L.A. Care®
PASC-SEIU

L.A. Care Health Plan

PASC-SEIU Formulary

Formulary is subject to change. All previous versions of the formulary are no longer in effect. You can view the most current drug list by going to our website at **http://www.lacare.org/members/getting-care/pharmacy-services**

For more details on available health care services, visit our website: **http://www.lacare.org/members/welcome-la-care/member-documents/pasc-seiu-plan**

LA1308F 01/20 EN
Last Updated: 02/01/2021

lacare.org

INTRODUCTION

Foreword

The L.A. Care Health Plan (L.A. Care) PASC-SEIU formulary is a preferred list of covered drugs, approved by the L.A. Care's Pharmacy Quality Oversight Committee. This formulary applies only to outpatient drugs and self-administered drugs. It does not apply to medications used in the inpatient setting or medical offices.

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated on a monthly basis and is effective the first of every month. These updates may include, and are not limited to, the following: (i) removal of drugs and/or dosage forms, (ii) changes in tier placement of a drug that results in an increase in cost sharing, and (iii) any changes of utilization management restrictions, including any additions of these restrictions. Updated documents are available online at: **lacare.org/members/getting-care/pharmacy-services**.

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

How to Use the Formulary

The formulary drug listing begins on Page 11. A prescription drug may be located by looking up the therapeutic category and class of the drug or the brand or generic name of the drug in the alphabetical index. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name. Drugs available in generic formulations are listed by their generic names and it's most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

The formulary can be searched by using the "Ctrl + F" function or the index. Drugs can be searched by the generic name, proprietary name, or therapeutic drug category.

The presence of a prescription drug on the formulary does not guarantee that a member will be prescribed that prescription drug by his or her prescribing provider for a particular medical condition.

Generic and Brand Name Medications

L.A. Care's PASC-SEIU Plan covers generic and brand name drugs. However, when available, Food and Drug Administration (FDA) approved generic drugs are to be used in all situations, regardless of the availability of a brand. Generic drugs generally cost less than brand name drugs. All drugs that are or become available generically are subject to review by L.A. Care's Pharmacy Quality Oversight Committee.

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the 'Medication Request Process' described on Page 7.

How Drugs Are Listed

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

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

If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized. The description must include an example of a drug available both as a brand name drug and a generic equivalent to illustrate how such a drug is listed.

Non-Formulary Medications

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

Sometimes, the doctor may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from L.A. Care. To decide if the non-formulary drug will be covered, L.A. Care may ask the doctor and/or pharmacist for more information. This type of request for coverage may be made using the 'Medication Request Process' described on Page 7.

L.A. Care will reply to the doctor and/or pharmacist within 24 hours for urgent requests or 72 hours for standard requests after getting the requested medical information. Urgent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a current course of treatment using a non-formulary drug.

L.A. Care will provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills.

L.A. Care will provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency.

The doctor and/or pharmacist will let you know if the drug is approved. After approval, you can get the drug at a Plan Pharmacy. If the non-formulary drug is denied, you have the right to appeal. You can file a grievance or complaint relating to denial of a coverage request. Coverage documents provide more information on appeal rights and procedures.

Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific coverage and limitations an individual may have. The individual may have specific benefit inclusions, exclusions, and/or cost share which are not reflected in the formulary.

This formulary only applies to outpatient drugs and self-administered drugs. These would be considered to be covered under a member's outpatient drug benefit. This formulary does NOT apply to medications used in an inpatient setting or drugs that are not self-administered. These would be considered to be covered under a member's medical benefit.

Any specific questions regarding their coverage should be directed to the Customer Solutions Center at **1-844-854-7272** (TTY **711**)

How to Find a Pharmacy

To find a pharmacy near you, visit the L.A. Care website at **lacare.org** to find a L.A. Care network pharmacy in your neighborhood. Click on each of the following:

1. For Members
2. Pharmacy Services
3. "Search Now" in the *Find a Pharmacy* tab

Be sure to show your L.A. Care Member ID card when you fill your prescriptions at the pharmacy.

Some medications are subject to limited distribution by the U.S. Food and Drug Administration or require special handling, provider coordination, or special education that cannot be provided at your local pharmacy. Antineoplastic and biologic agents are examples of such specialty medications and are identified in the formulary with special code SP (Specialty Pharmacy Availability), MSP (Mandatory Specialty Pharmacy), LMSP (Mandatory Lumicera Specialty Pharmacy), or KMSP (Mandatory Kroger Specialty Pharmacy). You may refer to the formulary by visiting L.A. Care's website **lacare.org/members/getting-care/pharmacy-services** for information on whether a medication must be filled at a specialty pharmacy.

Description of Coverage

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

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

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

How Much I Will Pay for My Drugs

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

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

Note: The annual co-payment maximum amount for the PASC-SEIU program is $1,000. The annual copayment maximum is the highest total co-payment amount you are required to pay during one benefit year. All copayments count toward the annual maximum, including prescription drug copayments.

Restrictions on Medication Coverage

Certain covered drugs may have additional requirements or limits on coverage. These are denoted throughout the document using the following symbols:

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

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

Medication Request Process

Formulary Agents

A. **Prior Authorization (PA):** These drugs require approval prior to being dispensed at a network pharmacy. Requests are reviewed with specific Prior Authorization guidelines. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the Pharmacy & Therapeutics (P&T) Committee, the request will not be approved and alternative therapy may be recommended.

B. **Quantity Limits (QL):** These drugs have quantity limits. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists without compromising safety.

C. **Step Therapy (ST):** These drugs require one or more first step drugs to be tried before progressing to the second step drug. If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed on an individual patient need. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to an L.A. Care plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

Non-Formulary Agents

A. Any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists.

B. The 'Medication Request Process' is generally not available for drugs that are specifically excluded by benefit design. For benefit exclusions, refer to the 'General Exclusions' section below.

Please see **lacare.org/providers/provider-resources/pharmacy-services/prior-authorizations** for more information on the medication request process. A decision for approval or denial of the exception request or prior authorization can be made within 24 hours for urgent requests or 72 hours for standard requests. If we fail to respond within the appropriate time frames, the request is deemed granted.

Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity.

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

A. Drugs specifically listed as not covered
B. Any drug products used for cosmetic purposes
C. Infertility agents
D. Experimental drug products, or any drug product used in an experimental manner
E. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
F. Foreign drugs or drugs not approved by the United States FDA

If L.A. Care's coverage is amended to exclude a drug that we have been covering and providing to you, we will continue to provide the drug if a prescription is required by law and a Plan Physician continues to prescribe the drug for the same condition and for a use approved by the FDA.

Pharmacist and Physician Feedback

The formulary is a tool to promote cost-effective prescription drug use. L.A. Care has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. L.A. Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to L.A. Care via the Providers Solution Center at **1-866-522-2736**.

Definitions

"Brand name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug is listed in all CAPITAL letters.

"Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

"Copayment" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

"Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

"Drug Tier" is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

"Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

"Exception request" is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

"Exigent circumstances" are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

"Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list,

"Generic drug" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase*** letters.

"Non-formulary drug" is a prescription drug that is not listed on the health plan's formulary.

"Out-of-pocket cost" are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

"Prescribing provider" is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

"Prescription" is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

"Prescription drug" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

"Prior Authorization" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

"Step therapy" is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

"Subscriber" means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 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		
ADDERALL XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 5MG ***(amphetamine-dextroamphetamine)***	F	-
amphetamine/dextroamphetamine tab 10MG, 12.5MG, 15MG, 20MG, 30MG, 5MG, 7.5MG (ADDERALL Equiv)	F	-
dextroamphetamine ER cap 10MG, 15MG, 5MG (DEXEDRINE Equiv)	F	-
dextroamphetamine tab 10MG, 5MG (DEXEDRINE Equiv)	F	-
VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG ***(lisdexamfetamine dimesylate)***	F	-
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG ***(lisdexamfetamine dimesylate)***	F	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
phentermine cap 15MG, 30MG, 37.5MG (ADIPEX Equiv)	F	PA-QL QL= 1 cap/day
phentermine tab 37.5MG (ADIPEX Equiv)	F	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ***(phentermine hcl-topiramate)***	F	PA-QL QL= 1 cap/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		

