equiv)	F	-
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	F	-
MAGNESIUM - Drugs to treat electrolyte disorders		
<i>magnesium oxide tab 200MG, 250MG, 400MG, 500MG</i>	F	OTC
MINERAL COMBINATIONS - Drugs to treat mineral deficiency		
<i>calcium citrate tab</i> .25MG-.5MG-3.75MG-40MG-125UNIT-250MG, .5MG-2MG-50MCG-50UNIT-250MG, .5MG-3.75MG-40MG-125UNIT-250MG, .5MG-5MG-40MG-125UNIT-250MG, .5MG-5MG-40MG-250MG-400UNIT, 5MG-133.333MG-133.333UNIT-333.333MG	F	OTC

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PHOSPHATE - Drugs to treat electrolyte deficiency		
K-PHOS TAB 500MG (<i>potassium phosphate monobasic</i>)	F	-
<i>phospha 250 neutral tab</i> (K-PHOS NEUTRAL Equiv)	F	-
POTASSIUM - Drugs to treat electrolyte disorders		
KLOR-CON M15 TAB 15MEQ (<i>potassium chloride microencapsulated crystals er</i>)	F	-
K-TAB 20MEQ, 8MEQ (<i>potassium chloride</i>)	F	-
<i>potassium bicarbonate effer tab 25MEQ, 2GM-2.5GM</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> (KLOR-CON 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	-
SODIUM - Drugs to treat electrolyte disorders		
<i>sodium chloride tab 1GM</i>	F	OTC
ZINC - Drugs to treat mineral deficiency		
<i>zinc sulfate cap 220MG</i>	F	OTC
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 Equiv)	F	-
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
<i>everolimus tab .25MG, .5MG, .75MG</i> (ZORTRESS Equiv)	F	LMSP-PA
<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	LMSP-PA
SPS SUSP 15GM/60ML (<i>sodium polystyrene sulfonate</i>)	F	-
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 days
BENLYSTA INJ 200MG/ML (<i>belimumab</i>)	F	LMSP-PA-QL QL=4 inj/28 days
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
LIDOCAINE ORAL SOLN 4% 4% (<i>lidocaine hcl (mouth-throat)</i>)	F	-
<i>lidocaine viscous soln 2%</i> (LTA 360 Equiv)	F	-
<i>throat lozenge 2.6MG-15MG, 3.6MG-15MG, 6MG-10MG</i> (CHLORASEPTIC Equiv)	F	OTC
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		

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<i>clotrimazole troches 10MG</i> (MYCELEX Equiv)	F	-
<i>nystatin susp 100000UNIT/ML</i> (MYCOSTATIN Equiv)	F	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
<i>chlorhexidine gluconate soln .12%</i> (PERIDEX Equiv)	F	-
DENTAL PRODUCTS - Drugs to prevent cavities		
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	F	-
LOZENGES - Miscellaneous drugs to treat the throat		
<i>throat lozenge 3MG, 5MG, 6.1MG, 6MG-10MG, 8.4MG</i>	F	OTC
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
<i>triamcinolone in orabase paste .1%</i> (KENALOG 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 VITAMINS - Drugs to treat vitamin deficiency		
<i>vitamin B complex cap</i>	F	OTC
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
<i>dialyvite tab</i> (NEPHRO-VITE Equiv)	F	OTC

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<i>renaphro cap</i> (NEPHROCAP Equiv)	F	-
BIOFLAVONOID PRODUCTS - Drugs to treat vitamin deficiency		
<i>ascorbic acid tab</i>	F	OTC
MULTIPLE VITAMINS W/ IRON - Drugs to treat vitamin and iron deficiency		
<i>multivitamin w/iron tab</i> (THERAGRAN Equiv)	F	OTC
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
HM COMPLETE TAB (<i>multiple vitamins w/ minerals</i>)	F	OTC
<i>multivitamin w/iron chew tab</i> (ADEKS Equiv)	F	OTC
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	F	OTC
MULTIVITAMINS - Drugs to treat vitamin deficiency		
<i>multiple vitamin tab</i> (THERAGRAN Equiv)	F	OTC
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
<i>pediatric multiple vitamins/fluoride/iron soln</i> (POLY-VI-FLOR/IRON Equiv)	F	-
<i>tri-vit/iron/fluoride drop</i> (TRI-VI-FLOR/IRON Equiv)	F	-
PED MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
CENTRUM KIDS CHEW (<i>pediatric multiple vitamin w/ minerals & c</i>)	F	OTC
<i>pediatric multivitamin w/minerals gummy</i> (FLINTSTONES GUMMIES Equiv)	F	OTC
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
MULTI-VITAMIN/FLUORIDE 0.25MG CHEW TAB (<i>pediatric multivitamins w/fl</i>)	F	-

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MULTI-VITAMIN/FLOURIDE 0.5MG CHEW TAB <i>(pediatric multivitamins w/fl)</i>	F	-
MULTI-VITAMIN/FLOURIDE 1MG CHEW TAB <i>(pediatric multivitamins w/fl)</i>	F	-
<i>pediatric multiple vitamins/fluoride chew tab</i> (POLY-VI-FLOR Equiv)	F	-
<i>pediatric multiple vitamins/fluoride soln</i> (POLY-VI-FLOR Equiv)	F	-
PED MV W/ IRON - Drugs to treat vitamin and iron deficiency		
<i>pediatric multivitamin w/iron chew tab</i>	F	OTC
PEDIATRIC MULTIVITAMIN W/IRON DROPS (VI-DAYLIN Equiv) <i>(pediatric multiple vitamins w/iron)</i>	F	OTC
<i>pediatric multivitamin w/iron drops</i> (VI-DAYLIN Equiv)	F	OTC
PEDIATRIC MULTIPLE VITAMINS - Drugs to treat vitamin deficiency		
<i>pediatric multivitamin w/vitamin c soln</i> (VI-DAYLIN Equiv)	F	OTC
<i>pediatric multivitamin w/vitamin C/iron chew tab</i> (ONE-A-DAY Equiv)	F	OTC
PEDIATRIC VITAMINS - Drugs to treat vitamin deficiency		
<i>pediatric multivitamin adc drops</i> (TRI-VI-SOL Equiv)	F	OTC
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	OTC
PRENATAL VITAMINS (PRENATAL PLUS/PREPLUS/PRENAPLUS) (<i>prenatal multivit-min w/fe-fa</i>)	F	OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>baclofen tab 10MG, 20MG, 5MG</i>	F	-
<i>carisoprodol tab 350mg 350MG</i> (SOMA Equiv)	F	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i> (PARAFON FORTE Equiv)	F	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	F	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	F	-
<i>methocarbamol tab 500MG, 750MG</i> (ROBAXIN Equiv)	F	-
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	F	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	F	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL AGENTS - MISC. - Miscellaneous nasal agents		

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<i>saline nasal spray .002%-.65%, .65%</i> (OCEAN NASAL SPRAY Equiv)	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	-
<i>cromolyn nasal spray 5.2MG/ACT</i> (NASALCROM Equiv)	F	OTC
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
<i>triamcinolone nasal spray 55MCG/ACT</i> (NASACORT AQ Equiv)	F	QL QL= 2 bottles/fill
<i>triamcinolone otc nasal spray 55MCG/ACT</i> (NASACORT AQ Equiv)	F	OTC-QL QL= 2 bottles/fill
SYMPATHOMIMETIC DECONGESTANTS - Drugs to treat sinus congestion		
<i>oxymetazolin spray .05%</i> (AFRIN Equiv)	F	OTC Only covered for members age 2 years or older
<i>phenylephrine tab 10MG</i> (SUDAFED PE Equiv)	F	OTC Only covered for members age 2 years or older

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<i>pseudoephedrine ER tab 120MG</i>	F	OTC-QL QL= 2 tabs/day; Covered for members age 2 years or older
<i>pseudoephedrine syrup 15MG/5ML</i> (SUDAFED Equiv)	F	OTC-QL QL= 1200ml/30 days; Covered for members age 2 years or older
<i>pseudoephedrine tab 30mg 30MG</i> (SUDAFED Equiv)	F	QL QL= 8 tabs/day; Covered for members age 2 years or older
<i>pseudoephedrine tab 60mg 60MG</i> (SUDAFED Equiv)	F	OTC-QL QL= 4 tabs/day; Covered for members age 2 years or older
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	F	-
NUTRIENTS - Drugs to treat nutrient disorders		
LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN (<i>medium chain triglycerides</i>)	F	PA
MCT OIL (<i>medium chain triglycerides</i>)	F	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE 5000 (<i>creatine</i>)	F	PA
<i>omega-3 fatty acid cap</i> (FISH OIL Equiv)	F	OTC
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE (<i>citrulline</i>)	F	PA

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<i>levocarnitine tab</i>	F	OTC
<i>phlexy-10 tab</i> (DEQUASINE Equiv)	F	OTC-PA
<i>pro-stat liq</i>	F	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
ARTIFICIAL TEARS AND LUBRICANTS - Drugs to treat dry eyes		
<i>artificial tears oint .1%, .5%-2%-42.5%-55%, 15%-83%, 15%-85%, 20%-80%, 3%-94%, 31.9%-57.7%, 41.5%-56.8%, 42.5%-56.8%, 42.5%-57.3%</i> (TEARS NATURALE PM Equiv)	F	OTC
<i>artificial tears soln .5%-.6%, .6%-1.4%, 5MG/ML-6MG/ML</i> (HYPOTEARs Equiv)	F	OTC
BETA-BLOCKERS - OPTHALMIC - Drugs to treat glaucoma		
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	F	-
LEVOBUNOLOL OPHTH SOLN .5% (BETAGAN Equiv) (<i>levobunolol hcl</i>)	F	-
<i>levobunolol ophth soln .5%</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	-
TIMOLOL OPHTH GEL SOLN .25%, .5% (<i>timolol maleate (ophth)</i>)	F	-

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CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
<i>atropine ophth oint 1%</i>	F	-
ATROPINE OPHTH SOLN .01%, 1% (ISOPTO ATROPINE Equiv) (<i>atropine sulfate (ophthalmic)</i>)	F	-
<i>atropine ophth soln</i> (ISOPTO ATROPINE Equiv)	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>homatropine ophth soln 5%</i>	F	-
ISOPTO HYOSCINE OPHTH SOLN (<i>scopolamine hbr (ophth)</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	-
PHOSPHOLINE OPHTH SOLN .125% (<i>echothiophate iodide</i>)	F	-
<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	F	-

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OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	F	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P Equiv)	F	-
<i>brimonidine ophth soln 0.2% .2%</i> (ALPHAGAN P Equiv)	F	-
IOPIDINE OPHTH SOLN 1% 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 sulfat</i> (<i>ophth</i>))	F	-
<i>gentamicin ophth oint .3%</i> (GARAMYCIN Equiv)	F	-

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<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	F	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	F	-
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX Equiv)	F	-
NEOMYCIN/POLYMIXIN/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</i> (TOBREX Equiv)	F	-
TRIFLURIDINE OPHTH SOLN 1% (<i>trifluridine</i>)	F	-
<i>trifluridine ophth soln 1%</i>	F	-
ZIRGAN OPHTH GEL .15% (<i>ganciclovir ophthalmic</i>)	F	-
OPHTHALMIC DECONGESTANTS - Drugs to treat eye conditions		
NAPHAZOLINE OPHTH SOLN (<i>naphazoline hcl</i>)	F	-
<i>naphazoline/pheniramine ophth drops .025%-.3%, .027%-.315%</i> (NAPHCON-A Equiv)	F	OTC
<i>tetrahydrozoline ophth soln .05%</i> (VISINE Equiv)	F	OTC
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
RESTASIS OPHTH EMULSION .05% (<i>cyclosporine (ophth)</i>)	F	RS Restricted to Ophthalmology or Optometry Specialist

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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>dexamethasone ophth soln</i>	F	-
DUREZOL OPHTH EMULSION .05% (<i>difluprednate</i>)	F	-
<i>fluorometholone ophth soln .1%</i> (FML LIQUIFILM Equiv)	F	-
MAXIDEX OPHTH SOLN .1%, 9% (<i>dexamethasone (ophth)</i>)	F	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1% -3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	F	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1% -3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv)	F	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-hc (ophth)</i>)	F	-
PRED MILD OPHTH SOLN .12% (<i>prednisolone acetate (ophth)</i>)	F	-

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PRED-G OPHTH SOLN .3%-1% <i>(gentamicin-prednisolone acetate)</i>	F	-
PREDNISOLONE OPHTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	F	-
PREDNISOLONE OPHTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	F	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% <i>(prednisolone sodium phosphate (ophth))</i>	F	-
PREDNISOLONE/SULFACETAMIDE OPHTH SOLN .23%-10% <i>(sulfacetamide sod-prednisolone)</i>	F	-
<i>sulfacetamide sodium/prednisolone ophth soln .23% -10%</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	-
VEXOL OPHTH SUSP <i>(rimexolone)</i>	F	-
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		
ALOMIDE OPHTH SOLN .1% <i>(lodoxamide tromethamine)</i>	F	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	F	-

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<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	F	-
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) .09% (<i>bromfenac sodium (ophth)</i>)	F	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	F	-
CYSTADROPS OPHTH SOLN 0.37% .37% (<i>cysteamine hcl</i>)	F	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN .44% (<i>cysteamine hcl</i>)	F	LD-QL-RS QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416; Restricted to Ophthalmology Specialist
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	F	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	F	-
FLURBIPROFEN OPHTH SOLN .03% (OCUFEN Equiv) (<i>flurbiprofen sodium</i>)	F	-
<i>flurbiprofen ophth soln .03%</i> (OCUFEN Equiv)	F	-
ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>)	F	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	F	-
<i>ketotifen ophth soln .025%</i> (ZADITOR Equiv)	F	OTC
NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>)	F	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	F	-

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<i>olopatadine ophth soln 0.2% .2%</i> (PATANOL Equiv)	F	QL QL=2.5ml/30 days
PROLENSA OPTH SOLN (<i>bromfenac sodium (ophth)</i>)	F	-
<i>sodium chloride ophth oint 5%</i> (MURO 128 Equiv)	F	OTC
<i>sodium chloride ophth soln 5%</i> (MURO 128 Equiv)	F	OTC
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	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	-
<i>carbamide peroxide otic drop 6.5%</i> (DEBROX Equiv)	F	OTC
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
CIPROFLOXACIN OTIC SOLN .2% (<i>ciprofloxacin hcl (otic)</i>)	F	-
<i>ofloxacin otic soln .3%</i> (FLOXIN Equiv)	F	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
<i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i>	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	-

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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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<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		
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	KMSP-PA
RHOGAM PLUS INJ 1500UNIT, 1500UNIT/2ML, 250UNIT (<i>rho d immune globulin (human)</i>)	F	KMSP-PA
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML (<i>rho d immune globulin (human)</i>)	F	KMSP-PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		