L.A. Care PASC-SEIU Homecare Workers Formulary

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
ANTI-OBESITY AGENTS - Drugs to help weight loss		
CONTRAVE TAB 8MG-90MG ***(naltrexone hcl-bupropion hcl)***	F	PA-QL QL= 4 tabs/day
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
guanfacine ER tab 1MG, 2MG, 3MG, 4MG (INTUNIV Equiv)	F	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG ***(solriamfetol hcl)***	F	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG ***(pitolisant hcl)***	F	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
armodafinil tab 150MG, 200MG, 250MG, 50MG (NUVIGIL Equiv)	F	PA-QL QL= 1 tab/day
dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (FOCALIN XR Equiv)	F	-
dexmethylphenidate tab 10MG, 2.5MG, 5MG (FOCALIN Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (METADATE CD Equiv)	F	-
methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG (RITALIN LA Equiv)	F	-
METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG (CONCERTA Equiv) ***(methylphenidate hcl)***	F	-
methylphenidate ER tab 18MG, 27MG, 36MG, 54MG (CONCERTA Equiv)	F	-
methylphenidate ER tab 10mg, 20mg 10MG, 20MG (RITALIN Equiv)	F	-
methylphenidate soln 10MG/5ML, 5MG/5ML (METHYLIN Equiv)	F	-
methylphenidate tab 10MG, 20MG, 5MG (RITALIN Equiv)	F	-
modafinil tab 100MG, 200MG (PROVIGIL Equiv)	F	PA-QL QL= 2 tabs/day
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
neomycin tab 500MG	F	-
TOBI PODHALER 28MG ***(tobramycin)***	F	KMSP-PA
tobramycin neb soln 300MG/4ML, 300MG/5ML (TOBI Equiv)	F	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
RINVOQ ER TAB 15MG ***(upadacitinib)***	F	LMSP-PA-QL QL= 1 tab/day
XELJANZ TAB 10MG, 5MG ***(tofacitinib citrate)***	F	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ***(tofacitinib citrate)***	F	LMSP-PA-QL QL= 1 tab/day
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML ***(adalimumab)***	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML ***(adalimumab)***	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML, 80MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML, 80MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 2 pens/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG ***(auranofin)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML ***(anakinra)***	F	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML ***(tocilizumab)***	F	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML ***(tocilizumab)***	F	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ***(sarilumab)***	F	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
celecoxib cap 100MG, 200MG, 400MG, 50MG (CELEBREX Equiv)	F	QL QL= 2 caps/day
diclofenac potassium tab 50MG (CATAFLAM Equiv)	F	-
diclofenac sodium EC tab 25MG, 50MG, 75MG (VOLTAREN Equiv)	F	-
diclofenac sodium XR tab 100MG (VOLTAREN XR Equiv)	F	-
etodolac cap 200MG, 300MG (LODINE Equiv)	F	-
etodolac tab 400MG, 500MG	F	-
FLURBIPROFEN TAB 50MG ***(flurbiprofen)***	F	-
flurbiprofen tab 100MG, 50MG	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML (ADVIL, MOTRIN Equiv)	F	-
ibuprofen tab 800MG	F	-
indomethacin cap 25MG, 50MG (INDOCIN Equiv)	F	-
indomethacin CR cap 75MG (INDOCIN SR Equiv)	F	-
ketorolac tab 10MG (TORADOL Equiv)	F	QL QL= 20 tabs/5 days
meloxicam tab 15MG, 7.5MG (MOBIC Equiv)	F	-
nabumetone tab 500MG, 750MG (RELAFEN Equiv)	F	-
naproxen EC tab 375MG, 500MG (NAPROSYN EC Equiv)	F	-
naproxen tab 250MG, 375MG, 500MG (NAPROSYN Equiv)	F	-
piroxicam cap 10MG, 20MG (FELDENE Equiv)	F	-
sulindac tab 150MG, 200MG (CLINORIL Equiv)	F	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
OTEZLA STARTER PACK ***(apremilast)***	F	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG ***(apremilast)***	F	LMSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
leflunomide tab 10MG, 20MG (ARAVA Equiv)	F	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ORENCIA CLICK INJ 125MG/ML ***(abatacept)***	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML ***(abatacept)***	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML ***(abatacept)***	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML ***(abatacept)***	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 ***(etanercept)***	F	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML ***(etanercept)***	F	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ***(etanercept)***	F	MSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML ***(etanercept)***	F	LMSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
aspirin chew tab 81mg 81MG	$0	OTC Covered for males age 45-79; Covered for females (no age restriction)

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
aspirin ec tab 325mg 324MG, 325MG	$0	OTC Covered for males age 45-79 and females age 55-79
aspirin ec tab 81mg 81MG	$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
aspirin tab 325mg 325MG	$0	OTC Covered for males age 45-79 and females age 55-79
aspirin tab 81mg	$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
CHOLINE MAGNESIUM TRISALICYLATE TAB ***(choline & mag salicylate)***	F	-
choline magnesium trisalicylate tab	F	-
salsalate tab 500MG, 750MG (DISALCID Equiv)	F	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
CODEINE SULFATE TAB 15MG 15MG ***(codeine sulfate)***	F	QL QL= 240 tabs/30 days
codeine sulfate tab 15mg, 30mg 15MG, 30MG	F	QL QL=240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG ***(codeine sulfate)***	F	QL QL=180 tabs/30 days

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
codeine sulfate tab 60mg 60MG	F	QL QL=180 tabs/30 days
fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (DURAGESIC Equiv)	F	QL QL=10 patches/30 days
hydromorphone tab 2mg 2MG (DILAUDID Equiv)	F	QL QL=240 tabs/30 days
hydromorphone tab 4mg 4MG (DILAUDID Equiv)	F	QL QL=180 tabs/30 days
hydromorphone tab 8mg 8MG (DILAUDID Equiv)	F	QL QL=120 tabs/30 days
methadone conc 10MG/ML	F	QL QL=600ml/30 days
methadone soln 10mg/5ml 10MG/5ML	F	QL QL=600ml/30 days
methadone soln 5mg/5ml 5MG/5ML	F	QL QL = 1200ml/30 days
methadone tab 5MG (DOLOPHINE Equiv)	F	QL QL=120/30 days
methadone tablet 10mg 10MG (DOLOPHINE Equiv)	F	QL QL=240/30 days
morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG (MS CONTIN Equiv)	F	QL QL= 90 tabs/ 30 days

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML	F	QL QL=120ml/30 days
MORPHINE SULFATE TAB ***(morphine sulfate)***	F	QL QL= 180 tabs/30 days
morphine sulfate tab 15MG, 30MG	F	QL QL= 180 tabs/30 days
oxycodone cap 5MG (OXYIR Equiv)	F	QL QL=120 caps/30 days
oxycodone soln 5MG/5ML (ROXICODONE Equiv)	F	QL QL=240ml/30 days
oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG (ROXICODONE Equiv)	F	QL QL= 120 tabs/30 days
tramadol tab 50MG (ULTRAM Equiv)	F	QL QL=240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ***(oxycodone)***	F	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
acetaminophen/codeine soln 12MG/5ML-120MG/5ML	F	QL QL=240ml/30 days
acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG (TYLENOL/CODEINE Equiv)	F	QL QL=180 tabs/30 days

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)	F	QL QL=1800ml/30 days
hydrocodone/acetaminophen tab (LORTAB Equiv)	F	QL QL=120 tabs/30 days
oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCET Equiv)	F	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG (PERCODAN Equiv) ***(oxycodone-aspirin)***	F	QL QL=120 tabs/30 days
oxycodone/aspirin tab 4.835MG-325MG (PERCODAN Equiv)	F	QL QL=120 tabs/30 days
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
buprenorphine SL tab 2MG, 8MG (SUBUTEX Equiv)	F	-
buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (SUBOXONE SL FILM Equiv)	F	-
buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG (SUBOXONE Equiv)	F	-
butorphanol nasal spray 10MG/ML (STADOL Equiv)	F	QL QL= 1 bottle/fill, 2 fills/30 days
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANABOLIC STEROIDS - Drugs used to gain weight		
oxandrolone tab (OXANDRIN Equiv)	F	-
ANDROGENS - Drugs to treat low testosterone level		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ***(testosterone)***	F	PA-QL QL= 1 patch/day
danazol cap 100MG, 200MG, 50MG (DANOCRINE Equiv)	F	-
testosterone cypionate inj 100MG/ML, 200MG/ML (DEPO-TESTOSTERONE Equiv)	F	-
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM ***(testosterone)***	F	PA-QL QL= 1 packet/day
testosterone gel 1% 25mg 25MG/2.5GM	F	PA-QL QL= 1 packet/day
testosterone gel 1% 50mg 1%, 50MG/5GM (ANDROGEL Equiv)	F	PA-QL QL= 2 packets/day
testosterone gel 1% pump 1% (ANDROGEL Equiv)	F	PA-QL QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP 1% ***(testosterone)***	F	PA-QL QL= 4 bottles/30 days
testosterone gel pump 1.62% 1.62% (ANDROGEL Equiv)	F	PA-QL QL= 2 bottles/30 days
testosterone soln 30MG/ACT (AXIRON Equiv)	F	PA-QL QL= 2 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
hydrocortisone enema 100MG/60ML (CORTENEMA Equiv)	F	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
hc pramoxine cream 1-1% 1% (ANALPRAM HC Equiv)	F	-
lidocaine/hydrocortisone cream .5%-3% (ANAMANTLE Equiv)	F	-
pramoxine/hydrocortisone cream kit (ANALPRAM-HC Equiv)	F	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
proctosol HC cream 1%, 2.5% (ANUSOL HC Equiv)	F	-
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
BENZNIDAZOLE TAB 100MG, 12.5MG ***(benznidazole)***	F	PA
EMVERM TAB 100MG ***(mebendazole)***	F	PA
ivermectin tab 3MG (STROMECTOL Equiv)	F	-
praziquantel tab 600MG (BILTRICIDE Equiv)	F	-
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
ranolazine tab 1000MG, 500MG (RANEXA Equiv)	F	-
NITRATES - Drugs to treat chest pain		
isosorbide dinitrate ER tab (ISOCHRON Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
isosorbide dinitrate SL tab	F	-
isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG (ISORDIL Equiv)	F	-
isosorbide mononitrate ER tab 120MG, 30MG, 60MG (IMDUR Equiv)	F	-
isosorbide mononitrate tab 10MG, 20MG (MONOKET Equiv)	F	-
nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (NITRO-DUR Equiv)	F	-
nitroglycerin SL tab .3MG, .4MG, .6MG (NITROSTAT Equiv)	F	-
ANTIANXIETY AGENTS - Drugs to treat anxiety		
ANTIANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
buspirone tab 10MG, 15MG, 5MG, 7.5MG (BUSPAR Equiv)	F	-
hydroxyzine pamoate cap 25MG, 50MG (VISTARIL Equiv)	F	-
hydroxyzine syrup 10MG/5ML (ATARAX Equiv)	F	-
hydroxyzine tab 10MG, 25MG, 50MG (ATARAX Equiv)	F	-
BENZODIAZEPINES - Drugs to treat anxiety		
alprazolam tab .25MG, .5MG, 1MG, 2MG (XANAX Equiv)	F	QL QL= 5 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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
chlordiazepoxide cap 10MG, 25MG, 5MG (LIBRIUM Equiv)	F	-
diazepam conc 5MG/ML (VALIUM Equiv)	F	QL QL= 180ml/30 days
DIAZEPAM SOLN 5MG/5ML ***(diazepam)***	F	QL QL= 180ml/30 days
diazepam tab 2mg, 10mg 10MG, 2MG (VALIUM Equiv)	F	QL QL= 4 tabs/day
diazepam tab 5mg 5MG (VALIUM Equiv)	F	QL QL= 3 tabs/day
lorazepam conc 1MG/0.5ML, 2MG/ML (ATIVAN Equiv)	F	-
lorazepam tab .5MG, 1MG, 2MG (ATIVAN Equiv)	F	-
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
disopyramide cap 100MG, 150MG (NORPACE Equiv)	F	-
quinidine gluconate CR tab 324MG	F	-
quinidine sulfate tab	F	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
mexiletine hcl cap 150MG, 200MG, 250MG	F	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
flecainide tab 100MG, 150MG, 50MG (TAMBOCOR Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
propafenone ER cap 225MG, 325MG, 425MG (RYTHMOL SR Equiv)	F	-
propafenone tab 150MG, 225MG, 300MG (RYTHMOL Equiv)	F	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
amiodarone tab 100MG, 200MG, 400MG (CORDARONE Equiv)	F	-
dofetilide cap 125MCG, 250MCG, 500MCG (TIKOSYN Equiv)	F	-
MULTAQ TAB 400MG ***(dronedarone hcl)***	F	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
FASENRA PEN INJ 30MG/ML ***(benralizumab)***	F	MSP-PA-QL QL= 1 inj/56 days
NUCALA INJ 100MG/ML ***(mepolizumab)***	F	LMSP-PA-QL QL= 1 inj/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
cromolyn neb soln 20MG/2ML (INTAL Equiv)	F	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
ATROVENT HFA INHALER 17MCG/ACT ***(ipratropium bromide hfa)***	F	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ***(umeclidinium bromide)***	F	-
ipratropium neb soln .02% (ATROVENT Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT ***(tiotropium bromide monohydrate)***	F	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
montelukast chew tab 4MG, 5MG (SINGULAIR Equiv)	F	-
montelukast granule pack 4MG (SINGULAIR Equiv)	F	-
montelukast tab 10MG (SINGULAIR Equiv)	F	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(fluticasone furoate (inhalation))***	F	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(mometasone furoate (inhalation))***	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ***(mometasone furoate (inhalation))***	F	-
budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)	F	-
FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST ***(fluticasone propionate (inhalation))***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT ***(fluticasone propionate hfa)***	F	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
ADVAIR DISKUS INHALER 50MCG/DOSE-100MCG/DOSE, 50MCG/DOSE-250MCG/DOSE, 50MCG/DOSE-500MCG/DOSE ***(fluticasone-salmeterol)***	F	-
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ***(fluticasone-salmeterol)***	F	-
albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML	F	-
albuterol sulfate ER tab 4MG, 8MG (VOSPIRE ER Equiv)	F	-
albuterol sulfate syrup 2MG/5ML	F	-
albuterol sulfate tab 2MG, 4MG	F	-
albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)	F	-
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH ***(umeclidinium-vilanterol)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ***(fluticasone furoate-vilanterol)***	F	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT ***(budesonide-glycopyrrolate-formoterol fumarate)***	F	-
COMBIVENT INHALER ***(ipratropium-albuterol)***	F	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ***(ipratropium-albuterol)***	F	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ***(mometasone furoate-formoterol fumarate dihydrate)***	F	-
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT ***(fluticasone-salmeterol)***	F	-
METAPROTERENOL SYRUP 10MG/5ML ***(metaproterenol sulfate)***	F	-
SEREVENT DISKUS INHALER 50MCG/DOSE ***(salmeterol xinafoate)***	F	-
terbutaline sulfate tab 2.5MG, 5MG (BRETHINE Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH ***(fluticasone-umeclidinium-vilanterol)***	F	-
VENTOLIN HFA INHALER 108MCG/ACT ***(albuterol sulfate)***	F	QL QL= 2 inhalers/30 days
XANTHINES - Drugs to treat asthma and COPD		
aminophylline tab	F	-
ELIXOPHYLLIN ELIXIR 80MG/15ML ***(theophylline)***	F	-
THEOCHRON TAB 100MG, 200MG, 300MG, 450MG ***(theophylline)***	F	-
theophylline CR tab (QUIBRON-T Equiv)	F	-
theophylline ER tab 400MG, 600MG (UNIPHYL Equiv)	F	-
theophylline soln 80MG/15ML	F	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG (COUMADIN Equiv)	F	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG ***(apixaban)***	F	-
XARELTO STARTER PACK ***(rivaroxaban)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ***(rivaroxaban)***	F	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML (LOVENOX Equiv)	F	QL QL= 17 days supply
fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (ARIXTRA Equiv)	F	PA
THROMBIN INHIBITORS - Drugs to thin the blood		
PRADAXA CAP 110MG, 150MG, 75MG ***(dabigatran etexilate mesylate)***	F	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
clobazam tab 10MG, 20MG (ONFI Equiv)	F	PA
clonazepam tab .5MG, 1MG, 2MG (KLONOPIN Equiv)	F	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG ***(diazepam (anticonvulsant))***	F	QL QL= 2 packs/fill
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
BANZEL TAB 200MG, 400MG ***(rufinamide)***	F	PA
carbamazepine chew tab 100MG (TEGRETOL Equiv)	F	-
carbamazepine ER cap 100MG, 200MG, 300MG (CARBATROL Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
carbamazepine ER tab 100MG, 200MG, 400MG (TEGRETOL XR Equiv)	F	-
carbamazepine susp 100MG/5ML (TEGRETOL Equiv)	F	-
carbamazepine tab 200MG (TEGRETOL Equiv)	F	-
DIACOMIT CAP 250MG, 500MG ***(stiripentol)***	F	LD-PA Only available through US Bioservices 888-518-7246
DIACOMIT POWDER PACK 250MG, 500MG ***(stiripentol)***	F	LD-PA Only available through US Bioservices 888-518-7246
gabapentin cap 100MG, 300MG, 400MG (NEURONTIN Equiv)	F	-
gabapentin soln 250MG/5ML, 300MG/6ML (NEURONTIN Equiv)	F	-
gabapentin tab 600MG, 800MG (NEURONTIN Equiv)	F	-
LAMICTAL CHEW TAB 2MG ***(lamotrigine)***	F	-
lamotrigine chew tab 25MG, 5MG (LAMICTAL Equiv)	F	-
lamotrigine tab 100MG, 150MG, 200MG, 25MG (LAMICTAL Equiv)	F	-
levetiracetam ER tab 500MG, 750MG (KEPPRA XR Equiv)	F	-
levetiracetam soln 100MG/ML, 500MG/5ML (KEPPRA Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
levetiracetam tab 1000MG, 250MG, 500MG, 750MG (KEPPRA Equiv)	F	-
oxcarbazepine susp 300MG/5ML, 60MG/ML (TRILEPTAL Equiv)	F	-
oxcarbazepine tab 150MG, 300MG, 600MG (TRILEPTAL Equiv)	F	-
pregabalin cap 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG (LYRICA Equiv)	F	-
pregabalin soln 20MG/ML (LYRICA Equiv)	F	-
primidone tab 250MG, 50MG (MYSOLINE Equiv)	F	-
rufinamide susp 40MG/ML (BANZEL Equiv)	F	PA
topiramate sprinkle cap 15MG, 25MG (TOPAMAX Equiv)	F	-
topiramate tab 100MG, 200MG, 25MG, 50MG (TOPAMAX Equiv)	F	-
VIMPAT SOLN 10MG/ML ***(lacosamide)***	F	-
VIMPAT TAB 100MG, 150MG, 200MG, 50MG ***(lacosamide)***	F	QL QL= 2 tabs/day
zonisamide cap 100MG, 25MG, 50MG (ZONEGRAN Equiv)	F	-
CARBAMATES - Drugs to treat seizures		
felbamate susp 600MG/5ML (FELBATOL Equiv)	F	-
felbamate tab 400MG, 600MG (FELBATOL Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XCOPRI PAK 150-200MG ***(cenobamate)***	F	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ***(cenobamate)***	F	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG ***(cenobamate)***	F	QL QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ***(cenobamate)***	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ***(cenobamate)***	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG ***(cenobamate)***	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG ***(cenobamate)***	F	QL QL= 1 tab/day
GABA MODULATORS - Drugs to treat seizures		
tiagabine tab 12MG, 16MG, 2MG, 4MG (GABITRIL Equiv)	F	-
vigabatrin powder pack 500MG (SABRIL POWDER Equiv)	F	LD-PA Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479
vigabatrin tab 500MG (SABRIL Equiv)	F	LD-PA Only available through Walgreens 888-347-3416
HYDANTOINS - Drugs to treat seizures		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DILANTIN CAP 30MG 30MG ***(phenytoin sodium extended)***	F	-
phenytoin cap 100MG, 200MG, 300MG (DILANTIN Equiv)	F	-
phenytoin chew tab 50MG (DILANTIN Equiv)	F	-
phenytoin susp 100MG/4ML, 125MG/5ML (DILANTIN Equiv)	F	-
SUCCINIMIDES - Drugs to treat seizures		
CELONTIN CAP 300MG ***(methsuximide)***	F	-
ethosuximide cap 250MG (ZARONTIN Equiv)	F	-
ethosuximide soln 250MG/5ML (ZARONTIN Equiv)	F	-
VALPROIC ACID - Drugs to treat seizures		
divalproex ER tab 250MG, 500MG (DEPAKOTE ER Equiv)	F	-
divalproex sodium DR tab 125MG, 250MG, 500MG (DEPAKOTE Equiv)	F	-
divalproex sprinkle cap 125MG (DEPAKOTE Equiv)	F	-
valproic acid cap 250MG (DEPAKENE Equiv)	F	-
valproic acid syrup 250MG/5ML (DEPAKENE Equiv)	F	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		
mirtazapine ODT 15MG, 30MG, 45MG (REMERON Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
mirtazapine tab 15MG, 30MG, 45MG, 7.5MG (REMERON Equiv)	F	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		
bupropion ER tab 100MG, 150MG, 200MG (WELLBUTRIN Equiv)	F	-
bupropion tab 100MG, 75MG (WELLBUTRIN Equiv)	F	-
bupropion XL tab 150MG, 300MG (WELLBUTRIN XL Equiv)	F	-
MAPROTILINE TAB 25MG, 50MG, 75MG ***(maprotiline hcl)***	F	-
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
MARPLAN TAB 10MG ***(isocarboxazid)***	F	-
phenelzine tab 15MG (NARDIL Equiv)	F	-
tranylcypromine tab 10MG (PARNATE Equiv)	F	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
citalopram soln 10MG/5ML (CELEXA Equiv)	F	-
citalopram tab 10MG, 20MG, 40MG (CELEXA Equiv)	F	-
escitalopram soln 5MG/5ML (LEXAPRO Equiv)	F	-
escitalopram tab 10MG, 20MG, 5MG (LEXAPRO Equiv)	F	-
fluoxetine cap 10MG, 20MG, 40MG (PROZAC Equiv)	F	-
fluoxetine soln 20MG/5ML (PROZAC Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
fluvoxamine ER cap 100MG, 150MG (LUVOX CR Equiv)	F	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
fluvoxamine tab 100MG, 25MG, 50MG (LUVOX Equiv)	F	-
paroxetine ER tab 12.5MG, 25MG, 37.5MG (PAXIL CR Equiv)	F	-
paroxetine tab 10MG, 20MG, 30MG, 40MG (PAXIL Equiv)	F	-
sertraline conc 20MG/ML (ZOLOFT Equiv)	F	-
sertraline tab 100MG, 25MG, 50MG (ZOLOFT Equiv)	F	-
SEROTONIN MODULATORS - Drugs to treat depression		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ***(nefazodone hcl)***	F	-
nefazodone tab 50mg, 250mg 250MG, 50MG	F	-
trazodone tab 100MG, 150MG, 50MG (DESYREL Equiv)	F	-
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
desvenlafaxine ER tab 100MG, 25MG, 50MG (PRISTIQ Equiv)	F	-
duloxetine EC cap 20MG, 30MG, 60MG (CYMBALTA Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
venlafaxine ER cap 150MG, 37.5MG, 75MG (EFFEXOR XR Equiv)	F	-
venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG (EFFEXOR Equiv)	F	-
TRICYCLIC AGENTS - Drugs to treat depression		
amitriptyline tab (ELAVIL Equiv)	F	-
AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG ***(amoxapine)***	F	-
desipramine tab (NORPRAMIN Equiv)	F	-
DOXEPIN CAP 150MG ***(doxepin hcl)***	F	-
doxepin cap 100MG, 10MG, 25MG, 50MG, 75MG	F	-
doxepin conc 10MG/ML (SINEQUAN Equiv)	F	-
imipramine tab 10MG, 25MG, 50MG (TOFRANIL Equiv)	F	-
nortriptyline cap 10MG, 25MG, 50MG, 75MG (PAMELOR Equiv)	F	-
nortriptyline oral soln 10MG/5ML (NORTRIPTYLINE Equiv)	F	-
NORTRIPTYLINE SOLN 10MG/5ML ***(nortriptyline hcl)***	F	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ***(alogliptin-metformin hcl)***	F	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ***(alogliptin-pioglitazone)***	F	QL QL= 1 tab/day
AVANDAMET TAB ***(rosiglitazone maleate-metformin hcl)***	F	-
AVANDARYL TAB ***(rosiglitazone maleate-glimepiride)***	F	-
glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG (METAGLIP Equiv)	F	-
glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG (GLUCOVANCE Equiv)	F	-
JANUMET TAB 50MG-1000MG, 50MG-500MG ***(sitagliptin-metformin hcl)***	F	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG ***(sitagliptin-metformin hcl)***	F	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG ***(empagliflozin-metformin hcl)***	F	QL QL= 2 tabs/day