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HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	F	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	F	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human)-klhw</i>)	F	LD-PA Only available through CVS Specialty 800-237-2767
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	-
AMPICILLIN CAP 500MG (PRINCIPEN Equiv) (<i>ampicillin</i>)	F	-

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<i>ampicillin cap 250MG, 500MG</i> (PRINCIPEN Equiv)	F	-
<i>ampicillin susp 125MG/5ML, 250MG/5ML</i> (PRINCIPEN Equiv)	F	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML (VEETIDS Equiv) (<i>penicillin v potassium</i>)	F	-
<i>penicillin vk soln 125MG/5ML, 250MG/5ML</i> (VEETIDS Equiv)	F	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	F	-
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
<i>amoxicillin/clavulanate chew tab</i> (AUGMENTIN Equiv)	F	-
<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 500-125, 875-125 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	F	-
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	F	-
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		

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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)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ANTABUSE TAB 250MG, 500MG (<i>disulfiram</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
CAMPRAL TAB (<i>acamprosate calcium</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
LUCEMYRA TAB .18MG (<i>lofexidine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program

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ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
XYREM SOLN 500MG/ML (<i>sodium oxybate</i>)	F	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050
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-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
<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		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG (<i>chlordiazepoxide-amitriptyline</i>)	F	-
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PERPHENAZINE/AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG (<i>perphenazine-amitriptyline</i>)	F	-
SYMBYAX CAP 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (<i>olanzapine-fluoxetine hcl</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
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		

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INGREZZA CAP 40MG, 80MG (<i>valbenazine tosylate</i>)	F	LD-PA-QL QL=1 cap/day; Only available through Garfield Pharmacy (323-295-5585)
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	F	LMSP-PA
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AUBAGIO TAB 14MG, 7MG (<i>teriflunomide</i>)	F	LMSP
AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>)	F	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate dr cap 120MG, 240MG</i>	F	LMSP
<i>dimethyl fumarate dr cap starter pack</i>	F	LMSP
EXTAVIA INJ .3MG (<i>interferon beta-1b</i>)	F	LMSP
GILENYA CAP .25MG, .5MG (<i>fingolimod hcl</i>)	F	LMSP-QL QL=30 cap/30 days
<i>glatopa inj, glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	F	LMSP
KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</i>)	F	LMSP
MAYZENT TAB .25MG, 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

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ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>)	F	LMSP
ZEPOSIA CAP STARTER PACK (<i>ozanimod hcl</i>)	F	LMSP
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		
ORAP TAB 1MG, 2MG (<i>pimozide</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
SMOKING DETERRENTS - Drugs to treat smoking urges		
<i>bupropion SR tab 150MG</i> (ZYBAN Equiv)	F	QL-SMKG Limited to 180 days/plan year
CHANTIX PAK (<i>varenicline tartrate</i>)	F	QL-SMKG Limited to 168 days/plan year
CHANTIX TAB .5MG, 1MG (<i>varenicline tartrate</i>)	F	QL-SMKG Limited to 168 days/plan year
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	F	OTC-QL-SMKG Limited to 180 days/plan year
NICOTINE KIT (<i>nicotine</i>)	F	OTC-QL-SMKG Limited to 182 days/plan year
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	F	OTC-QL-SMKG Limited to 180 days/plan year

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<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	F	OTC-QL-SMKG Limited to 182 days/plan year
NICOTROL INHALER 10MG (<i>nicotine</i>)	F	QL-SMKG Limited to 180 days/plan year
NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>)	F	QL-SMKG Limited to 180 days/plan year
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
TEGSEDI INJ 284MG/1.5ML (<i>inotersen sodium</i>)	F	LD-PA-QL QL=4 inj/28 days; Only available through Accredo 800-803-2523
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 25MG, 50MG, 75MG (<i>ivacaftor</i>)	F	KMSP-PA-QL-SF QL= 2 packets/day
KALYDECO TAB 150MG (<i>ivacaftor</i>)	F	KMSP-PA-QL-SF QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG (<i>lumacaftor-ivacaftor</i>)	F	KMSP-PA-QL-SF QL=2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>)	F	KMSP-PA-QL-SF QL= 4 tabs/day
PULMOZYME INH SOLN 1MG/ML (<i>dornase alfa</i>)	F	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG (<i>tezacaftor-ivacaftor</i>)	F	KMSP-PA-QL-SF QL= 2 tabs/day

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TRIKAFTA TAB 50MG-100MG (<i>elxacaftor-tezacaftor-ivacaftor</i>)	F	KMSP-PA-QL QL=84 tabs/28 days
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	F	MSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 267MG 267MG (<i>pirfenidone</i>)	F	MSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG (<i>pirfenidone</i>)	F	MSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG (<i>nintedanib esylate</i>)	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
SULFADIAZINE TAB 500MG (<i>sulfadiazine</i>)	F	-
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	-

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<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	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	F	-
<i>minocycline tab 100MG, 50MG, 75MG</i> (DYNACIN Equiv)	F	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
<i>methimazole tab 10MG, 5MG</i> (TAPAZOLE Equiv)	F	-
<i>propylthiouracil tab 50MG</i>	F	-
THYROID HORMONES - Drugs to regulate thyroid hormones		
ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 130MG, 146.25MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 32.5MG, 325MG, 48.75MG, 65MG, 81.25MG, 97.5MG (thyroid)	F	-
<i>levothyroxine tab</i> (SYNTHROID Equiv)	F	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	F	-
<i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG</i> (ARMOUR THYROID, NATURE THROID Equiv)	F	-

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THYROLAR TAB 120MG, 15MG, 180MG, 30MG, 60MG (<i>liotrix (t3-t4)</i>)	F	-
TOXOIDS - Drugs to prevent infection		
TOXOID COMBINATIONS - Drugs to prevent infection		
ADACEL INJ, BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	F	VAC
TETANUS/DIPHTHERIA TOXOID INJ 2LF/0.5ML (<i>tetanus-diphtheria toxoids (td)</i>)	F	VAC
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	F	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	F	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	F	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	F	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVVID Equiv)	F	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	F	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine sulfate soln .125MG/ML</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	F	-

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PROPANTHELINE TAB 15MG (<i>proprantheline bromide</i>)	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</i> (PEPCID AC Equiv)	F	--OTC
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	F	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
FIRST OMEPRAZOLE SUSP 2MG/ML (<i>omeprazole</i>)	F	-
<i>lansoprazole DR cap 15MG, 30MG</i> (PREVACID Equiv)	F	RX ONLY
LANSOPRAZOLE SUSP 3MG/ML (<i>lansoprazole</i>)	F	-
<i>omeprazole cap 20.6MG, 20MG</i>	F	OTC
<i>omeprazole DR cap 10mg 10MG</i> (PRILOSEC Equiv)	F	-
<i>omeprazole DR cap 20mg 20MG</i> (PRILOSEC Equiv)	F	-
<i>omeprazole DR cap 40mg 40MG</i> (PRILOSEC Equiv)	F	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	F	-
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
<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> (SUCRALFATE Equiv)	F	-

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URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
<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	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	F	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	F	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	F	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
<i>BEXSERO INJ (meningococcal vac group b (recombant omv adjuvanted))</i>	F	VAC
<i>MENACTRA INJ (meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine)</i>	F	VAC
<i>MENHIBRIX INJ 2.5MCG-5MCG (meningococcal (c & y)-haemophilus b tetanus tox conj vaccine)</i>	F	VAC
<i>MENVEO INJ (meningococcal (a,c,y&w-135) oligosaccharide conjugate vac)</i>	F	VAC
<i>PNEUMOVAX INJ 25MCG/0.5ML (pneumococcal vac polyvalent)</i>	F	VAC

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PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	F	PA-QL-VAC Covered for members age 19 years or older, Prior authorization required if member less than 19 years. 1 fill for lifetime for age 19 years or older.
TRUMENBA INJ (<i>meningococcal group b vaccine (recombinant)</i>)	F	VAC
VAXCHORA SUSP (<i>cholera vaccine live attenuated</i>)	F	VAC
VIVOTIF CAP (<i>typhoid vaccine</i>)	F	QL-VAC QL= 4 caps/fill
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ (<i>influenza virus vaccine split preservative free</i>)	F	VAC
AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>)	F	VAC
COVID-19 VACCINE INJ (MODERNA) 100MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
COVID-19 VACCINE INJ (PFIZER) 30MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	CO	CARVE OUT - Covered by Medi-Cal fee-for-service program
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	F	VAC

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ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 40MCG/ML, 5MCG/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	F	VAC
FLUAD INJ (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	F	VAC
FLUAD QUAD INJ .5ML (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>)	F	VAC
FLUARIX QUAD INJ, FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	F	VAC
FLUBLOK INJ (<i>influenza virus vaccine recombinant hemagglutinin (ha)</i>)	F	VAC
FLUBLOK QUAD INJ (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	F	VAC
FLUCELVAX QUAD INJ (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	F	VAC
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	F	VAC
FLUMIST QUADRIVALENT NASAL SUSP (<i>influenza virus vaccine live quadrivalent</i>)	F	VAC
FLUVIRIN INJ (<i>influenza virus vaccine types a & b surface antigen</i>)	F	VAC
FLUZONE HD PF INJ (<i>influenza virus vac split high-dose quad preservative free</i>)	F	VAC

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FLUZONE HIGH DOSE PF INJ (<i>influenza virus vaccine split high-dose preservative free</i>)	F	VAC
GARDASIL 9 INJ (<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>)	F	VAC
GARDASIL INJ (<i>human papillomavirus (hvp) quadrivalent recombinant vaccine</i>)	F	VAC
HAVRIX INJ, VAQTA INJ 1440ELU/ML, 25UNIT/0.5ML, 50UNIT/ML, 720ELU/0.5ML (<i>hepatitis a vaccine</i>)	F	VAC
HEPLISAV-B INJ 20MCG/0.5ML (<i>hepatitis b vaccine recombinant adjuvanted</i>)	F	VAC
IMOVAX RABIES INJ 2.5UNIT/ML (<i>rabies virus vaccine, hdc</i>)	F	VAC
M-M-R II INJ (<i>measles, mumps & rubella virus vaccines</i>)	F	VAC
SHINGRIX INJ 50MCG/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	F	VAC Covered for members age 50 years or older, Not covered if member less than 50 years.
TWINRIX INJ 20MCG/ML-720ELU/ML (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	F	VAC
VARIVAX INJ 1350PFU/0.5ML (<i>varicella virus vaccine live</i>)	F	VAC

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ZOSTAVAX INJ 19400UNT/0.65ML (<i>zoster vaccine live</i>)	F	VAC Covered for members age 50 years or older, Not covered if member less than 50 years.
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
SPERMICIDES - Drugs to prevent pregnancy		
CONCEPTROL GEL 4% (<i>nonoxynol-9</i>)	F	OTC
CONTRACEPTIVE FILM 28% (<i>nonoxynol-9</i>)	F	OTC
CONTRACEPTIVE FOAM 12.5% (<i>nonoxynol-9</i>)	F	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% (<i>nonoxynol-9</i>)	F	OTC
CONTRACEPTIVE SUPP 100MG (<i>nonoxynol-9</i>)	F	OTC
TODAY SPONGE 1000MG (<i>nonoxynol-9</i>)	F	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
AVC VAGINAL CREAM 15% (<i>sulfanilamide vaginal</i>)	F	-
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	F	-
<i>clotrimazole vaginal cream 1%, 2%</i> (MYCELEX-7 Equiv)	F	OTC
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	F	-
<i>MICONAZOLE 3 SUPP 200MG 100MG</i> (MONISTAT Equiv)	F	OTC
<i>miconazole vaginal cream 2%, 4%</i> (MONISTAT 7 Equiv)	F	OTC
MICONAZOLE VAGINAL KIT (<i>miconazole nitrate vaginal & wipes</i>)	F	OTC

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<i>miconazole vaginal kit</i>	F	OTC
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	F	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	F	-
TERCONAZOLE VAGINAL CREAM .8% (<i>terconazole vaginal</i>)	F	-
<i>tioconazole vaginal oint 6.5%</i> (VAGISTAT-1 Equiv)	F	OTC
VAGINAL ESTROGENS - Drugs to treat low hormones		
<i>estradiol vaginal cream .1MG/GM</i> (ESTRACE Equiv)	F	-
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 inj .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN Equiv)	F	QL QL= 2 inj/fill
EPINEPHRINE INJ 0.15MG .15MG/0.15ML (<i>epinephrine (anaphylaxis)</i>)	F	QL QL=2 inj/fill
<i>epinephrine inj 0.15mg (2 pack) .15MG/0.3ML</i> (EPIPEN-JR Equiv)	F	QL QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG .3MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)	F	QL QL=2 inj/fill
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)	F	QL QL= 2 inj/fill

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VIRAL VACCINES - Drugs to prevent infection		
<i>midodrine tab</i> (PROAMATINE Equiv)	F	-
VITAMINS - Drugs to treat vitamin deficiency		
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>cholecalciferol oral soln 1000UNT/0.03ML, 10MCG/ML, 2000UNT/0.03ML, 400UNIT/ML, 400UNT/0.03ML, 400UT/0.028ML, 5000UNIT/ML</i> (D-VI-SOL Equiv)	F	OTC
<i>cholecalciferol tab 1000UNIT, 2000UNIT, 25MCG, 400UNIT, 5000UNIT, 5000UNIT, 50MCG</i>	F	OTC
<i>ergocalciferol soln 8000UNIT/ML</i> (DRISDOL Equiv)	F	OTC
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	F	-
<i>vitamin D cap 1.25MG, 10000UNIT, 125MCG, 2000UNIT, 250MCG, 4000UNIT, 50000UNIT, 5000UNIT, 50MCG</i>	F	--OTC
VITAMIN D TAB 400UNIT 400UNIT (<i>ergocalciferol</i>)	F	OTC
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>ascorbic acid cap 500MG</i>	F	OTC
<i>ascorbic acid chew tab 100MG, 125MG, 250MG, 500MG, 7.5MG-500MG</i>	F	OTC
<i>ascorbic acid er tab 1000MG, 1500MG, 16MG-25MG-500MG, 500MG</i>	F	OTC

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<i>ascorbic acid tab 1000MG, 100MG, 10MG-500MG, 14MG-25MG-500MG, 250MG, 25MG-35MG-500MG, 37MG-1000MG, 37MG-500MG, 500MG</i>	F	OTC
<i>niacin cap</i>	F	OTC
<i>niacin CR tab 250MG, 500MG, 750MG (SLO-NIACIN Equiv)</i>	F	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	F	OTC
NIACIN TR TAB 1000MG (<i>niacin</i>)	F	OTC
<i>niacinamide tab 100MG, 500MG</i>	F	OTC
<i>pyridoxine tab 100MG, 250MG, 25MG, 500MG, 50MG</i>	F	OTC
<i>thiamine tab 100MG, 250MG, 50MG</i>	F	OTC
VITAMIN C TAB 100MG (<i>ascorbic acid</i>)	F	OTC

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ALPHABETICAL LISTING OF DRUGS

Other					
8-MOP CAP	108				
A					
AAMMONIUM LACTATE LOTION	112	acetaminophen/codeine soln	11	ADVATE INJ	128
abacavir soln	75	acetaminophen/codeine tab	11	AEROCHAMBER	141
abacavir tab	75	acetaminophen/codeine ER cap	117	AFINITOR DISPERZ	56
abacavir/lamivudine tab	75	acetaminophen/codeine tab	117	AFINITOR TAB 10MG	53
abacavir/lamivudine/zidovudine tab	76	acetic acid otic soln	162	AFLURIA INJ	177
ABILIFY DISCMELT	74	acetic	163	AFLURIA INJ, FLUZONE INJ	177
ABILIFY MAINTENA INJ	74	acid/hydrocortisone otic soln		AFSTYLA KIT	128
ABILIFY MYCITE TAB	74	acetyl cysteine soln	103	AKYNZEO CAP	39
ABILIFY SOLN	74	acitretin cap	108	albuterol HFA inhaler	20
ABILIFY TAB	74	ACTEMRA ACTPEN INJ	4	albuterol neb soln	20
abiraterone tab 250mg	54	ACTEMRA SC INJ	5	albuterol sulfate ER tab	20
acamprosate calcium DR tab	166	ACTIMMUNE INJ	64	albuterol sulfate syrup	20
acarbose tab	31	acyclovir cap	85	albuterol sulfate tab	20
acebutolol cap	87	acyclovir oint	109	albuterol/ipratropium neb soln	20
acetaminophen cap	7	acyclovir susp	85	alclometasone cream	109
acetaminophen drops	7	acyclovir tab	85	alclometasone oint	109
acetaminophen elixir	7	A-D oint	112	ALCOHOL SWABS	141
acetaminophen er tab	7	ADACEL INJ, BOOSTRIX INJ	174	ALECENSA CAP	56
acetaminophen liquid	8	adapalene cream	103	alendronate tab	119
acetaminophen supp	8	adapalene gel 0.3%	103	ALENDRONATE TAB 40MG	119
acetaminophen tab	8	ADASUVE INHALER	71	ALFERON-N INJ	64
		adefovir dipivoxil tab	84	alfuzosin SR tab	127
		ADMELOG INJ	33	ALINIA SUSP	49
		ADMELOG SOLOSTAR INJ	33	allopurinol tab	127
				ALOGLIPTIN TAB	33

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ALPHABETICAL LISTING OF DRUGS

ALOGLIPTIN-METFORMIN TAB	31	amlodipine/olmesartan tab	46	anagrelide cap	131
ALOGLIPTIN-PIOGLITAZONE TAB	31	amlodipine/valsartan tab	47	anastrozole tab	54
ALOMIDE OPHTH SOLN	160	amlodipine/valsartan/hydrochlorothiazide tab	47	ANDROGEL PUMP 1%	13
alprazolam tab	17	ammonium lactate cream	112	ANORO ELLIPTA	20
ALPROLIX INJ	128	ammonium lactate lotion	112	INHALER	
aluminum chloride soln	114	amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	103	ANTABUSE TAB	166
ALUMINUM HYDROXIDE GEL SUSP	15	AMOXAPINE TAB	30	antacid chew tab	15
ALUNBRIG TAB 180MG	56	amoxicillin cap	164	anti-nausea soln	39
ALUNBRIG TAB 30MG	56	AMOXICILLIN CHEW TAB	164	apraclonidine ophth soln	157
ALUNBRIG TAB 90MG	56	amoxicillin susp	164	aprepitant cap	39
amantadine cap	65	amoxicillin tab	164	aprepitant pak	39
amantadine syrup	66	amoxicillin/clavulanate chew tab	165	APTIVUS CAP	76
amantadine tab	66	amoxicillin/clavulanate susp	165	APTIVUS SOLN	76
ambrisentan tab	90	amoxicillin/clavulanate tab 500-125, 875-125	165	aripiprazole ODT	74
amethyst tab	92	AMPHADASE INJ	86	aripiprazole soln	74
amiloride tab	118	amphetamine/dextroamphetamine ER cap	1	aripiprazole tab	74
amiloride/hydrochlorothiazide tab	117	amphetamine/dextroamphetamine tab	1	ARISTADA SYRINGE	75
aminocaproic acid soln	135	ampicillin cap	164	armodafinil tab	2
aminocaproic acid syrup	135	ampicillin susp	165	ARMOUR THYROID TAB, NATURE THYROID TAB	173
aminocaproic acid tab	135			ARNUITY ELLIPTA	19
amiodarone tab	18			INHALER	
amitriptyline tab	30			artificial tears oint	155
amlodipine tab	88			artificial tears soln	155
amlodipine/benazepril cap	46			ascorbic acid cap	182
				ascorbic acid chew tab	182
				ascorbic acid er tab	182

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ALPHABETICAL LISTING OF DRUGS

ascorbic acid tab	150	AVC VAGINAL CREAM	180	BALVERSA TAB 4MG	57
asenapine maleate sl tab	71	AVONEX INJ	169	BANZEL TAB	23
ashlyna tab, daysee tab	92	AYVAKIT TAB	56	BAQSIMI NASAL	32
aspirin chew tab 81mg	8	AZASITE SOLN	157	POWDER	
aspirin ec tab	8	azathioprine tab	86	BASAGLAR INJ	34
aspirin EC tab 325mg	8	azelaic acid gel	115	BD AUTOSHIELD DUO	141
aspirin EC tab 81mg	8	azelastine nasal spray 0.1%	153	PEN NEEDLE	
aspirin tab	8	azelastine ophth soln	160	B-D INSULIN SYRINGE	141
aspirin tab 325mg	8	azithromycin susp	139	U-500	
ASPIRIN TAB 81MG	8	azithromycin tab	139	BELBUCA FILM	12
ASPIRIN TAB EC	8	B			
atazanavir cap	76	bacitracin oint	105	benazepril tab	45
atenolol tab	87	BACITRACIN OPHTH	157	benazepril/hydrochlorothia	47
atenolol/chlorthalidone tab	47	OINT		zide tab	
atorvastatin tab 10mg	43	bacitracin/neomycin/poly	157	BENEFIX INJ	128
atorvastatin tab 20mg	43	myxin b ophth oint		BENLYSTA AUTO	148
atorvastatin tab 40mg	43	bacitracin/polymyxin b	105	INJECTOR	
atorvastatin tab 80mg	43	ointment		BENLYSTA INJ	148
atovaquone susp	49	bacitracin/polymyxin b	157	BENZNIDAZOLE TAB	16
atovaquone/proguanil tab	51	ophth oint		benzonatate cap 100mg,	95
ATRIPLA TAB	76	ophth oint		200mg	
atropine ophth oint	156	bacitracin/polymyxin/neo	159	benzoyl peroxide cream	104
atropine ophth soln	156	mycin/hydrocortisone		benzoyl peroxide gel	104
ATROVENT HFA	19	ophth oint		benzoyl peroxide liquid	104
INHALER		bacitracin/zinc oint	105	benzoyl peroxide lotion	104
AUBAGIO TAB	169	baclofen tab	152	benztropine tab	65
AVANDAMET TAB	31	balsalazide cap	125	betamethasone augmented	109
AVANDIA TAB	35	BALVERSA TAB	56	cream	
		BALVERSA TAB 3MG	57		

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ALPHABETICAL LISTING OF DRUGS

betamethasone augmented gel	110	bismuth subsalicylate susp	36	BUNAVAIL SL FILM	12
betamethasone augmented lotion	110	bismuth subsalicylate tab	36	buprenorphine patch	12
betamethasone oint	110	bisoprolol tab	87	buprenorphine SL tab	12
betamethasone dipropionate cream	110	bisoprolol/hydrochlorothiazide tab	47	buprenorphine/naloxone SL film	12
betamethasone dipropionate lotion	110	bosentan tab	90	buprenorphine/naloxone SL tab	12
betamethasone dipropionate oint	110	BOSULIF TAB	57	bupropion ER tab	28
betamethasone valerate cream	110	BRAFTOVI CAP 50MG	57	bupropion SR tab	170
betamethasone valerate lotion	110	BRAFTOVI CAP 75MG	57	bupropion tab	28
betamethasone valerate oint	110	BREZTRI AEROSPHERE	20	bupropion XL tab	28
bethanechol tab	176	INHALER		bupirone tab	17
bexarotene cap	65	brimonidine ophth soln 0.15%	157	BUTRANS PATCH	12
BEXSERO INJ	176	brimonidine ophth soln 0.2%	157	C	
bicalutamide tab	54	bromfenac ophth soln	161	cabergoline tab	122
BIKTARVY TAB	76	BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	161	CABLIVI KIT	131
BISACODYL ENEMA	138	bromocriptine cap	66	CABOMETYX TAB	57
bisacodyl supp	138	bromocriptine tab	66	CALAMINE LOTION	114
bisacodyl tab	138	brompheniram/phenylephrine/dm soln	96	calcipotriene cream	108
bismuth subsalicylate chew tab	36	BROTAPP DM LIQUID	96	calcipotriene oint	108
		BRUKINSA CAP	57	calcipotriene soln	108
		budesonide inh susp	20	calcitonin nasal spray	119
		budesonide SR cap	94	calcitriol cap	120
		bumetanide tab	118	calcitriol soln	120
				calcium acetate cap	125
				CALCIUM ACETATE TAB	143
				calcium and phosphorus w/vitamin D tab	143

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ALPHABETICAL LISTING OF DRUGS

calcium carbonate chew tab	15	CARBAGLU TAB	121	cetirizine syrup	41
calcium carbonate susp	15	carbamazepine chew tab	23	cetirizine tab	41
calcium carbonate tab	16	carbamazepine ER cap	23	cetirizine/pseudoephedrine 12-hour tab	96
calcium carbonate w/vitamin D cap	143	carbamazepine ER tab	24	cevimeline cap	149
CALCIUM CARBONATE W/VITAMIN D CHEW TAB	143	carbamazepine susp	24	CHANTIX PAK	170
calcium carbonate w/vitamin D tab	143	carbamazepine tab	24	CHANTIX TAB	170
calcium carbonate w/vitamin D tab	144	carbamide peroxide otic drop	162	CHEMET CAP	36
calcium citrate tab	144	carbidopa tab	65	chlordiazepoxide cap	17
calcium citrate w/vitamin D tab	144	carbidopa/levodopa ER tab	66	CHLORDIAZEPOXIDE/A MITRIPTYLINE TAB	168
CALCIUM GLUCONATE TAB	144	carbidopa/levodopa ODT	66	chlorhexidine gluconate liquid	75
calcium pycarbofil tab	136	carbidopa/levodopa tab	66	chlorhexidine gluconate soln	149
CALCIUM/D3 WAFER	144	CARBIDOPA/LEVODOPA A/ENTACAPONE TAB	66	chloroquine tab	51
CALIBRATION LIQUID	140	carisoprodol tab 350mg	152	chlorothiazide tab	118
CALQUENCE CAP	57	carvedilol tab	87	CHLOROTHIAZIDE TAB 250MG, 500MG	118
CAMPRAL TAB	166	CAYSTON INH SOLN	50	chlorpheniramine CR tab	41
capecitabine tab	53	cefdinir cap	92	chlorpheniramine syrup	41
CAPLYTA CAP	68	cefdinir susp	92	chlorpheniramine tab	41
CAPRELSA TAB	57	cefuroxime susp	92	chlorpromazine hcl inj	73
capsaicin cream	113	cefuroxime tab	92	CHLORPROMAZINE INJ	73
captopril tab	45	celecoxib cap	5	chlorpromazine tab	73
		CELONTIN CAP	27	chlorpropamide tab	35
		CENTRUM KIDS CHEW	150	chlorthalidone tab	118
		cephalexin cap	91	chlorzoxazone tab 500mg	152
		cephalexin susp	92		
		CERDELGA CAP	131		
		CERVICAL CAP	140		

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ALPHABETICAL LISTING OF DRUGS

CHOLBAM CAP	124	CITRULLINE	154	clotrimazole/betamethason	107
cholecalciferol oral soln	182	CLARITHROMYCIN	139	e cream	
cholecalciferol tab	182	SUSP		clotrimazole/betamethason	107
cholestyramine lite	43	clarithromycin tab	139	e lotion	
powder		CLARITIN REDITAB	41	CLOZAPINE ODT	71
cholestyramine lite	43	clindamycin cap	50	clozapine ODT 25mg,	71
powder pack		clindamycin gel	104	100mg	
cholestyramine powder	43	clindamycin lotion	104	CLOZAPINE	71
cholestyramine powder	43	clindamycin pad	104	ODT/FAZACLO ODT	
pack		clindamycin soln	50	clozapine tab	71
CIALIS TAB	90	clindamycin topical soln	104	CLOZARIL TAB	71
ciclopirox cream	106	clindamycin vaginal cream	180	codeine sulfate tab	8
ciclopirox gel	106	clobazam tab	23	codeine sulfate tab 60mg	9
ciclopirox nail soln	106	clobetasol propionate	110	colchicine tab	127
ciclopirox shampoo	106	cream		colchicine/probenecid tab	127
ciclopirox topical susp	106	clobetasol propionate	110	colestipol tab	43
cilostazol tab	131	emollient cream		COLY-MYCIN S OTIC	162
CIMDUO TAB	76	clobetasol propionate gel	110	SUSP	
cinacalcet tab	121	clobetasol propionate oint	110	COMBIVENT RESPIMAT	21
ciprofloxacin ophth soln	157	clonazepam tab	23	INHALER	
CIPROFLOXACIN OTIC	162	clonidine patch	46	COMBIVIR TAB	76
SOLN		clonidine tab	46	COMETRIQ KIT	58
ciprofloxacin susp	123	clopidogrel tab 75mg	131	COMPLERA TAB	76
ciprofloxacin tab	123	clotrimazole cream	106	CONCEPTROL GEL	180
ciprofloxacin/dexamethaso	162	clotrimazole soln	106	CONTRACEPTIVE FILM	180
ne otic susp		clotrimazole troches	149	CONTRACEPTIVE FOAM	180
citalopram soln	29	clotrimazole vaginal cream	180	CONTRACEPTIVE GEL	180
citalopram tab	29			CONTRACEPTIVE SUPP	180

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ALPHABETICAL LISTING OF DRUGS