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

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG ***(empagliflozin-metformin hcl)***	F	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG ***(empagliflozin-metformin hcl)***	F	QL QL= 2 tabs/day
BIGUANIDES - Drugs to regulate blood sugar		
metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)	F	-
metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)	F	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE ***(glucagon)***	F	QL QL= 2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG ***(glucagon hcl (rdna))***	F	QL QL= 2 inj/fill
glucagon (rdna) for inj kit 1MG (GLUCAGON Equiv)	F	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML ***(glucagon hcl)***	F	QL QL= 2 inj/fill
GVOKE INJ .5MG/0.1ML, 1MG/0.2ML ***(glucagon)***	F	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML ***(glucagon)***	F	QL QL= 2 inj/fill

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KORLYM TAB 300MG ***(mifepristone (hyperglycemia))***	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 ***(alogliptin benzoate)***	F	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ***(sitagliptin phosphate)***	F	QL QL= 1 tab/day
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ***(exenatide)***	F	QL QL= 4 inj/28 days
BYDUREON INJ 2MG ***(exenatide)***	F	QL QL= 4 inj/28 days
BYDUREON PEN INJ 2MG ***(exenatide)***	F	QL QL= 4 inj/28 days
OZEMPIC INJ 2MG/1.5ML ***(semaglutide)***	F	QL QL= 1 pack/28 days
RYBELSUS TAB 14MG, 3MG, 7MG ***(semaglutide)***	F	QL QL=1 tab/day
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML ***(dulaglutide)***	F	QL QL= 4 pens/28 days
VICTOZA INJ 18MG/3ML ***(liraglutide)***	F	QL QL= 9ml/30 days