CONTRAVE TAB	1	cyclopentolate ophth soln	156	DESCOVY TAB	77
COPIKTRA CAP	58	cyclophosphamide cap	53	desipramine tab	30
COSENTYX INJ	108	cyclosporine cap	86	desmopressin acetate inj	122
(1-PACK)		cyclosporine modified	86	desmopressin acetate tab	122
COSENTYX INJ	109	cap, gengraf cap		desmopressin nasal soln	122
(2-PACK)		cyclosporine modified	86	desoximetasone cream	110
COTELLIC TAB	58	soln		desoximetasone oint	110
COVID-19 VACCINE INJ	177	cyproheptadine syrup	42	desvenlafaxine ER tab	30
(MODERNA)		cyproheptadine tab	42	DEXAMETHASONE	94
COVID-19 VACCINE INJ	177	CYSTADROPS OPHTH	161	CONC	
(PFIZER)		SOLN 0.37%		dexamethasone elixir	94
CREATINE 5000	154	CYSTAGON CAP	126	DEXAMETHASONE	159
CREON CAP	117	CYSTARAN OPHTH	161	OPHTH SOLN	
CRINONE GEL	181	SOLN		DEXAMETHASONE	94
CRIXIVAN CAP	76	CYTRA K CRYSTALS	126	SOLN	
cromolyn conc	125	CYTRA-3 SYRUP	126	dexamethasone tab	94
cromolyn nasal spray	153			dexmethylphenidate tab	2
cromolyn ophth soln	161	D		dextroamphetamine ER	1
cryselle tab	92	dalfampridine ER tab	169	cap	
cyanocobalamin inj	132	danazol cap	13	dextroamphetamine tab	1
cyanocobalamine er tab	132	dantrolene cap	152	dextromethorphan cap	95
cyanocobalamine lozenge	132	dapsone tab	50	dextromethorphan ER	96
cyanocobalamine sl tab	132	DECON-A ELIXIR	96	liquid	
cyanocobalamine tab	132	deferasirox granule packet	37	dextromethorphan	97
cyclobenzaprine tab 10mg	152	deferasirox tab	37	hb/doxylamine soln	
cyclobenzaprine tab 5mg	152	deferasirox tab 90mg,	38	dextromethorphan syrup	96
CYCLOMYDRIL OPHTH	156	360mg		dextromethorphan/phenyle	97
SOLN		deferiprone tab	38	phrine liquid	
		DELSTRIGO TAB	77		

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ALPHABETICAL LISTING OF DRUGS

DIACOMIT CAP	24	digoxin tab	89	d-methorphan hb/p-epd	97
DIACOMIT POWDER	24	DILANTIN CAP 30MG	27	hcl/bpm elixir	
PACK		diltiazem ER cap	89	d-methorphan hb/p-ephed	97
dialyvite tab	149	diltiazem tab	89	hcl/cp liquid	
DIAPHRAGM	140	dimenhydrin tab	38	d-methorphan/acetamin/do	98
DIASTAT RECTAL GEL,	23	dimethyl fumarate dr cap	169	xylamn liquid	
DIAZEPAM RECTAL		dimethyl fumarate dr cap	169	d-methorphan/pe/acetamin	98
GEL		starter pack		ophen cap	
diazepam conc	17	diphenhydramine cap	41	docusate calcium cap	138
DIAZEPAM SOLN	17	diphenhydramine cream	108	docusate sodium cap	138
diazepam tab 10mg	17	diphenhydramine gel	108	docusate sodium enema	138
diazepam tab 2mg	17	diphenhydramine liquid	41	docusate sodium liquid	138
diazepam tab 5mg	18	diphenhydramine tab	41	docusate sodium syrup	138
diclofenac gel 1%	108	diphenhydramine/acetamin	135	docusate sodium tab	138
diclofenac potassium tab	5	ophen tab		dofetilide cap	18
diclofenac sodium EC tab	5	diphenhydramine/phenylep	97	donepezil ODT	167
diclofenac sodium ophth	161	hrine/acetaminophen liquid		donepezil tab	167
soln		DIPHENOXYLATE/ATRO	36	donepezil tab 23mg	167
diclofenac sodium XR tab	5	PINE LIQUID		DOPTELET TAB	132
dicloxacillin cap	165	diphenoxylate/atropine tab	36	dorzolamide ophth soln	161
dicyclomine cap	174	dipyridamole tab	131	dorzolamide/timolol ophth	155
dicyclomine soln	174	disopyramide cap	18	soln	
dicyclomine tab	174	disulfiram tab	166	DOVATO TAB	77
didanosine DR cap	77	DIURIL SUSP	118	doxazosin tab	46
DIFFERIN OTC GEL 0.1%	104	divalproex ER tab	27	doxepin cap	30
DIFICID SUSP	139	divalproex sodium DR tab	27	doxepin conc	31
DIFICID TAB	140	divalproex sprinkle cap	27	DOXERCALCIFEROL	121
DIGOXIN SOLN	89			CAP	

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ALPHABETICAL LISTING OF DRUGS

doxycycline hyclate cap	172	efavirenz-lamivudine-tenof	77	ENGERIX-B INJ,	178
doxycycline hyclate tab	172	ovir df tab		RECOMBIVAX-HB INJ	
doxycycline monohydrate	172	ELIQUIS STARTER PACK	22	enoxaparin inj	23
cap 100mg		ELIQUIS TAB, ELIQUIS	22	enpresse tab	92
doxycycline monohydrate	173	STARTER PACK		entacapone tab	65
cap 50mg		ELIXOPHYLLIN ELIXIR	22	entecavir tab	84
doxycycline monohydrate	173	ELLA TAB	94	EPIFOAM AEROSOL	110
tab		ELMIRON CAP	127	epinephrine inj	181
doxycycline susp	173	ELOCTATE INJ	128	EPINEPHRINE INJ	181
doxylamine succinate tab	135	eluryng vaginal ring	94	0.15MG	
D-PENAMINE TAB	86	EMCYT CAP	54	epinephrine inj 0.15mg (2	181
dronabinol cap	39	EMSAM PATCH	28	pack)	
DROXIA CAP	131	emtricitabine cap	77	EPINEPHRINE INJ	181
DRYSOL SOLN	114	emtricitabine/tenofovir	77	0.3MG	
duloxetine EC cap	30	disoproxil fumarate tab		EPIVIR HBV SOLN	84
DUPIXENT INJ	112	EMTRIVA CAP	78	EPIVIR HBV TAB	84
DUPIXENT PEN INJ	112	EMTRIVA SOLN	78	EPIVIR SOLN	78
DUREZOL OPHTH	159	enalapril tab	45	EPIVIR TAB	78
EMULSION		enalapril/hydrochlorothiazi	47	EPZICOM TAB	78
dutasteride cap	127	de tab		EQUETRO CAP	68
<hr/>					
E		ENBREL INJ 25MG	7	ergocalciferol soln	182
econazole cream	107	ENBREL INJ 50MG	7	ERIVEDGE CAP	54
EDURANT TAB	77	ENBREL MINI INJ	7	ERLEADA TAB	54
efavirenz cap	77	ENBREL SURECLICK	7	erlotinib tab	58
efavirenz tab	77	INJ 50MG		ERYTHROMYCIN EC	139
efavirenz/emtricitabine/ten	77	ENDARI POWDER PACK	132	CAP 250MG	
ofovir tab		ENDOMETRIN INSERT	181	erythromycin	139
		ENGERIX-B INJ	177	ethylsuccinate susp	

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ALPHABETICAL LISTING OF DRUGS

erythromycin gel	104	exemestane tab	55	ferrous gluconate tab	134
erythromycin ophth oint	157	EXTAVIA INJ	169	ferrous sulfate dr tab	134
erythromycin pad	104	ezetimibe tab	44	ferrous sulfate er tab	134
erythromycin soln	104	<hr/>			
erythromycin stearate tab	139	F		FERROUS SULFATE	134
erythromycin tab	139	famotidine susp	175	LIQUID	
ESBRIET CAP	172	famotidine tab	175	ferrous sulfate slow	134
ESBRIET TAB 267MG	172	FANAPT TAB	69	release tab	
ESBRIET TAB 801MG	172	FANAPT TITRATION	69	ferrous sulfate soln	134
escitalopram soln	29	PACK		ferrous sulfate syrup	134
escitalopram tab	29	FARYDAK CAP	58	ferrous sulfate tab	135
estazolam tab	135	FASENRA PEN INJ	19	finasteride tab	113
estradiol patch	123	FAZACLO ODT	71	FIRST OMEPRAZOLE	175
estradiol tab	123	febuxostat tab	127	SUSP	
estradiol vaginal cream	181	felbamate susp	25	FIRST-VANCOMYCIN	49
estradiol valerate inj	123	felbamate tab	25	SOLN	
eszopiclone tab	135	felodipine ER tab	89	FIRVANQ SOLN	49
ethacrynic tab	118	FEMALE CONDOMS	140	flecainide tab	18
ethambutol tab	52	fenofibrate cap 67mg,	43	FLEET ENEMA	137
ethosuximide cap	27	134mg, 200mg		FLUAD INJ	178
ethosuximide soln	27	fenofibrate tab 48mg,	43	FLUAD QUAD INJ	178
etodolac cap	5	50mg, 54mg, 145mg,		FLUARIX QUAD INJ,	178
etodolac tab	5	160mg		FLUZONE QUAD INJ	
ETOPOSIDE CAP	65	fenofibric acid DR cap	43	FLUBLOK INJ	178
ETOVAZ TAB	78	fentanyl patch	9	FLUBLOK QUAD INJ	178
everolimus tab	58	FERREX 150 CAP	133	FLUCELVAX QUAD INJ	178
EVZIO INJ	38	ferrex 150 forte cap	133	fluconazole susp	40
EVZIO INJ	37	FERRIPROX SOLN	37	fluconazole tab	40
		FERRIPROX TAB	37	flucytosine cap	39

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ALPHABETICAL LISTING OF DRUGS

fludrocortisone tab	95	FLUPHENAZINE	73	folbee tab	133
FLULAVAL QUAD INJ,	178	DECONATE INJ		folic acid tab 1mg	132
FLUZONE QUAD INJ		FLUPHENAZINE ELIXIR	73	folic acid tab 400mcg	132
FLUMIST	178	FLUPHENAZINE INJ	73	folic acid tab 800mcg	132
QUADRIVALENT NASAL		fluphenazine tab	73	fondaparinux inj	23
SUSP		FLURAZEPAM CAP	136	FORTEO INJ	119
fluocinolone acetonide	111	FLURBIPROFEN OPHTH	161	fosamprenavir tab	78
cream		SOLN		fosinopril tab	45
fluocinolone acetonide	111	FLURBIPROFEN TAB	5	fosinopril/hydrochlorothia	47
ointment		flutamide cap	55	zide tab	
fluocinolone acetonide	111	fluticasone nasal spray	153	FREESTYLE FREEDOM	140
soln		fluticasone propionate	111	LITE METER	
fluocinolone otic oil	163	cream		FREESTYLE INSULINX	140
fluocinonide cream 0.05%	111	fluticasone propionate oint	111	METER	
fluocinonide emollient	111	fluticasone/salmeterol	21	FREESTYLE INSULINX	116
cream		diskus 100/50		TEST STRIP	
fluocinonide gel	111	fluticasone/salmeterol	21	FREESTYLE LIBRE 2	140
fluocinonide oint	111	diskus 250/50		RECEIVER	
fluocinonide soln	111	fluticasone/salmeterol	21	FREESTYLE LIBRE 2	140
fluorometholone ophth	159	diskus 500/50		SENSOR	
soln		FLUTICASONE/SALMET	21	FREESTYLE LIBRE	140
fluorouracil cream	108	EROL INHALER		RECEIVER	
FLUOROURACIL SOLN	108	FLUVIRIN INJ	178	FREESTYLE LIBRE	140
fluoxetine cap	29	fluvoxamine ER cap	29	SENSOR (10-DAY)	
fluoxetine soln	29	fluvoxamine tab	29	FREESTYLE LIBRE	141
fluoxetine tab	29	FLUZONE HD PF INJ	178	SENSOR (14-DAY)	
FLUPHENAZINE CONC	73	FLUZONE HIGH DOSE	179	FREESTYLE LITE	141
		PF INJ		METER	

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ALPHABETICAL LISTING OF DRUGS

FREESTYLE LITE TEST STRIP	116	GILENYA CAP	169	griseofulvin tab	40
FREESTYLE TEST STRIP	116	GILOTRIF TAB	58	guaifenesin ER tab	102
FULPHILA INJ	132	glatopa inj, glatiramer inj	169	guaifenesin liquid	102
FUNGOID SOLN	107	GLEOSTINE/LOMUSTIN E CAP	53	guaifenesin syrup	103
furosemide soln	118	glimepiride tab	35	guaifenesin tab	103
furosemide tab	118	glipizide ER tab	35	guaifenesin/codeine liquid	98
FUZEON INJ	78	glipizide tab	35	guaifenesin/codeine soln	98
G		glipizide/metformin tab	31	GUAIFENESIN/CODEINE SYRUP	98
gabapentin cap	24	GLUCAGEN HYPOKIT INJ	32	guaifenesin/dextromethorphan cap	98
gabapentin soln	24	glucagon (rdna) for inj kit	32	guaifenesin/dextromethorphan ER tab	98
gabapentin tab	24	GLUCAGON EMERGENCY INJ	32	guaifenesin/dextromethorphan liquid	99
galantamine ER cap	167	GLUCAGON INJ KIT	32	guaifenesin/dextromethorphan liquid	99
galantamine tab	167	GLUCOSE CHEW TAB	32	han tab	99
ganirelix ac inj	119	glucose gel	32	guaifenesin/d-methorphan hb/pe syrup	99
GARDASIL 9 INJ	179	GLUCOSE TAB	33	guaifenesin/pseudoephedrine tab	99
GARDASIL INJ	179	glyburide micronized tab	35	guanfacine ER tab	2
GEL DRESSING	114	glyburide tab	35	guanfacine IR tab	46
gemfibrozil tab	43	glyburide/metformin tab	32	GVOKE INJ	33
GENTAK OPHTH OINT	157	glycerin lotion	112	GVOKE PFS INJ	33
gentamicin ophth oint	157	glycerin suppository	137	H	
gentamicin ophth soln	158	glycopyrrolate tab	174	HALDOL INJ	70
gentamicin sulfate cream	105	GOCOVRI CAP	66		
gentamicin sulfate oint	105	granisetron tab	38		
GENVOYA TAB	78	griseofulvin micro tab	40		
GEODON CAP	68	griseofulvin susp	40		
GEODON INJ	68				
gianvi tab, ocella tab	92				