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INSULIN - Drugs to regulate blood sugar		
BASAGLAR INJ 100UNIT/ML, 300UNIT/ML ***(insulin glargine)***	F	-
FIASP FLEXTOUCH INJ 100UNIT/ML ***(insulin aspart (with niacinamide))***	F	-
FIASP INJ 100UNIT/ML ***(insulin aspart (with niacinamide))***	F	-
FIASP PENFILL INJ 20.8MG/ML-100UNIT/ML ***(insulin aspart (with niacinamide))***	F	-
HUMULIN R INJ U-500 500UNIT/ML ***(insulin regular (human))***	F	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ***(insulin regular (human))***	F	-
INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	F	-
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	F	-
INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ***(insulin aspart protamine & aspart (human))***	F	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ***(insulin aspart protamine & aspart (human))***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	F	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	F	OTC
NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	F	OTC
NOVOLIN N FLEXPEN INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	F	OTC
NOVOLIN N INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	F	OTC
NOVOLIN R FLEXPEN INJ 100UNIT/ML ***(insulin regular (human))***	F	OTC
NOVOLIN R INJ 100UNIT/ML ***(insulin regular (human))***	F	OTC
NOVOLOG FLEXPEN INJ 100UNIT/ML ***(insulin aspart)***	F	-
NOVOLOG INJ 100UNIT/ML ***(insulin aspart)***	F	-
NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML ***(insulin aspart protamine & aspart (human))***	F	-
NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML ***(insulin aspart protamine & aspart (human))***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NOVOLOG PENFILL INJ 100UNIT/ML ***(insulin aspart)***	F	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
AVANDIA TAB 2MG, 4MG ***(rosiglitazone maleate)***	F	-
pioglitazone tab 15MG, 30MG, 45MG (ACTOS TAB Equiv)	F	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
repaglinide tab .5MG, 1MG, 2MG (PRANDIN Equiv)	F	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		
JARDIANCE TAB 10MG, 25MG ***(empagliflozin)***	F	QL QL= 1 tab/day
STEGLATRO TAB 15MG, 5MG ***(ertugliflozin l-pyroglutamic acid)***	F	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
chlorpropamide tab (DIABINESE Equiv)	F	-
glimepiride tab 1MG, 2MG, 4MG (AMARYL Equiv)	F	-
glipizide ER tab 10MG, 2.5MG, 5MG (GLUCOTROL XL Equiv)	F	-
glipizide tab 10MG, 5MG (GLUCOTROL Equiv)	F	-
glyburide micronized tab 1.5MG, 3MG, 6MG (GLYNASE Equiv)	F	-
glyburide tab 1.25MG, 2.5MG, 5MG (MICRONASE Equiv)	F	-
TOLAZAMIDE TAB 250MG ***(tolazamide)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TOLBUTAMIDE TAB 500MG ***(tolbutamide)***	F	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ***(diphenoxylate w/ atropine)***	F	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
diphenoxylate/atropine tab .025MG-2.5MG (LOMOTIL Equiv)	F	-
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG ***(succimer)***	F	-
FERRIPROX SOLN 100MG/ML ***(deferiprone)***	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
FERRIPROX TAB 1000MG ***(deferiprone)***	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
naltrexone tab 50MG (REVIA Equiv)	F	-
NARCAN NASAL SPRAY 4MG/0.1ML ***(naloxone hcl)***	F	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
deferasirox granules packet 180MG, 360MG, 90MG (JADENU Equiv)	F	LMSP
deferasirox tab 125MG, 250MG, 500MG (EXJADE Equiv)	F	LMSP
deferasirox tab 180mg 180MG (JADENU Equiv)	F	LMSP
deferasirox tab 90mg, 360mg 360MG, 90MG (JADENU Equiv)	F	LMSP
deferiprone tab 500MG (FERRIPROX Equiv)	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
naloxone inj .4MG/ML, 4MG/10ML	F	-
NALOXONE PREFILLED INJ .4MG/ML ***(naloxone hcl)***	$0	-
naloxone prefilled inj 2MG/2ML	$0	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
granisetron tab 1MG (KYTRIL Equiv)	F	QL QL= 9 tabs/fill
ondansetron ODT 4MG, 8MG (ZOFRAN Equiv)	F	-
ondansetron soln 4MG/5ML (ZOFRAN Equiv)	F	-
ONDANSETRON TAB 24MG (ZOFRAN Equiv) ***(ondansetron hcl)***	F	-
ondansetron tab 24MG, 4MG, 8MG (ZOFRAN Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
maldemar tab (SCOPACE Equiv)	F	-
meclizine chew tab 25MG (BONINE Equiv)	F	OTC
meclizine tab 12.5MG, 25MG (ANTIVERT Equiv)	F	OTC
trimethobenzamide cap 300MG (TIGAN Equiv)	F	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
AKYNZEO CAP .5MG-300MG ***(netupitant-palonosetron)***	F	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
dronabinol cap 10MG, 2.5MG, 5MG (MARINOL Equiv)	F	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
aprepitant cap 125MG, 40MG, 80MG (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG ***(rolapitant hcl)***	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		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
flucytosine cap 250MG, 500MG (ANCOBON Equiv)	F	-
griseofulvin micro tab 500MG (GRIFULVIN V Equiv)	F	-
griseofulvin susp 125MG/5ML (GRIFULVIN Equiv)	F	-
griseofulvin tab 125MG, 250MG (GRIS-PEG Equiv)	F	-
nystatin powder	F	-
nystatin tab 500000UNIT	F	-
terbinafine tab 250MG (LAMISIL Equiv)	F	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
fluconazole susp 10MG/ML, 40MG/ML (DIFLUCAN Equiv)	F	-
fluconazole tab 100MG, 150MG, 200MG, 50MG (DIFLUCAN Equiv)	F	-
itraconazole cap 100MG (SPORANOX Equiv)	F	PA
ketoconazole tab 200MG (NIZORAL Equiv)	F	-
NOXAFIL SUSP 40MG/ML ***(posaconazole)***	F	-
posaconazole DR tab 100MG (NOXAFIL Equiv)	F	-
voriconazole susp 40MG/ML (VFEND Equiv)	F	RS Restricted to Infectious Disease Specialist
voriconazole tab 200MG, 50MG (VFEND Equiv)	F	RS Restricted to Infectious Disease Specialist
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ALKYLAMINES - Drugs to treat cough, cold, and allergy symptoms		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
chlorpheniramine ER cap	F	-
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
diphenhydramine cap 50mg 50MG (BENADRYL Equiv)	F	Only 50mg covered
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
cetirizine syrup 1MG/ML, 5MG/5ML (ZYRTEC Equiv)	F	OTC
cetirizine tab 10MG, 5MG (ZYRTEC Equiv)	F	OTC
loratadine chew tab 5MG (CLARITIN Equiv)	F	OTC
loratadine ODT 10MG (CLARITIN Equiv)	F	OTC
loratadine syrup 5MG/5ML (CLARITIN Equiv)	F	OTC
loratadine tab 10MG (CLARITIN Equiv)	F	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
promethazine supp (PHENERGAN Equiv)	F	-
promethazine syrup 6.25MG/5ML	F	-
promethazine tab 12.5MG, 25MG, 50MG (PHENERGAN Equiv)	F	-
PROMETHEGAN SUPP 50MG ***(promethazine hcl)***	F	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
cyproheptadine syrup 2MG/5ML	F	-
cyproheptadine tab 4MG	F	-
ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol		
ANTIHYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics		
omega-3-acid ethyl esters cap 1GM-375MG-465MG (LOVAZA Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE Equiv)	F	-
cholestyramine lite powder pack 4GM (QUESTRAN LITE Equiv)	F	-
cholestyramine powder 4GM/DOSE (QUESTRAN Equiv)	F	-
cholestyramine powder pack 4GM (QUESTRAN Equiv)	F	-
colesevelam pack 3.75GM (WELCHOL Equiv)	F	-
colesevelam tab 625MG (WELCHOL Equiv)	F	-
colestipol tab 1GM (COLESTID Equiv)	F	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG (LOFIBRA Equiv)	F	-
fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG (TRICOR Equiv)	F	-
fenofibric acid DR cap 135MG, 45MG (TRILIPIX Equiv)	F	-
gemfibrozil tab 600MG (LOPID Equiv)	F	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
atorvastatin tab 10mg 10MG (LIPITOR Equiv)	$0	-
atorvastatin tab 20mg 20MG (LIPITOR Equiv)	$0	-
atorvastatin tab 40mg 40MG (LIPITOR Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
atorvastatin tab 80mg 80MG (LIPITOR Equiv)	F	-
lovastatin tab 10MG, 20MG, 40MG (MEVACOR Equiv)	$0	-
pravastatin tab 10MG, 20MG, 40MG, 80MG (PRAVACHOL Equiv)	$0	-
rosuvastatin tab 10mg 10MG (CRESTOR Equiv)	$0	QL QL= 1 tab/day
rosuvastatin tab 20mg 20MG (CRESTOR Equiv)	F	QL QL= 1.5 tabs/day
rosuvastatin tab 40mg 40MG (CRESTOR Equiv)	F	QL QL= 1 tab/day
rosuvastatin tab 5mg 5MG (CRESTOR Equiv)	$0	QL QL= 1 tab/day
simvastatin tab 10MG, 20MG, 40MG, 5MG (ZOCOR Equiv)	$0	80mg is Not Covered
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
ezetimibe tab 10MG (ZETIA Equiv)	F	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
niacin ER tab 1000MG, 500MG, 750MG (NIASPAN Equiv)	F	-
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
PRALUENT INJ 150MG/ML, 75MG/ML ***(alirocumab)***	F	LMSP-PA-QL QL= 2 inj/28 days