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ALPHABETICAL LISTING OF DRUGS

halobetasol propionate cream	111	HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	4	hydrocodone/homatropine syrup	96
halobetasol propionate oint	111	HUMIRA INJ	4	hydrocortisone ac cream	111
haloperidol inj	70	PSORIASIS/UVEITIS STARTER PACK		hydrocortisone aloe cream	111
haloperidol lactate conc	70	HUMIRA PEN INJ 40MG	4	hydrocortisone cream	111
haloperidol tab	71	HUMULIN MIX INJ, NOVOLIN MIX INJ	34	hydrocortisone enema	14
HAVRIX INJ, VAQTA INJ	179	HUMULIN MIX PEN INJ, NOVOLIN FLEXPEN INJ	34	hydrocortisone gel	111
hc pramoxine cream 1-1%	14	HUMULIN N INJ, NOVOLIN N INJ	34	hydrocortisone lotion	111
HEMLIBRA INJ	128	HUMULIN N PEN INJ, NOVOLIN N PEN INJ	34	hydrocortisone oint	111
HEPLISAV-B INJ	179	HUMULIN R INJ, NOVOLIN R INJ	34	hydrocortisone tab	95
HEXALEN CAP	53	HUMULIN R U-500	34	hydrocortisone topical soln	111
HIZENTRA INJ	163	KWIKPEN INJ		hydrogen peroxide soln	75
HM COMPLETE TAB	150	HYCAMTIN CAP	53	hydromorphone tab 2mg	9
homatropine ophth soln	156	hydralazine tab	48	hydromorphone tab 4mg	9
HUMALOG MIX INJ	34	hydrochlorothiazide cap	118	hydromorphone tab 8mg	9
HUMALOG MIX	34	hydrochlorothiazide tab	119	hydroquinone cream	114
KWIKPEN INJ 50/50		hydrocodone/acetaminoph en soln	11	hydroxychloroquine tab	51
HUMATE-P INJ	129	7.5mg-325mg/15ml		hydroxyprogesterone inj	166
HUMATROPE INJ	120	hydrocodone/acetaminoph en tab	11	hydroxyurea cap	65
HUMIRA INJ 10MG	4			hydroxyzine pamoate cap	17
HUMIRA INJ 20MG	4			hydroxyzine syrup	17
HUMIRA INJ 40MG	4			hydroxyzine tab	17
HUMIRA INJ	4			HYLENEX INJ	86
CROHNS/UC/HIDRADEN ITIS STARTER PACK				hyoscyamine sulfate CR tab	174
				hyoscyamine sulfate elixir	174
				hyoscyamine sulfate ODT	174

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ALPHABETICAL LISTING OF DRUGS

hyoscyamine sulfate SL tab	174	INCRELEX INJ	120	ISENTRESS CHEW TAB	79
hyoscyamine sulfate soln	174	INCRUSE ELLIPTA	19	ISENTRESS POWDER	79
hyoscyamine tab	174	INHALER		PACK	
HYQVIA INJ	164	indapamide tab	119	ISENTRESS TAB	79
<hr/>		indomethacin cap	5	isibloom tab, enskyce tab,	92
I		indomethacin CR cap	6	apri tab	
IBRANCE CAP	58	INFANT FORMULA	116	isonarif cap	52
IBRANCE TAB	58	LIQUID		ISONIAZID SYRUP	52
ibuprofen cap	5	INFANT FORMULA	116	isoniazid tab	52
ibuprofen chew tab	5	POWDER		ISOPTO CARBACHOL	156
ibuprofen susp (Rx ONLY)	5	INGREZZA CAP	169	OPHTH SOLN	
ibuprofen tab	5	INLYTA TAB	60	ISOPTO HYOSCINE	156
ICLUSIG TAB 10MG, 30MG	58	INSULIN LISPRO	34	OPHTH SOLN	
ICLUSIG TAB 15MG	59	PROTAMINE INJ 75/25		isosorbide dinitrate ER tab	16
ICLUSIG TAB 45MG	59	INTELENCE TAB	78	isosorbide dinitrate tab	16
IDELVION	129	INTRON-A INJ	65	isosorbide mononitrate ER	16
IDHIFA TAB	59	INVEGA INJ	69	tab	
ILEVRO OPTH SUSP	161	INVEGA TAB	69	isosorbide mononitrate tab	16
imatinib tab	59	INVIRASE CAP	78	itraconazole cap	40
IMBRUVICA CAP	59	INVIRASE TAB	79	ivermectin tab	16
140MG		IOPIDINE OPTH SOLN	157	<hr/>	
IMBRUVICA CAP 70MG	59	1%		J	
IMBRUVICA TAB	59	ipratropium nasal spray	153	JAKAFI TAB	60
imipramine tab	31	ipratropium neb soln	19	jinteli tab	123
imiquimod cream	113	irbesartan tab	45	JIVI INJ	129
IMOVAX RABIES INJ	179	irbesartan/hydrochlorothia	47	JULUCA TAB	79
IMPAVIDO CAP	48	zide tab		junel FE tab	93
		IRESSA TAB	60	junel tab	93
				JYNARQUE PAK	122

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ALPHABETICAL LISTING OF DRUGS

K		labetalol tab	87	LEVOBUNOLOL OPHTH	155
KALETRA SOLN	79	lactulose soln	125	SOLN	
KALETRA TAB	79	LAMICTAL CHEW TAB	24	levocarnitine soln	121
KALYDECO PAK	171	2MG		levocarnitine tab	121
KALYDECO TAB	171	lamivudine soln	79	levofloxacin ophth soln	158
kelnor tab	93	lamivudine tab	79	levofloxacin soln	123
KESIMPTA INJ	169	lamivudine tab 100mg	84	levofloxacin tab	124
ketoconazole cream	107	lamivudine/zidovudine tab	79	levonorgestrel tab	94
ketoconazole shampoo	107	lamotrigine chew tab	24	LEVONORGESTREL TAB	94
ketoconazole tab	40	lamotrigine tab	24	0.75MG	
ketorolac ophth soln	161	LANCETS	141	levothyroxine tab	173
ketorolac tab	6	lansoprazole DR cap	175	LEXIVA SUSP	79
KETOSTIX	116	LANSOPRAZOLE SUSP	175	LICE B GONE	115
ketotifen ophth soln	161	lapatinib ditosylate tab	60	SHAMPOO	
KEVZARA INJ	5	latanoprost ophth soln	162	lidocaine cream 3%	114
KINERET INJ	4	LATUDA TAB	68	lidocaine gel	114
KLOR-CON M15 TAB	147	layolis FE tab, wymzya FE	93	lidocaine oint	114
KOATE DVI INJ	129	tab		LIDOCAINE ORAL SOLN	148
KOGENATE INJ	129	leflunomide tab	6	4%	
KONSYL POWDER	136	LENVIMA CAP	60	lidocaine soln	114
KONSYL POWDER	136	letrozole tab	55	lidocaine viscous soln	148
PACKET		leucovorin tab	65	lidocaine/hydrocortisone	14
KORLYM TAB	33	LEUKERAN TAB	53	cream	
KOSELUGO CAP	60	levetiracetam ER tab	24	lidocaine/prilocaine cream	114
K-PHOS TAB	147	levetiracetam soln	24	LINDANE LOTION	115
KRINTAFEL TAB	51	levetiracetam tab	25	linezolid susp	50
K-TAB	147	LEVITRA TAB	90	linezolid tab	50
				liothyronine tab	173

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ALPHABETICAL LISTING OF DRUGS

LIQUIGEN	154	LORBRENA TAB 25MG	60	MAYZENT TAB	169
lisinopril tab	45	losartan tab	45	MAYZENT TAB	169
lisinopril/hydrochlorothiazide tab	47	losartan/hydrochlorothiazide tab	47	STARTER PACK	
LITHIUM CARBONATE CAP	67	lovastatin tab	43	MCT OIL	154
lithium carbonate ER tab	67	loxapine cap	71	meclizine chew tab	38
lithium carbonate tab	68	LOXITANE CAP	71	meclizine tab	39
LITHIUM CITRATE SOLN	68	lubricating jelly	114	medroxyprogesterone tab	166
LITHIUM POWDER	68	LUCEMYRA TAB	166	MEFLOQUINE TAB	51
LITHOBID TAB	68	LYNPARZA CAP	60	megestrol susp	55
LOHIST-D LIQUID	99	LYNPARZA TAB	60	megestrol tab	55
LOKELMA PAK	148	LYSODREN TAB	55	MEKINIST TAB 0.5MG	61
LONSURF TAB	56	M			
loperamide cap	36	magnesium citrate soln	137	MEKTOVI TAB	61
loperamide liquid	36	magnesium hydroxide susp	138	meloxicam tab	6
loperamide tab	36	magnesium oxide tab	16	melphalan tab	53
lopinavir/ritonavir soln	79	magnesium/aluminum hydroxide/simethicone chew tab	15	memantine er cap	167
loratadine ODT	42	magnesium/aluminum hydroxide/simethicone susp	15	memantine soln	167
loratadine syrup	42	MALE CONDOMS	140	memantine tab	167
loratadine tab	42	MAPROTILINE TAB	28	MENACTRA INJ	176
loratadine/pseudoephedrine 12-hour tab	99	MARPLAN TAB	28	MENHIBRIX INJ	176
loratadine/pseudoephedrine 24-hour tab	99	MATULANE CAP	65	MENVEO INJ	176
lorazepam conc	18	MAVYRET TAB	84	mercaptapurine tab	53
lorazepam tab	18	MAXIDEX OPHTH SOLN	159	mesalamine enema	125
LORBRENA TAB 100MG	60			mesalamine ER cap	125
				mesalamine supp	125
				MESNEX TAB	65
				METAPROTERENOL SYRUP	21

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ALPHABETICAL LISTING OF DRUGS

metformin ER tab	32	METHYLTESTOSTERON	13	mineral oil/petrolatum cream	113
metformin tab	32	E CAP		minocycline cap	173
methadone conc	9	metoclopramide soln	125	minocycline tab	173
methadone soln 10mg/5ml	9	metoclopramide tab	125	MINONINE INJ	129
methadone soln 5mg/5ml	9	metolazone tab	119	minoxidil tab	48
methadone tab	9	metoprolol ER tab	88	mirtazapine ODT	28
methadone tab 10mg	10	metoprolol tab	88	mirtazapine tab	28
methazolamide tab	117	METOPROLOL/HYDROC	48	misoprostol tab	175
methenamine hippurate tab	51	HLOOROTHIAZIDE TAB		MITIGARE CAP	127
methimazole tab	173	metronidazole cream	115	M-M-R II INJ	179
methocarbamol tab	152	metronidazole gel	115	modafinil tab	3
methotrexate inj	53	metronidazole tab	49	MOLINDONE TAB	73
methotrexate tab	53	metronidazole vaginal gel	180	mometasone cream	112
methoxsalen cap	109	mexiletine hcl cap	18	mometasone oint	112
methyl dopa tab	46	MIACALCIN INJ	119	mometasone soln	112
METHYLDOPA/HYDRO	48	MICONAZOLE 3 SUPP	180	mononessa tab	93
CHLOROTHIAZIDE TAB		200MG		montelukast chew tab	19
methylergonovine tab	163	miconazole cream	107	montelukast granule pack	19
methylphenidate CD cap	2	miconazole nitrate powder	107	montelukast tab	19
methylphenidate ER cap	2	miconazole oint	107	morphine sulfate ER tab	10
METHYLPHENIDATE ER	2	miconazole vaginal cream	180	morphine sulfate soln	10
TAB		miconazole vaginal kit	180	10mg/5ml	
methylphenidate soln	3	midodrine tab	182	morphine sulfate soln	10
methylphenidate tab	3	MIGERGOT SUPP	142	20mg/5ml	
methylprednisolone dose	95	miglustat cap	131	morphine sulfate soln	10
pack		mineral oil	137	20mg/ml	
methylprednisolone tab	95	mineral oil enema	137		

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ALPHABETICAL LISTING OF DRUGS

MORPHINE SULFATE TAB	10	nabumetone tab	6	neomycin/polymixin/hydro	162
moxifloxacin ophth soln	158	nadolol tab	88	coritisono otic soln	
moxifloxacin tab	124	naloxone inj	37	neomycin/polymixin/hydro	163
MULTAQ TAB	19	NALOXONE PREFILLED INJ	38	coritisono otic susp	
MULTIGEN FOLIC TAB	133	naltrexone tab	37	neomycin/polymyxin	106
MULTIGEN PLUS TAB	133	NAPHAZOLINE OPHTH SOLN	158	b/pramoxine cream	
MULTIGEN TAB	134	naphazoline/pheniramine ophth drops	158	neomycin/polymyxin/dexa	159
multiple vitamin tab	150	naproxen EC tab	6	methasone ophth oint	
multivitamin w/iron chew tab	150	naproxen tab	6	neomycin/polymyxin/dexa	159
multivitamin w/iron tab	150	NARCAN NASAL SPRAY	37	methasone ophth soln	
MULTI-VITAMIN/FLOUR IDE 0.25MG CHEW TAB	150	NARDIL TAB	28	NEOMYCIN/POLYMYXI N/HYDROCORTISONE OPHTH SOLN	
MULTI-VITAMIN/FLOUR IDE 0.5MG CHEW TAB	151	NATPARA INJ	119	NEPHRON FA TAB	134
MULTI-VITAMIN/FLOUR IDE 1MG CHEW TAB	151	NEBUSAL NEB SOLN	103	NERLYNX TAB	61
multivitamin/minerals tab	150	NECON TAB	93	NEUMEGA INJ	132
mupirocin oint	105	NEFAZODONE TAB	30	NEUPRO PATCH	66
mycophenolate DR tab	86	nefazodone tab 50mg, 250mg	30	NEVANAC OPHTH SUSP	161
mycophenolate mofetil cap	86	neomycin tab	3	nevirapine ER tab	80
mycophenolate mofetil susp	87	neomycin/bacitracin/poly myxin b oint	106	NEVIRAPINE SUSP	80
mycophenolate mofetil tab	87	neomycin/bacitracin/poly myxin b/pramoxine oint	106	nevirapine tab	80
MYLERAN TAB	53	NEOMYCIN/POLYMIXIN /GRAMICIDIN OPHTH SOLN	158	NEXAVAR TAB	61
N				niacin cap	183
				niacin CR tab	183
				niacin ER tab	44
				niacin tab	183
				NIACIN TR TAB	183
				niacinamide tab	183

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ALPHABETICAL LISTING OF DRUGS

nicotine gum	170	NORVIR SOLN	80	ODOMZO CAP	54
NICOTINE KIT	170	NORVIR TAB	80	OFEV CAP	172
nicotine lozenge	170	NOVOEIGHT INJ	129	ofloxacin ophth soln	158
nicotine patch	171	NOVOLIN R INJ	34	ofloxacin otic soln	162
NICOTROL INHALER	171	NOVOSEVEN INJ	129	ofloxacin tab	124
NICOTROL NASAL	171	NOXAFIL SUSP	40	olanzapine inj	72
SPRAY		np thyroid tab	173	olanzapine ODT	72
nifedipine cap	89	NUBEQA TAB	55	olanzapine tab	72
nifedipine ER tab	89	NUCALA INJ	19	olanzapine/fluoxetine cap	168
nilutamide tab	55	NUDEXTA CAP	170	olmesartan tab	46
NINLARO CAP	61	NUPLAZID CAP	68	olmesartan/hydrochlorothi	48
nitazoxanide tab	49	NUPLAZID TAB	69	azide tab	
nitrofurantoin	51	NURTEC ODT	142	olopatadine ophth soln	161
macrocrystals cap		NUTRITIONAL	116	0.1%	
nitrofurantoin	51	SUPPLEMENT LIQUID		olopatadine ophth soln	162
monohydrate cap		NUTRITIONAL	116	0.2%	
nitroglycerin patch	16	SUPPLEMENT POWDER		omega-3 fatty acid cap	154
nitroglycerin SL tab	17	NUWIQ INJ	130	omega-3-acid ethyl esters	42
NIVESTYM INJ	133	nystatin cream	107	cap	
norethindrone tab	94	nystatin oint	107	omeprazole cap	175
nortrel 7/7/7 tab, pirmella	93	nystatin powder	40	omeprazole DR cap 10mg	175
7/7/7 tab		nystatin susp	149	omeprazole DR cap 20mg	175
nortrel tab	93	nystatin tab	40	omeprazole DR cap 40mg	175
nortriptyline cap	31	nystatin topical powder	107	ondansetron ODT	38
NORTRIPTYLINE SOLN	31			ondansetron soln	38
NORVIR CAP	80	O		ondansetron tab	38
NORVIR POWDER	80	OCALIVA TAB	124	OPSUMIT TAB	91
PACKET		octreotide inj	122	ORACIT SOLN	126
		ODEFSEY TAB	80		

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ALPHABETICAL LISTING OF DRUGS

ORAP TAB	170	oxycodone soln 5mg/5ml	10	pediatric electrolyte soln	145
ORENCIA CLICK INJ	6	oxycodone tab	10	pediatric multiple	151
ORENCIA INJ	6	oxycodone/acetaminophen	11	vitamins/fluoride chew tab	
50MG/0.4ML		tab 10mg-325mg		pediatric multiple	151
ORENCIA INJ	7	oxycodone/acetaminophen	11	vitamins/fluoride soln	
87.5MG/0.7ML		tab 5mg-325mg		pediatric multiple	150
ORENCIA SC INJ	7	oxycodone/acetaminophen	11	vitamins/fluoride/iron soln	
125MG/ML		tab 7.5mg-325mg		pediatric multivitamin adc	151
ORIAHNN CAP	123	OXYCODONE/ASPIRIN	11	drops	
ORILISSA TAB 150MG	120	TAB		pediatric multivitamin	151
ORILISSA TAB 200MG	120	oxymetazolin spray	153	w/iron chew tab	
ORKAMBI GRANULES	171	OZEMPIC INJ	33	PEDIATRIC	151
PACKET				MULTIVITAMIN W/IRON	
ORKAMBI TAB	171	P		DROPS	
oseltamivir cap	85	paliperidone SR tab	69	pediatric multivitamin	150
oseltamivir cap 30mg	85	PALYNZIQ INJ	121	w/minerals gummy	
oseltamivir susp	85	10MG/0.5ML		pediatric multivitamin	151
OSMOLEX ER TAB	67	PALYNZIQ INJ	121	w/vitamin c soln	
OTEZLA STARTER PACK	6	2.5MG/0.5ML		pediatric multivitamin	151
OTEZLA TAB	6	PALYNZIQ INJ	121	w/vitamin C/iron chew tab	
oxandrolone tab	13	20MG/ML		peg 3350/electrolytes soln	137
oxaprozin tab	6	pantoprazole EC tab	175	PEGASYS INJ	84
oxcarbazepine susp	25	paricalcitol cap	121	PEMAZYRE TAB	61
oxcarbazepine tab	25	PARNATE TAB	28	penicillamine tab	148
oxybutynin ER tab	176	paroxetine ER tab	29	PENICILLIN VK SOLN	165
oxybutynin syrup	176	paroxetine tab	29	penicillin vk tab	165
oxybutynin tab	176	PEAK FLOW METER	142	pentamidine neb soln	49
oxycodone cap	10	PEDIATRIC	99	pentoxifylline ER tab	130
		COUGH/COLD LIQUID			

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ALPHABETICAL LISTING OF DRUGS

permethrin cream	115	phenylephrine/dm/acetami	100	PLAN B TAB	94
permethrin liquid	115	nop/gg liquid		PLEGRIDY INJ	169
permethrin lotion	115	phenylephrine/dm/acetami	101	PLEGRIDY PEN INJ	169
perphenazine tab	73	nop/gg tab		PNEUMOVAX INJ	176
PERPHENAZINE/AMITRI	168	PHENYLEPRINE/ACETA	101	PODOCON SOLN	113
PTYLINE TAB		MIN/DOXYLAMINE CAP		podofilox soln	113
PERSERIS INJ	69	phenytoin cap	27	polyethylene glycol 3350	137
petrolatum oint	113	phenytoin chew tab	27	powder	
phenazopyridine tab	127	phenytoin susp	27	POLYETHYLENE	166
phenelzine tab	29	phlexy-10 tab	155	GLYCOL 8000	
phenobarbital elixir	135	PHOSLYRA SOLN	125	GRANULES	
phenobarbital tab	135	phospha 250 neutral tab	147	polyethylene glycol packet	137
phenoxybenzamine cap	45	PHOSPHOLINE OPHTH	156	polymyxin b/trimethoprim	158
phentermine cap	1	SOLN		ophth soln	
phentermine tab	1	phytonadione tab	182	POMALYST CAP	55
phenylphrine/bromphenir	100	PIFELTRO TAB	80	posaconazole DR tab	40
amine elixir		pilocarpine ophth soln	156	potassium bicarbonate	147
PHENYLDPHRINE/BRO	100	pilocarpine tab	149	effer tab	
MPHENIRAMINE TAB		PIMOZIDE TAB	170	potassium chloride ER cap	147
phenylephrine ophth soln	156	pindolol tab	88	potassium chloride ER tab	147
phenylephrine tab	153	pioglitazone tab	35	potassium chloride micro	147
phenylephrine/chlorphenir	100	piperonyl	115	tab	
amine liquid		butoxide/pyrethrins liquid		potassium chloride powder	147
phenylephrine/chlorphenir	100	piperonyl	115	packet	
amine tab		butoxide/pyrethrins		potassium chloride soln	147
phenylephrine/diphenhydra	100	shampoo		potassium citrate CR tab	126
mine liquid		PIQRAY TAB	61	potassium citrate/citric	126
		piroxicam cap	6	acid powder pack	

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ALPHABETICAL LISTING OF DRUGS

potassium citrate/citric acid soln	126	prednisolone soln	95	PROBUPHINE KIT	12
povidone-iodine soln	75	prednisolone syrup	95	prochlorperazine supp	74
PRADAXA CAP	23	PREDNISOLONE/SULFA SOLN	160	prochlorperazine tab	74
PRALUENT INJ	44	CETAMIDE OPHTH SOLN		PROCTOFOAM HC FOAM	14
pramipexole tab	66	PREDNISON SOLN	95	proctosol HC cream	15
prasugrel tab	131	prednisone tab	95	PROFILNINE SD INJ	130
pravastatin tab	44	pregabalin cap	25	progesterone cap	166
praziquantel tab	16	pregabalin soln	25	PROLENSA OPHTH SOLN	162
prazosin cap	46	PREMARIN TAB	123	PROMACTA TAB	133
PRECISION XTRA METER	141	PREMPRO TAB	123	PROMAZINE POWDER	92
PRECISION XTRA TEST STRIP	116	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	152	promethazine DM syrup	101
PRED MILD OPHTH SOLN	159	PRENATAL VITAMINS (PRENATAL PLUS/PREPLUS/PRENAPLUS)	152	promethazine supp	42
PRED-G OPHTH SOLN	160	PRETOMANID TAB	52	promethazine syrup	42
PREDNICARBATE CREAM	112	PREVNAR 13 INJ	177	promethazine tab	42
PREDNICARBATE OINT	112	PREZCOBIX TAB	80	promethazine VC syrup	101
prednisolone ODT	95	PREZISTA SUSP	80	promethazine VC/codeine syrup	101
PREDNISOLONE OPHTH SUSP	160	PREZISTA TAB	81	promethazine/codeine syrup	101
PREDNISOLONE ORAL SYRUP	95	PRIFTIN TAB	52	PROMETHEGAN SUPP	42
PREDNISOLONE	160	primaquine tab	51	propafenone ER cap	18
SODIUM PHOSPHATE OPHTH SOLN		primidone tab	25	propafenone tab	18
		probenecid tab	127	PROPANTHELINE TAB	175
				proparacaine ophth soln	159
				propranolol ER cap	88
				PROPRANOLOL SOLN	88

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ALPHABETICAL LISTING OF DRUGS

propranolol tab	88	quetiapine tab	72	RESTASIS OPHTH	158
PROPRANOLOL/HYDRO	48	quetiapine XR tab	72	EMULSION	
CHLOROTHIAZIDE TAB		QUILLIVANT XR SUSP	3	RETACRIT INJ	133
propylthiouracil tab	173	quinapril tab	45	RETEVMO CAP	61
pro-stat liq	155	quinapril/hydrochlorothiaz	48	REVIA TAB	37
pseudoephedrine ER tab	154	ide tab		REVLIMID CAP	86
pseudoephedrine syrup	154	quinidine gluconate CR tab	18	REXULTI TAB	75
pseudoephedrine tab 30mg	154	quinidine sulfate tab	18	REYATAZ CAP	81
pseudoephedrine tab 60mg	154	QVAR INHALER	20	REYATAZ POWDER	81
pseudoephedrine/bromphe	101	QVAR REDIHALER	20	PACK	
niramine liquid				REYVOW TAB	142
pseudoephedrine/chlorphe	102	R		RHOGAM PLUS INJ	163
niramine tab		raloxifene tab	120	ribavirin cap	84
pseudoephedrine/triprolidi	102	ramipril cap	45	ribavirin tab	85
ne tab		ranolazine tab	16	RIDAURA CAP	4
psyllium cap	136	rasagiline tab	67	rifabutin cap	52
psyllium powder	136	REBETOL SOLN	84	RIFAMATE CAP	52
PULMOZYME INH SOLN	171	REBINYN SOLN	130	rifampin cap	53
pyrantel pamoate susp	16	RECOMBINATE INJ	130	riluzole tab	154
PYRAZINAMIDE TAB	52	REGRANEX GEL	115	RIMANTADINE TAB	85
pyridostigmine CR tab	52	RELENZA DISKHALER	85	RINVOQ ER TAB	3
pyridostigmine tab	52	renaphro cap	150	RISCAL-D TAB	144
pyridoxine tab	183	RENOVA CREAM	105	RISPERDAL INJ	70
pyrimethamine tab	51	repaglinide tab	35	RISPERDAL M ODT	70
		REPATHA INJ	44	RISPERDAL SOLN	70
Q		REPATHA	45	RISPERDAL TAB	70
QBRELIS SOLN	45	PUSHTRONEX INJ		risperidone ODT	70
QINLOCK TAB	61	RESCRIPTOR TAB	81	risperidone soln	70
QSYMIA CAP	1				

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ALPHABETICAL LISTING OF DRUGS

risperidone tab	70	sapropterin	121	simethicone cap	124
ritonavir tab	81	dihydrochloride tab		simethicone chew tab	124
rivastigmine cap	168	SAVELLA PAK	168	simethicone drops	124
rivastigmine patch	168	SAVELLA TAB	168	simethicone liquid	124
rizatriptan ODT	142	SEGLUROMET TAB	32	SIMETHICONE STRIPS	124
rizatriptan tab	142	selegiline cap	67	simvastatin tab	44
ropinirole tab	67	selegiline tab	67	sirolimus soln	148
rosuvastatin tab 10mg	44	selenium sulfide lotion	109	sirolimus tab	87
rosuvastatin tab 20mg	44	selenium sulfide shampoo	109	SIVEXTRO TAB	50
rosuvastatin tab 40mg	44	SELZENTRY ORAL	81	SKYRIZI INJ	109
rosuvastatin tab 5mg	44	SOLN		smz/tmp (DS) tab	49
ROZLYTREK CAP	61	SELZENTRY TAB	81	smz/tmp susp	49
RUBRACA TAB	62	sennosides tab	138	sodium bicarbonate tab	15
rufinamide susp	25	sennosides/docusate	137	sodium chloride irr soln	126
RUZURGI TAB	52	sodium tab		sodium chloride neb soln	103
RYBELSUS TAB	33	SEREVENT DISKUS	21	sodium chloride ophth oint	162
RYDAPT CAP	62	INHALER		sodium chloride ophth	162
S		SEROQUEL TAB	72	soln	
salicylic acid pad	113	SEROQUEL XR TAB	72	SODIUM CHLORIDE	114
saline nasal spray	153	sertraline conc	29	SPRAY	
salsalate tab	8	sertraline tab	30	sodium chloride tab	147
SANDIMMUNE SOLN	87	sevelamer carbonate tab	126	sodium citrate/citric acid	126
100MG/ML		SHINGRIX INJ	179	soln	
SANTYL OINT	113	SIGNIFOR INJ	122	sodium fluoride chew tab	146
SAPHRIS SL TAB	72	sildenafil tab 20mg	91	sodium fluoride cream	149
sapropterin	121	silver sulfadiazine cream	109	sodium fluoride gel	149
dihydrochloride powder		SIMBRINZA OPHTH	157	sodium fluoride paste	149
pack		SUSP		sodium fluoride soln	146

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ALPHABETICAL LISTING OF DRUGS

sodium fluoride/potassium nitrate paste	149	STEGLATRO TAB	35	SUTENT CAP	62
sodium phosphate enema	138	STIMATE NASAL SOLN	122	SYMBYAX CAP	168
sodium polystyrene powder	87	STIOLTO INHALER	21	SYMDEKO TAB	171
sodium polystyrene susp	87	STIVARGA TAB	62	SYMFI (LO) TAB	82
sodium	104	STRENSIQ INJ	122	SYMJEPI INJ	181
sulfacetamide/sulfur emulsion 10-5%		STRIBILD TAB	81	SYMPROIC TAB	125
sodium	104	SUBLOCADE INJ	12	SYMTUZA TAB	82
sulfacetamide/sulfur wash 9-4.5%		SUBOXONE SL FILM	13	SYNAREL NASAL SOLN	120
SOFOSBUVIR/VELPATA SVIR TAB	85	SUBOXONE SL TAB	13	T	
SOMAVERT INJ	120	sucalfate susp	175	TABLOID TAB	54
sotalol AF tab	88	sucalfate tab	175	TABRECTA TAB	62
sotalol tab	88	sulfacetamide sodium ophth soln	158	tacrolimus cap	87
SPINOSAD SUSP	115	sulfacetamide	160	tacrolimus oint	113
SPIRIVA RESPIMAT INHALER	19	sodium/prednisolone ophth soln		tadalafil tab	90
spironolactone tab	118	SULFADIAZINE TAB	172	tadalafil tab (PAH)	91
spironolactone/hydrochlorothiazide tab	117	SULFAMYLON CREAM	109	TAFINLAR CAP	62
SPRYCEL TAB	62	sulfasalazine EC tab	125	TAGRISSE TAB	62
SPRYCEL TAB 20MG	62	sulfasalazine tab	125	TALZENNA CAP 0.25MG	62
SPS SUSP	148	sulindac tab	6	TALZENNA CAP 1MG	62
stavudine cap	81	sumatriptan inj	142	tamoxifen tab	55
stavudine soln	81	SUMATRIPTAN INJ 6MG/0.5ML	142	tamsulosin cap	127
		sumatriptan tab	142	TARGRETIN GEL	108
		SUNOSI TAB	2	TASIGNA CAP	62
		SUSTIVA CAP	81	TAVALISSE TAB	130
		SUSTIVA TAB	81	tazarotene cream	109
				TAZVERIK TAB	63
				TECHLITE INSULIN SYRINGE	141