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

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
REPATHA INJ 140MG/ML ***(evolocumab)***	F	LMSP-PA-QL QL= 2 inj/28 days
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		
benazepril tab (LOTENSIN Equiv)	F	-
captopril tab 100MG, 12.5MG, 25MG, 50MG (CAPOTEN Equiv)	F	-
enalapril tab 10MG, 2.5MG, 20MG, 5MG (VASOTEC Equiv)	F	-
fosinopril tab 10MG, 20MG, 40MG (MONOPRIL Equiv)	F	-
lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG (PRINIVIL/ZESTRIL Equiv)	F	-
quinapril tab 10MG, 20MG, 40MG, 5MG (ACCUPRIL Equiv)	F	-
ramipril cap 1.25MG, 10MG, 2.5MG, 5MG (ALTACE Equiv)	F	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
phenoxybenzamine cap 10MG (DIBENZYLINE Equiv)	F	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
irbesartan tab 150MG, 300MG, 75MG (AVAPRO Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
losartan tab 100MG, 25MG, 50MG (COZAAR Equiv)	F	-
olmesartan tab 20MG, 40MG, 5MG (BENICAR Equiv)	F	-
telmisartan tab 20MG, 40MG, 80MG (MICARDIS Equiv)	F	-
valsartan tab 160MG, 320MG, 40MG, 80MG (DIOVAN Equiv)	F	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR (CATAPRES-TTS Equiv)	F	-
clonidine tab (CATAPRES Equiv)	F	-
doxazosin tab 1MG, 2MG, 4MG, 8MG (CARDURA Equiv)	F	-
guanfacine IR tab 1MG, 2MG (TENEX Equiv)	F	-
methyldopa tab 250MG, 500MG (ALDOMET Equiv)	F	-
prazosin cap 1MG, 2MG, 5MG (MINIPRESS Equiv)	F	-
terazosin cap 10MG, 1MG, 2MG, 5MG (HYTRIN Equiv)	F	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG (LOTREL Equiv)	F	-
amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (AZOR TAB Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (EXFORGE Equiv)	F	-
amlodipine/valsartan/hydrochlorothiazide tab 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG (EXFORGE HCT Equiv)	F	-
atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)	F	-
benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG (LOTENSIN HCT Equiv)	F	-
bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (ZIAC Equiv)	F	-
enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG (VASERETIC Equiv)	F	-
fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG (MONOPRIL HCT Equiv)	F	-
irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)	F	-
lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)	F	-
losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ***(methyldopa & hydrochlorothiazide)***	F	-
METOPROLOL/HYDROCHLOROTHIAZIDE TAB 50MG-100MG (LOPRESSOR HCT Equiv) ***(metoprolol & hydrochlorothiazide)***	F	-
metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG (LOPRESSOR HCT Equiv)	F	-
olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)	F	-
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG ***(propranolol & hydrochlorothiazide)***	F	-
quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ACCURETIC Equiv)	F	-
valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (DIOVAN HCT Equiv)	F	-
VASODILATORS - Drugs to treat high blood pressure		
hydralazine tab 100MG, 10MG, 25MG, 50MG (APRESOLINE Equiv)	F	-
minoxidil tab 10MG, 2.5MG (LONITEN Equiv)	F	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
IMPAVIDO CAP 50MG ***(miltefosine)***	F	PA
metronidazole tab 250MG, 500MG (FLAGYL Equiv)	F	-
pentamidine neb soln 300MG (NEBUPENT Equiv)	F	LMSP
trimethoprim tab 100MG (PROLOPRIM Equiv)	F	-
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
erythromycin/sulfisoxazole susp (PEDIAZOLE Equiv)	F	-
smz/tmp (DS) tab 160MG-800MG, 80MG-400MG (BACTRIM DS Equiv)	F	-
smz/tmp susp 40MG/5ML-200MG/5ML (BACTRIM, SEPTRA Equiv)	F	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML ***(nitazoxanide)***	F	PA-QL QL= 60ml/3 days
atovaquone susp 750MG/5ML (MEPRON Equiv)	F	-
nitazoxanide tab 500MG (ALINIA Equiv)	F	PA-QL QL= 6 tabs/3 days
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRST-VANCOMYCIN SOLN 25MG/ML, 50MG/ML ***(vancomycin hcl)***	F	-
FIRVANQ SOLN 25MG/ML, 50MG/ML ***(vancomycin hcl)***	F	-
vancomycin cap 125MG, 250MG (VANCOCIN Equiv)	F	QL QL= 56 caps/fill