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ALPHABETICAL LISTING OF DRUGS

TECHLITE PEN NEEDLE	141	THEOCHRON TAB	22	TOLAZAMIDE TAB	35
TEGSEDI INJ	171	theophylline CR tab	22	TOLBUTAMIDE TAB	35
telmisartan tab	46	theophylline ER tab	22	tolnaftate aerosol	107
temazepam cap 15mg	136	theophylline soln	22	tolnaftate cream	107
temazepam cap 30mg	136	thiamine tab	183	tolnaftate powder	107
temozolomide cap	53	thioridazine tab	74	tolterodine SR cap	176
tenofovir disoproxil fumarate tab	82	thiothixene cap	75	tolterodine tab	176
terazosin cap	46	throat lozenge	148	topiramate sprinkle cap	25
terbinafine cream	107	THYROLAR TAB	174	topiramate tab	25
terbinafine tab	40	tiagabine tab	26	toremifene tab	55
terbutaline sulfate tab	22	TIBSOVO TAB	63	torsemide tab	118
terconazole cream	181	ticlopidine tab	131	TRACLEER TAB 32MG	91
terconazole supp	181	timolol maleate ophth gel	155	tramadol tab	10
TERCONAZOLE	181	timolol maleate ophth soln	155	tranexamic acid tab	135
VAGINAL CREAM		timolol maleate tab	88	tranylcypromine tab	29
testosterone cypionate inj	13	TIMOLOL OPHTH GEL SOLN	155	trazodone tab	30
testosterone gel 1% 25mg	13	tioconazole vaginal oint	181	TRELEGY ELLIPTA	22
testosterone gel 1% 50mg	14	TIVICAY PD TAB	82	INHALER	
testosterone gel 1% pump	14	TIVICAY TAB	82	TREMFYA INJ	109
testosterone pump 1.62%	14	tizanidine tab	152	tretinoin cap	53
testosterone soln	14	TOBRADEX OPHTH OINT	160	tretinoin cream	105
TETANUS/DIPHThERIA	174	tobramycin neb soln	3	tretinoin gel	105
TOXOID INJ		tobramycin ophth soln	158	TRETTIN INJ	130
tetrabenazine tab	169	tobramycin/dexamethason e ophth soln	160	triamcinolone cream	112
tetrahydrozoline ophth soln	158	TODAY SPONGE	180	triamcinolone in orabase paste	149
THALOMID CAP	86			triamcinolone lotion	112
				triamcinolone nasal spray	153

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ALPHABETICAL LISTING OF DRUGS

triamcinolone oint	112	tropicamide ophth soln	156	valproic acid syrup	27	
triamcinolone otc nasal spray	153	TRUEPLUS INSULIN SYRINGE	141	valsartan tab	46	
triamterene/hydrochlorothiazide cap	117	TRUEPLUS PEN NEEDLE	141	valsartan/hydrochlorothiazide tab	48	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	117	TRULICITY INJ	33	vancomycin cap	50	
triamterene/hydrochlorothiazide tab	118	TRUMENBA INJ	177	VANIQA CREAM	113	
triazolam tab	136	TRUVADA TAB	82	vardenafil tab	90	
tricon cap	134	TUKYSA TAB	63	VARIVAX INJ	179	
trifluoperazine tab	74	TURALIO CAP	63	VARUBI TAB	39	
TRIFLURIDINE OPHTH SOLN	158	TUSSIN CF LIQUID	102	VAXCHORA SUSP	177	
trihexyphenidyl elixir	67	TWINRIX INJ	179	velivet tab	93	
trihexyphenidyl tab	65	TYBLUME TAB	93	VEMLIDY TAB	85	
TRIKAFTA TAB	172	TYBOST TAB	82	VENCLEXTA STARTER PACK	54	
tri-legest tab	93	TYMLOS INJ	119	VENCLEXTA TAB	54	
TRI-LUMA CREAM	114	TYVASO INH SOLN	90	VENELEX OINT	115	
trilyte soln	137	<hr/>			venlafaxine ER cap	30
trimethobenzamide cap	39	U		VENTAVIS INH SOLN	90	
trimethoprim tab	49	UBRELVY TAB	142	VERAPAMIL CAP	89	
tri-sprintec tab	93	UPTRAVI TAB	91	verapamil SR cap	89	
TRIUMEQ TAB	82	ursodiol cap	124	VERAPAMIL SR CAP 360MG	89	
tri-vit/iron/fluoride drop	150	ursodiol tab	125			
TRIZIVIR TAB	82	<hr/>			verapamil SR tab	89
TROGARZO INJ	82	V		verapamil tab	89	
		valacyclovir tab	85	VERSACLOZ SUSP	72	
		VALCHLOR GEL	108	VERZENIO TAB	63	
		valganciclovir soln	84	VEXOL OPHTH SUSP	160	
		valganciclovir tab	84	V-GO INJ KIT	141	
		valproic acid cap	27			

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ALPHABETICAL LISTING OF DRUGS

vienva tab, lessina tab, kurvelo tab	93	VIZIMPRO TAB	63	XCOPRI TAB 50MG	26
vigabatrin powder pack	26	VONVEDI INJ	130	XELJANZ TAB	3
vigabatrin tab	27	voriconazole susp	40	XELJANZ XR TAB	3
VIMPAT SOLN	25	voriconazole tab	40	XEMBIFY INJ	164
VIMPAT TAB	25	VOSEVI TAB	85	XENLETA TAB	51
viorele tab, kariva tab	93	VOTRIENT TAB	64	XIFAXAN TAB 200MG	49
VIRACEPT POWDER	82	VRAYLAR PACK	69	XIFAXAN TAB 550MG	49
VIRACEPT TAB	83	VYNDAMAX CAP	91	XOSPATA TAB	64
VIRAMUNE SUSP	83	VYNDAQEL CAP	91	XPOVIO PAK	55
VIRAMUNE TAB	83	W		XTAMPZA ER CAP	11
VIRAMUNE XR TAB	83	WAKIX TAB	2	XULANE PATCH	94
VIREAD POW	83	warfarin tab	22	XYNTHA INJ	130
VIREAD TAB	83	WINRHO SDF INJ	163	XYREM SOLN	167
VIREAD TAB 300MG	83	X		Z	
vitamin a - d oint	113	XADAGO TAB	67	zaleplon cap	136
vitamin B complex cap	149	XALKORI CAP	64	ZARXIO INJ	133
VITAMIN B-12 TAB	132	XARELTO STARTER	22	ZEJULA CAP	64
VITAMIN C TAB	183	PACK		ZELBORAF TAB	64
vitamin D cap	182	XARELTO TAB	23	ZEPOSIA CAP	170
VITAMIN D TAB	182	XCOPRI PAK 12.5-25MG	26	ZEPOSIA CAP STARTER	170
400UNIT		XCOPRI PAK	26	PACK	
VITEKTA TAB	83	150-200MG		ZERIT CAP	83
VITRAKVI CAP 100MG	63	XCOPRI PAK 50-100MG	26	ZERIT SOLN	83
VITRAKVI CAP 25MG	63	XCOPRI PAK 50-200MG	26	ZIAGEN SOLN	83
VITRAKVI SOLN	63	XCOPRI TAB 100MG	26	ZIAGEN TAB	84
VIVITROL INJ	37	XCOPRI TAB 150MG	26	zidovudine cap	84
VIVOTIF CAP	177	XCOPRI TAB 200MG	26	zidovudine syrup	84
				zidovudine tab	84

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

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

ALPHABETICAL LISTING OF DRUGS

ZIEXTENZO INJ	133
zinc oxide oint	114
zinc oxide paste	114
zinc sulfate cap	147
ziprasidone cap	69
ziprasidone mesylate inj	69
ZIRGAN OPHTH GEL	158
ZOLINZA CAP	64
zolpidem tab	136
zonisamide cap	25
ZORTRESS TAB 1MG	87
ZOSTAVAX INJ	180
ZUBSOLV SL TAB	13
ZYDELIG TAB	64
ZYKADIA CAP	64
ZYKADIA TAB	64
ZYLET OPHTH SUSP	160
ZYPREXA INJ	72
ZYPREXA RELPREVV INJ	72
ZYPREXA TAB	72
ZYPREXA ZYDIS TAB	73

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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
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ST	Step Therapy	VAC	Vaccine Program		

L.A. CARE HOME INFUSION DRUG LIST

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Search Tip:

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

NC =Not Covered

generic =small letters

BRANDS =CAPITAL LETTERS

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

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

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

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Drug Name	Special Code	Tier	Category
ABELCET INJ	-	F	ANTIFUNGALS
ABRAXANE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
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
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F	CORTICOSTEROIDS
albuminar inj	-	F	HEMATOLOGICAL AGENTS - MISC.
ALDURAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALIMTA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALIQOPA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol inj	-	F	GOUT AGENTS
ALOXI IV SOLN	-	F	ANTIEMETICS
AMBISOME INJ	-	F	ANTIFUNGALS
amikacin inj	-	F	AMINOGLYCOSIDES
aminophylline inj	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AMINOSYN II INJ	-	F	NUTRIENTS
AMINOSYN-RF INJ	-	F	NUTRIENTS
amiodarone inj	-	F	ANTIARRHYTHMICS
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
AMPICILLIN INJ	-	F	PENICILLINS
AMPICILLIN/SULBACTAM INJ	-	F	PENICILLINS
ARALAST NP INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	RESPIRATORY AGENTS - MISC.
ARGATROBAN INJ	-	F	ANTICOAGULANTS
ARRANON INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
ATGAM INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVSOLA INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
AZEDRA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
BALEODAQ INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICILLIN C-R INJ	-	F	PENICILLINS
BLENREP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUTORPHANOL INJ	-	F	ANALGESICS - OPIOID
CALCIUM GLUCONATE INJ	-	F	MINERALS & ELECTROLYTES

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Drug Name	Special Code	Tier	Category
CAMPATH INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AGENTS
carmustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
cefotetan inj	-	F	CEPHALOSPORINS
CEFOXITIN INJ	-	F	CEPHALOSPORINS
ceftazidime inj	-	F	CEPHALOSPORINS
ceftriaxone inj	-	F	CEPHALOSPORINS
CEFTRIAXONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	-	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CINQAIR INJ	PA	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
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
CUPRIC CHLORIDE INJ	-	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.
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARZALEX SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN FASPRO	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daunorubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS
dexamethasone phosphate inj	-	F	CORTICOSTEROIDS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES

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Drug Name	Special Code	Tier	Category
dextrose inj	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NAACL 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	VASOPRESSORS
DOCETAXEL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	VASOPRESSORS
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate inj	-	F	TETRACYCLINES
DUROLANE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
ELAPRASE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENTYVIO INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
epinephrine inj	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	F	MACROLIDES

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Drug Name	Special Code	Tier	Category
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
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.
EXONDYS 51 SOLN	-	F	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	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FERAHEME INJ	-	F	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
FIRMAGON INJ	-	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 INJ	-	F	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
furosemide inj	-	F	DIURETICS

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING AGENTS
GAMMAGARD SD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ganciclovir inj	-	F	ANTIVIRALS
GAZYVA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEL-ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GEMCITABINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GLASSIA INJ (Only available through Walgreens 888-347-3416)	LD-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	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC 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
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ibandronate sodium inj (BONIVA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	PA	F	GASTROINTESTINAL AGENTS - MISC.
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
IRINOTECAN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
IXEMPRA KIT INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEVTANA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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Drug Name	Special Code	Tier	Category
KEPIVANCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRYSTEXXA INJ	PA	F	GOUT AGENTS
KYPROLIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
lactated ringers inj	-	F	MINERALS & ELECTROLYTES
leucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leuprolide inj	PA	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
levothyroxine inj	-	F	THYROID AGENTS
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL
lincomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
linezolid IV soln	-	F	ANTI-INFECTIVE AGENTS - MISC.
liothyronine inj (TRIOSTAT equiv)	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
lorazepam inj	-	F	ANTI-ANXIETY AGENTS
LUMOXITI INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ/ELIGARD INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES

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magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARQIBO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj	-	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	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
morphine sulfate inj	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYOZYME/LUMIZYME INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
NAFCILLIN INJ	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
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
NPLATE INJ	-	F	HEMATOPOIETIC AGENTS
NUCALA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULOJIX INJ	-	F	ASSORTED CLASSES
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONCASPAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFTRAN) inj	-	NC	ANTIEMETICS
ondansetron inj	-	F	ANTIEMETICS
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORENCIA INJ	PA	F	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

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Drug Name	Special Code	Tier	Category
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj	-	F	ANTIEMETICS
PAMIDRONATE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PFIZERPEN-G INJ	-	F	PENICILLINS
phenytoin inj	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ	-	F	MINERALS & ELECTROLYTES
PLASMA-LYTE-A INJ	-	F	MINERALS & ELECTROLYTES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
POTASSIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AGENTS
procainamide inj	-	F	ANTIARRHYTHMICS

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Drug Name	Special Code	Tier	Category
PROCHLORPERAZINE INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
RADICAVA INJ	PA	F	NEUROMUSCULAR AGENTS
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
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
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SARCLISA SOLN (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SMOFLIPID EMULSION	-	F	NUTRIENTS
SODIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
SODIUM BICARBONATE INJ	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
SODIUM HYALURONATE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES

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Drug Name	Special Code	Tier	Category
SODIUM THIOSULFATE INJ	-	F	ANTIDOTES
SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-PA	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNRIBO INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
TECENTRIQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ (Only available through Accredo Pharmacy 800-803-2523)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
tigecycline inj	-	F	TETRACYCLINES
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
TREANDA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
VANCOMYCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VECTIBIX IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ, BORTEZOMIB INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS