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		
dapsone tab 100MG, 25MG	F	-
LINCOSAMIDES - Drugs to treat bacterial infections		
clindamycin cap 150MG, 300MG, 75MG (CLEOCIN Equiv)	F	-
MONOBACTAMS - Drugs to treat bacterial infections		
CAYSTON INH SOLN 75MG ***(aztreonam lysine)***	F	KMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
OXAZOLIDINONES - Drugs to treat bacterial infections		
linezolid susp 100MG/5ML (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
linezolid tab 600MG (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ***(tedizolid phosphate)***	F	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
PLEUROMUTILINS - drugs to treat infections		
XENLETA TAB 600MG ***(lefamulin acetate)***	F	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
methenamine hippurate tab 1GM (HIPREX Equiv)	F	-
nitrofurantoin macrocrystals cap 100MG, 50MG (MACRODANTIN Equiv)	F	-
nitrofurantoin monohydrate cap 100MG (MACROBID Equiv)	F	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		
atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG (MALARONE Equiv)	F	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
chloroquine tab 250MG, 500MG (ARALEN Equiv)	F	-
hydroxychloroquine tab 200MG (PLAQUENIL Equiv)	F	-
KRINTAFEL TAB 150MG ***(tafenoquine succinate)***	F	-
MEFLOQUINE TAB 250MG (LARIAM Equiv) ***(mefloquine hcl)***	F	-
mefloquine tab 250MG (LARIAM Equiv)	F	-
primaquine tab 26.3MG (PRIMAQUINE Equiv)	F	-
pyrimethamine tab 25MG (DARAPRIM Equiv)	F	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
PROSTIGMIN TAB ***(neostigmine bromide)***	F	-
pyridostigmine CR tab 180MG (MESTINON Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
pyridostigmine tab 60MG (MESTINON Equiv)	F	-
RUZURGI TAB 10MG ***(amifampridine)***	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)		
RIFAMATE CAP 150MG-300MG ***(isoniazid & rifampin)***	F	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ethambutol tab 100MG, 400MG (MYAMBUTOL Equiv)	F	-
ISONIAZID SYRUP 50MG/5ML ***(isoniazid)***	F	-
ISONIAZID TAB 100MG ***(isoniazid)***	F	-
isoniazid tab 100MG, 300MG	F	-
PRETOMANID TAB 200MG ***(pretomanid)***	F	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG ***(rifapentine)***	F	-
PYRAZINAMIDE TAB 500MG ***(pyrazinamide)***	F	-
pyrazinamide tab 500MG	F	-
rifabutin cap 150MG (MYCOBUTIN Equiv)	F	-
rifampin cap 150MG, 300MG (RIFADIN Equiv)	F	-
ANTINEOPLASTICS - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
cyclophosphamide tab (CYTOXAN Equiv)	F	-
HEXALEN CAP 50MG ***(altretamine)***	F	LMSP
LEUKERAN TAB 2MG ***(chlorambucil)***	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
mercaptopurine tab 50MG (PURINETHOL Equiv)	F	-
methotrexate tab 2.5MG (TREXALL Equiv)	F	-
TABLOID TAB 40MG ***(thioguanine)***	F	-
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
IRESSA TAB 250MG ***(gefitinib)***	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
NEXAVAR TAB 200MG ***(sorafenib tosylate)***	F	MSP-PA-SF
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ***(dasatinib)***	F	LMSP-PA-SF
SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG ***(sunitinib malate)***	F	KMSP-PA-SF
VOTRIENT TAB 200MG ***(pazopanib hcl)***	F	LMSP-PA-SF
ZOLINZA CAP 100MG ***(vorinostat)***	F	LMSP-PA-SF
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 2000000UNIT/0.5ML ***(interferon gamma-1b)***	F	LD-PA Only available through Walgreens 888-347-3416
ALFERON-N INJ 5MU/ML ***(interferon alfa-n3)***	F	LMSP
hydroxyurea cap 500MG (HYDREA Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INTRON-A INJ 10MU, 18MU, 50MU ***(interferon alfa-2b)***	F	KMSP
MATULANE CAP 50MG ***(procarbazine hcl)***	F	-
tretinoin cap 10MG (VESANOID Equiv)	F	LMSP
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
leucovorin tab 10MG, 15MG, 25MG, 5MG	F	-
MESNEX TAB 400MG ***(mesna)***	F	LMSP
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCAMTIN CAP .25MG, 1MG ***(topotecan hcl)***	F	LMSP-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
AFINITOR TAB 10MG 10MG ***(everolimus)***	F	LMSP-PA-QL-SF QL= 1 tab/day
cyclophosphamide cap 25MG, 50MG	F	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG ***(lomustine)***	F	-
melphalan tab 2MG (ALKERAN Equiv)	F	LMSP
MYLERAN TAB 2MG ***(busulfan)***	F	LMSP
temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG (TEMODAR Equiv)	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
capecitabine tab 150MG, 500MG (XELODA Equiv)	F	LMSP
methotrexate inj 1GM	F	-
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VENCLEXTA STARTER PACK ***(venetoclax)***	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG ***(venetoclax)***	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG ***(vismodegib)***	F	KMSP-PA-SF
ODOMZO CAP 200MG ***(sonidegib phosphate)***	F	LMSP-PA-SF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
abiraterone tab 250mg 250MG (ZYTIGA Equiv)	F	LMSP-QL QL= 4 tabs/day
anastrozole tab 1MG (ARIMIDEX Equiv)	$0	Covered at $0 for women 35 years or older; All other members covered at generic copay
bicalutamide tab 50MG (CASODEX Equiv)	F	-
EMCYT CAP 140MG ***(estramustine phosphate sodium)***	F	-
ERLEADA TAB 60MG ***(apalutamide)***	F	LMSP-PA-QL QL= 4 tabs/day
exemestane tab 25MG (AROMASIN Equiv)	$0	Covered at $0 for women 35 years or older; All other members covered at generic copay
flutamide cap 125MG (EULEXIN Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
letrozole tab 2.5MG (FEMARA Equiv)	F	-
LYSODREN TAB 500MG ***(mitotane)***	F	LD Only available through Walgreens 888-347-3416
megestrol susp 400MG/10ML, 40MG/ML (MEGACE Equiv)	F	-
megestrol tab 20MG, 40MG (MEGACE Equiv)	F	-
nilutamide tab 150MG (NILANDRON Equiv)	F	LMSP
NUBEQA TAB 300MG ***(darolutamide)***	F	MSP-PA-QL-SF QL= 4 tabs/day
tamoxifen tab 10MG, 20MG (NOLVADEX Equiv)	$0	Covered at $0 for women 35 years or older; All other members covered at generic copay
toremifene tab 60MG (FARESTON Equiv)	F	-
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ***(pomalidomide)***	F	KMSP-PA-QL QL= 21 caps/28 days
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
XPOVIO PAK 20MG ***(selinexor)***	F	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG ***(trifluridine-tipiracil)***	F	LD-PA Only available through Walgreens 888-347-3416
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
AFINITOR DISPERZ 2MG, 3MG, 5MG ***(everolimus)***	F	LMSP-PA-QL-SF QL= 1 tab/day
ALECENSA CAP 150MG ***(alectinib hcl)***	F	LMSP-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG ***(brigatinib)***	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG ***(brigatinib)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
AYVAKIT TAB 100MG, 200MG, 300MG ***(avapritinib)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG ***(erdafitinib)***	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG 4MG ***(erdafitinib)***	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through US Bioservices 888-518-7246