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Drug Name	Special Code	Tier	Category
VIMIZIM INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VIMPAT INJ	-	F	ANTICONVULSANTS
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
voriconazole inj	-	F	ANTIFUNGALS
VYXEOS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAVA INJ	-	F	TETRACYCLINES
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XOLAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZERBAXA INJ	-	F	CEPHALOSPORINS
ZINC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	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 (Only available through Accredo 888-773-7376)	LD-PA	F	NEUROMUSCULAR AGENTS

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Drug Name	Special Code	Tier	Category
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYVOX IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

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-6 RECEPTOR INHIBITORS		
ACTEMRA INJ	PA	F
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ	PA	F
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
MORPHINE SULFATE INJ	-	F
OPIOID PARTIAL AGONISTS		
butorphanol inj	-	F
ANDROGENS-ANABOLIC		
ANDROGENS		
TESTOSTERONE ENANTHATE INJ	-	F
ANTIANGINAL AGENTS		
NITRATES		
NITROGLYCERIN IV SOLN	-	F
ANTIANSXIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
procainamide inj	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone inj	-	F
NEXTERONE INJ/AMIODARONE INJ	-	F
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR INJ	PA	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
FASENRA INJ	PA	F
NUCALA INJ	PA	F
XOLAIR INJ	PA	F
SYMPATHOMIMETICS		
terbutaline inj (BRETHINE INJ equiv)	-	F
XANTHINES		
aminophylline inj	-	F
ANTICOAGULANTS		
HEPARINS AND HEPARINOID-LIKE AGENTS		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin lock flush soln	-	F
heparin sodium inj	-	F
HEPARIN SODIUM/D5W INJ	-	F
heparin sodium/nacl inj	-	F
THROMBIN INHIBITORS		
argatroban inj	-	F
ANTICONVULSANTS		
ANTICONVULSANTS - MISC.		
levetiracetam inj	-	F
VIMPAT 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
ANTIDOTES		
ANTIDOTES		
deferoxamine mesylate inj	-	F
fomepizole inj	-	F
SODIUM THIOSULFATE INJ	-	F
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ALOXI IV SOLN	-	F
granisetron HCl inj (KYTRIL INJ equiv)	-	F
ondansetron inj	-	F
palonosetron inj	-	F
ondansetron (ZOFTRAN) inj	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		

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
ANTIEMETICS Cont.		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS INJ	-	F
casposfungin 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
ANTIHYPERTENSIVES		
VASODILATORS		
hydralazine inj	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
colistimethate inj	-	F
metronidazole/ nacl inj	-	F
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

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
ANTI-INFECTIVE AGENTS - MISC. Cont.		
VANCOMYCIN INJ	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NACL INJ	-	F
LINCOSAMIDES		
CLEOCIN INJ	-	F
clindamycin inj	-	F
lincomycin inj	-	F
MONOBACTAMS		
aztreonam inj	-	F
OXAZOLIDINONES		
linezolid IV soln	-	F
ZYVOX IV SOLN	-	F
POLYMYXINS		
polymyxin b inj	-	F
STREPTOGRAMINS		
SYNERCID INJ	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT INJ	-	F
rifampin inj	-	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	-	F
cisplatin inj	-	F
cyclophosphamide inj	-	F
IFEX INJ	-	F
ifosfamide inj	-	F
melphalan inj	-	F
oxaliplatin inj	-	F
thiotepa inj	-	F
TREANDA INJ	-	F
ZANOSAR INJ	-	F
ANTIMETABOLITES		
ALIMTA INJ	PA	F
ARRANON INJ	-	F
azacitidine inj	-	F
cladribine inj	-	F
clofarabine inj	-	F

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

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
CYTARABINE INJ	-	F
decitabine inj	-	F
fludarabine inj	-	F
fluorouracil inj	-	F
FOLOTYN INJ	-	F
gemcitabine inj	-	F
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
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		
ADCETRIS INJ	PA	F
ARZERRA INJ	-	F
BESPONSA INJ	-	F
BLENREP INJ	PA	F
CAMPATH INJ	-	F
DARZALEX SOLN	PA	F
ERBITUX INJ	PA	F
GAZYVA INJ	PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
LUMOXITI INJ	-	F
MONJUVI INJ (Only available through Biologics 800-850-4306)	LD-PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
OPDIVO INJ	PA	F
PERJETA INJ	-	F
POTELIGEO INJ	-	F
RUXIENCE INJ	PA	F
SARCLISA SOLN (Only available through Biologics 800-850-4306)	LD-PA	F
TECENTRIQ INJ	PA	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
TRODELVY SOLN (Only available through Biologics 800-850-4306)	LD-PA	F
TRUXIMA INJ	PA	F
VECTIBIX IV SOLN	PA	F
YERVOY INJ	PA	F
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC

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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC
ONTRUZANT INJ	-	NC
RITUXAN INJ	-	NC
ANTINEOPLASTIC - HORMONAL AGENTS		
leuprolide inj	PA	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
FIRMAGON INJ	-	F
LUPRON DEPOT INJ/ELIGARD INJ	PA	F
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
DAUNORUBICIN INJ	-	F
epirubicin inj	-	F
idarubicin inj	-	F
lipodox inj	-	F
mitomycin inj	-	F
mitoxantron inj	-	F
ANTINEOPLASTIC COMBINATIONS		
DARZALEX SOLN FASPRO	PA	F
VYXEOS INJ	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
ALIQOPA INJ	-	F
BALEODAQ INJ	-	F
KYPROLIS SOLN	PA	F
temsirolimus soln	-	F
VELCADE INJ, BORTEZOMIB INJ	-	F
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	F
ONCASPAR INJ	-	F
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA INJ	-	F
ANTINEOPLASTICS MISC.		
arsenic trioxide inj	-	F
dacarbazine inj	-	F
PHOTOFRIN INJ	-	F
PROLEUKIN INJ	-	F
SYLATRON KIT	-	F
SYNRIBO INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ	-	F
KEPIVANCE INJ	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
dexrazoxane inj	-	F
KHAPZORY SOLN	-	F
leucovorin inj	-	F
levoleucovorin inj	-	F
mesna inj	-	F
MITOTIC INHIBITORS		
ABRAXANE INJ	PA	F
docetaxel inj	-	F
docetaxel IV soln	-	F
ETOPOPHOS INJ	-	F
etoposide inj	-	F
HALAVEN INJ	PA	F
IXEMPRA KIT INJ	-	F
JEVTANA INJ	-	F
MARQIBO INJ	-	F
paclitaxel inj	-	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
VINCRISTINE INJ	-	F
vinorelbine inj	-	F
TOPOISOMERASE I INHIBITORS		
IRINOTECAN INJ	-	F
topotecan inj	-	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine inj	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
PHENOTHIAZINES		
prochlorperazine inj	-	F
ANTIVIRALS		
CMV AGENTS		
cidofovir inj	-	F
FOSCARNET INJ	-	F
ganciclovir inj	-	F
HERPES AGENTS		
acyclovir sodium IV soln	-	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
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		
CARDENE INJ	-	F
DILTIAZEM INJ	-	F
nicardipine inj	-	F
verapamil inj	-	F
CARDIOTONICS		
PHOSPHODIESTERASE INHIBITORS		
milrinone inj	-	F
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj (Only available through Accredo 888-773-7376)	LD-PA	F
REMODULIN INJ (Only available through Accredo 888-773-7376)	LD-PA	F
treprostinil inj (Only available through Accredo 888-773-7376)	LD-PA	F
FLOLAN INJ, VELETRI INJ	-	NC
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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
ceftazidime inj	-	F
CEFTRIAZONE INJ	-	F
CEFTRIAZONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ	-	F
CONTRACEPTIVES		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
dexamethasone 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
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
pamidronate inj	-	F
PROLIA 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
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
XGEVA INJ	PA	F
zoledronic acid inj (ZOMETA INJ equiv)	-	F
zoledronic acid IV soln (RECLAST INJ equiv)	-	F
BONIVA INJ	-	NC
ibandronate sodium inj (BONIVA equiv)	-	NC
PAMIDRONATE INJ	-	NC
RECLAST INJ	-	NC
ZOMETA INJ	-	NC
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ (Only available through Accredo Pharmacy 800-803-2523)	LD-PA	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPO-PED INJ	PA	F
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	PA	F
METABOLIC MODIFIERS		
ALDURAZYME INJ	PA	F
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	-	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
MYOZYME/LUMIZYME INJ	-	F
NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
VIMIZIM INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
SOMATOSTATIC AGENTS		
SOMATULINE INJ	-	F
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	PA	F
ENTYVIO INJ	PA	F
INFLECTRA INJ 100MG	PA	F

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
RENFLEXIS INJ	PA	F
REMICADE INJ	-	NC
GOUT AGENTS		
GOUT AGENTS		
allopurinol inj	-	F
KRYSTEXXA INJ	PA	F
HEMATOLOGICAL AGENTS - MISC.		
COMPLEMENT INHIBITORS		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
PLASMA PROTEINS		
albuminar inj	-	F
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE INJ	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ	-	F
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO INJ	PA	F
FOLIC ACID/FOLATES		
folic acid inj	-	F
HEMATOPOIETIC GROWTH FACTORS		
NPLATE INJ	-	F
MIRCERA INJ	-	NC
IRON		
FERAHEME INJ	-	F
ferric gluconate IV soln	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F
VENOFER INJ	-	F
FERRLECIT INJ	-	NC
STEM CELL MOBILIZERS		
MOZOBIL INJ	-	F
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj	-	F
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List
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DrugName	Special Code	Tier
LOCAL ANESTHETICS-PARENTERAL Cont.		
lidocaine inj	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin inj	-	F
ERYTHROMYCINS		
ERYTHROCIN INJ	-	F
MINERALS & ELECTROLYTES		
BICARBONATES		
sodium bicarbonate inj	-	F
CALCIUM		
CALCIUM GLUCONATE INJ	-	F
ELECTROLYTE MIXTURES		
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL INJ	-	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
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
PLASMA-LYTE INJ	-	F
PLASMA-LYTE-A INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
MAGNESIUM		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
POTASSIUM PHOSPHATE INJ	-	F

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Symbols and abbreviations are defined on page 1.

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
SODIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
POTASSIUM		
POTASSIUM CHLORIDE INJ	-	F
SODIUM		
sodium chloride inj	-	F
TRACE MINERALS		
CHROMIUM CHLORIDE INJ	-	F
CUPRIC CHLORIDE INJ	-	F
SELENIUM INJ	-	F
ZINC		
ZINC CHLORIDE INJ	-	F
MISCELLANEOUS THERAPEUTIC CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
LYMPHATIC AGENTS		
SYLVANT INJ	-	F
MULTIVITAMINS		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
VISCOSUPPLEMENTS		
SODIUM HYALURONATE	PA	F
DUROLANE	-	NC
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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA INJ	PA	F
MUSCULAR DYSTROPHY AGENTS		
EXONDYS 51 SOLN	-	F
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F
DYSPORT	PA	F
XEOMIN INJ	PA	F
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-PA	F
ZOLGENSMA INJ (Only available through Accredo 888-773-7376)	LD-PA	F
NUTRIENTS		
CARBOHYDRATES		
dextrose inj	-	F
LIPIDS		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
PROTEINS		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
OPHTHALMIC AGENTS		
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
HYPERHEP B INJ	PA	F
PRIVIGEN INJ	PA	F
PASSIVE IMMUNIZING AND TREATMENT AGENTS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	PA	F
PENICILLINS		
AMINOPENICILLINS		
AMPICILLIN INJ	-	F
NATURAL PENICILLINS		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
PENICILLIN COMBINATIONS		
ampicillin/sulbactam inj	-	F
BICILLIN C-R INJ	-	F
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 water for inj	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
MULTIPLE SCLEROSIS AGENTS		
OCREVUS INJ	PA	F
TYSABRI INJ	PA	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
ONPATTRO SOLN	PA	F
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
GLASSIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
XERAIVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F
TETRACYCLINES		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
levothyroxine inj	-	F
liothyronine inj (TRIOSTAT equiv)	-	F
ULCER DRUGS		
H-2 ANTAGONISTS		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
PROTON PUMP INHIBITORS		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
VASOPRESSORS		
VASOPRESSORS		
dobutamine/d5w inj	-	F
dopamine inj	-	F
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin K1 inj	-	F

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Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List
Prior Authorization Drug List
Last Updated* 2/1/2021**

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
ACTEMRA INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ALDURAZYME INJ	F
ALIMTA INJ	F
ARALAST NP INJ	F
AVSOLA INJ	F
BENDEKA INJ	F
BENLYSTA IV SOLN	F
BERINERT INJ	F
BLENREP INJ	F
BOTOX INJ	F
CARIMUNE NANOFILTERED INJ	F
CINQAIR INJ	F
CINRYZE INJ	F
CRYSVITA INJ	F
DARZALEX SOLN	F
DARZALEX SOLN FASPRO	F
DYSPORT	F
ENTYVIO INJ	F
epoprostenol inj	F
ERBITUX INJ	F
EVENITY INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FLEBOGAMMA INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GAZYVA INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F
HALAVEN INJ	F
HEPAGAM B INJ	F
HYPERHEP B INJ	F
INFLECTRA INJ 100MG	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 2/1/2021**

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)
KADCYLA IV SOLN	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
leuprolide inj	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ/ELIGARD INJ	F
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	F
MONJUVI INJ	F
NAGLAZYME INJ	F
NUCALA INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
ORENCIA INJ	F
PANZYGA INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
RADICAVA INJ	F
REMODULIN INJ	F
RENFLEXIS INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
SARCLISA SOLN	F
SIMPONI ARIA INJ	F
SODIUM HYALURONATE	F
SOLIRIS IV SOLN	F
SPINRAZA INJ	F
SPRAVATO SOLN	F
SYNAGIS INJ	F
SYNRIBO INJ	F
TECENTRIQ INJ	F
TEPEZZA INJ	F
treprostinil inj	F
TRODELVY SOLN	F

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 2/1/2021

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)
TRUXIMA INJ	F
TYSABRI INJ	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
VYXEOS INJ	F
XEOMIN INJ	F
XGEVA INJ	F
XOLAIR INJ	F
YERVOY INJ	F
ZALTRAP INJ	F
ZOLGENSMA INJ	F

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List
Last Updated* 2/1/2021
Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

ARALAST NP INJ	CRYSVITA INJ	epoprostenol inj	GLASSIA INJ
MONJUVI INJ	NAGLAZYME INJ	REMODULIN INJ	SARCLISA SOLN
SPINRAZA INJ	SYNRIBO INJ	TEPEZZA INJ	treprostinil inj
TRODELVY SOLN	VIMIZIM INJ	ZOLGENSMA INJ	

Symbols and abbreviations are defined on page 1.

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