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BALVERSA TAB 5MG 5MG ***(erdafitinib)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BOSULIF TAB 100MG, 400MG, 500MG ***(bosutinib)***	F	KMSP-PA-SF
BRAFTOVI CAP 75MG 75MG ***(encorafenib)***	F	LD-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ***(zanubrutinib)***	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
CABOMETYX TAB 20MG, 40MG, 60MG ***(cabozantinib s-malate)***	F	MSP-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG ***(acalabrutinib)***	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CAPRELSA TAB 100MG, 300MG ***(vandetanib)***	F	LD-PA Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG ***(cabozantinib s-malate)***	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ***(duvelisib)***	F	LD-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COTELLIC TAB 20MG ***(cobimetinib fumarate)***	F	MSP-PA-QL QL= 3 tabs/day
erlotinib tab 100MG, 150MG, 25MG (TARCEVA Equiv)	F	LMSP-PA-SF
everolimus tab 2.5MG, 5MG, 7.5MG (AFINITOR Equiv)	F	LMSP-PA-QL-SF QL= 1 tab/day
FARYDAK CAP 10MG, 15MG, 20MG ***(panobinostat lactate)***	F	MSP-PA-QL QL= 6 caps/21 days
GILOTRIF TAB 20MG, 30MG, 40MG ***(afatinib dimaleate)***	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
IBRANCE CAP 100MG, 125MG, 75MG ***(palbociclib)***	F	KMSP-PA-QL QL= 21 caps/28 days
IBRANCE TAB 100MG, 125MG, 75MG ***(palbociclib)***	F	KMSP-PA-QL QL= 21 caps/28 days
ICLUSIG TAB 15MG, 45MG ***(ponatinib hcl)***	F	LD-PA-SF Only available through AcariaHealth 800-511-5144
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ***(ponatinib hcl)***	F	LD-PA-SF Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ***(enasidenib mesylate)***	F	MSP-PA-QL QL= 1 tab/day
imatinib tab 100MG, 400MG (GLEEVEC Equiv)	F	LMSP-PA-QL QL= 3 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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IMBRUVICA CAP 140MG 140MG ***(ibrutinib)***	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ***(ibrutinib)***	F	LD-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG ***(ibrutinib)***	F	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA TAB 1MG, 5MG ***(axitinib)***	F	KMSP-PA-QL-SF QL= 8 tabs/day
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ***(ruxolitinib phosphate)***	F	MSP-PA-QL QL= 2 tabs/day
KOSELUGO CAP 10MG, 25MG ***(selumetinib sulfate)***	F	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
lapatinib ditosylate tab 250MG (TYKERB Equiv)	F	LMSP-PA
LENVIMA CAP 10MG, 4MG ***(lenvatinib mesylate)***	F	LD-PA-QL QL= 3 caps/day; Only available through Accredo 800-803-2523
LORBRENA TAB 100MG 100MG ***(lorlatinib)***	F	KMSP-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG ***(lorlatinib)***	F	KMSP-PA-QL-SF QL= 3 tab/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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LYNPARZA CAP 50MG ***(olaparib)***	F	LD-PA-QL-SF Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB 100MG, 150MG ***(olaparib)***	F	LD-PA-QL-SF Only available through Biologics 800-850-4306, QL= 4 tabs/day
MEKINIST TAB 0.5MG .5MG ***(trametinib dimethyl sulfoxide)***	F	LMSP-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ***(trametinib dimethyl sulfoxide)***	F	LMSP-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ***(binimetinib)***	F	LD-PA-QL QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NERLYNX TAB 40MG ***(neratinib maleate)***	F	LD-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NINLARO CAP 2.3MG, 3MG, 4MG ***(ixazomib citrate)***	F	KMSP-PA
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG ***(pemigatinib)***	F	LD-PA-QL QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG ***(alpelisib)***	F	LMSP-PA-SF
QINLOCK TAB 50MG ***(ripretinib)***	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RETEVMO CAP 40MG, 80MG ***(selpercatinib)***	F	LMSP-PA-QL-SF QL= 4 caps/day
ROZLYTREK CAP 100MG, 200MG ***(entrectinib)***	F	MSP-PA-QL-SF QL= 3 caps/day
RUBRACA TAB 200MG, 250MG, 300MG ***(rucaparib camsylate)***	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
RYDAPT CAP 25MG ***(midostaurin)***	F	LMSP-PA
STIVARGA TAB 40MG ***(regorafenib)***	F	MSP-PA-QL-SF QL= 4 tabs/day
TABRECTA TAB 150MG, 200MG ***(capmatinib hcl)***	F	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG ***(dabrafenib mesylate)***	F	LMSP-PA-QL QL= 4 caps/day
TAGRISSO TAB 40MG, 80MG ***(osimertinib mesylate)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TALZENNA CAP 0.25MG .25MG ***(talazoparib tosylate)***	F	KMSP-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 1MG 1MG ***(talazoparib tosylate)***	F	KMSP-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ***(nilotinib hcl)***	F	LMSP-PA-SF
TAZVERIK TAB 200MG ***(tazemetostat hbr)***	F	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TIBSOVO TAB 250MG ***(ivosidenib)***	F	LD-PA-QL QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TUKYSA TAB 150MG, 50MG ***(tucatinib)***	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP 200MG ***(pexidartinib hcl)***	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ***(abemaciclib)***	F	LMSP-PA-QL-SF QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ***(larotrectinib sulfate)***	F	LD-PA-QL-SF QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG 25MG ***(larotrectinib sulfate)***	F	LD-PA-QL-SF QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN 20MG/ML ***(larotrectinib sulfate)***	F	LD-PA-QL-SF QL= 10ml/day; Only available through US Bioservices 888-518-7246
VIZIMPRO TAB 15MG, 30MG, 45MG ***(dacomitinib)***	F	KMSP-PA-QL-SF QL= 1 tab/day
XALKORI CAP 200MG, 250MG ***(crizotinib)***	F	KMSP-PA-QL-SF QL= 2 caps/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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XOSPATA TAB 40MG ***(gilteritinib fumarate)***	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG ***(niraparib tosylate)***	F	LD-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ***(vemurafenib)***	F	MSP-PA-QL QL= 8 tabs/day
ZYDELIG TAB 100MG, 150MG ***(idelalisib)***	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP 150MG ***(ceritinib)***	F	LMSP-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG ***(ceritinib)***	F	LMSP-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
bexarotene cap 75MG (TARGRETIN Equiv)	F	LMSP-PA-SF
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG ***(etoposide)***	F	LMSP
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
carbidopa tab 25MG (LODOSYN Equiv)	F	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
benztropine tab .5MG, 1MG, 2MG	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
trihexyphenidyl tab 2MG, 5MG (ARTANE Equiv)	F	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
entacapone tab 200MG (COMTAN Equiv)	F	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
amantadine cap 100MG (SYMMETREL Equiv)	F	-
amantadine syrup 50MG/5ML (SYMMETREL Equiv)	F	-
amantadine tab 100MG	F	-
bromocriptine cap 5MG (PARLODEL Equiv)	F	-
bromocriptine tab 2.5MG (PARLODEL Equiv)	F	-
carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG (SINEMET CR Equiv)	F	-
carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (PARCOPA Equiv)	F	-
carbidopa/levodopa tab (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) ***(carbidopa-levodopa-entacapone)***	F	-
pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG (MIRAPEX Equiv)	F	-
ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG (REQUIP Equiv)	F	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
rasagiline tab .5MG, 1MG (AZILECT Equiv)	F	-
selegiline cap 5MG (ELDEPRYL Equiv)	F	-
selegiline tab 5MG (ELDEPRYL Equiv)	F	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
trihexyphenidyl elixir .4MG/ML (ARTANE Equiv)	F	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
lithium carbonate cap (ESKALITH ER Equiv)	F	-
lithium carbonate ER tab 300MG, 450MG (LITHOBID Equiv)	F	-
lithium carbonate tab 300MG	F	-
LITHIUM CITRATE SOLN 8MEQ/5ML ***(lithium)***	F	-
lithium citrate soln	F	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP 100MG, 200MG, 300MG ***(carbamazepine (antipsychotic))***	F	-
ziprasidone cap 20MG, 40MG, 60MG, 80MG (GEODON Equiv)	F	-
BENZISOXAZOLES - Drugs to treat mood disorders		
paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG (INVEGA Equiv)	F	PA
RISPERIDONE ODT .25MG (RISPERDAL M Equiv) ***(risperidone)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
risperidone ODT .25MG, .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL M Equiv)	F	-
risperidone soln 1MG/ML (RISPERDAL Equiv)	F	-
risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL Equiv)	F	-
BUTYROPHENONES - Drugs to treat mood disorders		
haloperidol lactate conc 2MG/ML (HALDOL Equiv)	F	-
haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG (HALDOL Equiv)	F	-
DIBENZAPINES - Drugs to treat mood disorders		
CLOZAPINE ODT 150MG, 200MG ***(clozapine)***	F	-
CLOZAPINE ODT 12.5MG 12.5MG ***(clozapine)***	F	-
clozapine ODT 25mg, 100mg 100MG, 25MG (CLOZAPINE, FAZACLO Equiv)	F	-
CLOZAPINE ODT, FAZACLO ODT 12.5MG, 150MG, 200MG ***(clozapine)***	F	-
clozapine tab 100MG, 200MG, 25MG, 50MG (CLOZARIL Equiv)	F	-
loxapine cap 10MG, 25MG, 50MG, 5MG (LOXITANE Equiv)	F	-
olanzapine ODT 10MG, 15MG, 20MG, 5MG (ZYPREXA Equiv)	F	-
olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (ZYPREXA Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (SEROQUEL Equiv)	F	-
quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG (SEROQUEL XR Equiv)	F	-
PHENOTHIAZINES - Drugs to treat mood disorders		
chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG (THORAZINE Equiv)	F	-
fluphenazine tab 10MG, 1MG, 2.5MG, 5MG (PROLIXIN Equiv)	F	-
perphenazine tab 16MG, 2MG, 4MG, 8MG (TRILAFON Equiv)	F	-
prochlorperazine supp 25MG (COMPAZINE Equiv)	F	-
prochlorperazine tab 10MG, 5MG (COMPAZINE Equiv)	F	-
thioridazine tab 100MG, 10MG, 25MG, 50MG (MELLARIL Equiv)	F	-
trifluoperazine tab 10MG, 1MG, 2MG, 5MG (STELAZINE Equiv)	F	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (ABILIFY Equiv)	F	-
THIOXANTHENES - Drugs to treat mood disorders		
thiothixene cap 10MG, 1MG, 2MG, 5MG (NAVANE Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
abacavir soln 20MG/ML (ZIAGEN Equiv)	F	-
abacavir tab 300MG (ZIAGEN Equiv)	F	-
abacavir/lamivudine tab 300MG-600MG (EPZICOM Equiv)	F	-
abacavir/lamivudine/zidovudine tab 150MG-300MG (TRIZIVIR Equiv)	F	-
APTIVUS CAP 250MG ***(tipranavir)***	F	-
APTIVUS SOLN 100MG/ML ***(tipranavir)***	F	-
atazanavir cap 150MG, 200MG, 300MG (REYATAZ Equiv)	F	-
BIKTARVY TAB 25MG-50MG-200MG ***(bictegravir-emtricitabine-tenofovir alafenamide fumarate)***	F	QL QL= 1 tab/ day
CIMDUO TAB 300MG ***(lamivudine-tenofovir disoproxil fumarate)***	F	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG ***(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)***	F	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG ***(indinavir sulfate)***	F	MSP
DELSTRIGO TAB 100MG-300MG ***(doravirine-lamivudine-tenofovir disoproxil fumarate)***	F	QL QL= 1 tab/day

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

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DESCOVY TAB 25MG-200MG ***(emtricitabine-tenofovir alafenamide fumarate)***	F	PA
didanosine DR cap 200MG, 250MG, 400MG (VIDEX EC Equiv)	F	-
DOVATO TAB 50MG-300MG ***(dolutegravir sodium-lamivudine)***	F	QL QL= 1 tab/day
EDURANT TAB 25MG ***(rilpivirine hcl)***	F	-
efavirenz cap 200MG, 50MG (SUSTIVA Equiv)	F	-
efavirenz tab 600MG (SUSTIVA Equiv)	F	-
efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG (ATRIPLA Equiv)	F	QL QL= 1 tab/day
efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG (SYMFI (LO) Equiv)	F	QL QL= 1 tab/day
emtricitabine cap 200MG (EMTRIVA Equiv)	F	-
emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG (TRUVADA Equiv)	$0	-
EMTRIVA SOLN 10MG/ML ***(emtricitabine)***	F	-
EVOTAZ TAB 150MG-300MG ***(atazanavir sulfate-cobicistat)***	F	-
fosamprenavir tab 700MG (LEXIVA Equiv)	F	-
FUZEON INJ 90MG ***(enfuvirtide)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GENVOYA TAB 10MG-150MG-200MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)***	F	QL QL= 1 tab/day
INTELENCE TAB 100MG, 200MG, 25MG ***(etravirine)***	F	-
INVIRASE CAP 200MG ***(saquinavir mesylate)***	F	-
INVIRASE TAB 500MG ***(saquinavir mesylate)***	F	-
ISENTRESS (HD) TAB 400MG, 600MG ***(raltegravir potassium)***	F	-
ISENTRESS CHEW TAB 100MG, 25MG ***(raltegravir potassium)***	F	-
ISENTRESS POWDER PACK 100MG ***(raltegravir potassium)***	F	-
JULUCA TAB 25MG-50MG ***(dolutegravir sodium-rilpivirine hcl)***	F	QL QL= 1 tab/ day
KALETRA TAB 25MG-100MG, 50MG-200MG ***(lopinavir-ritonavir)***	F	-
lamivudine soln 10MG/ML (EPIVIR Equiv)	F	-
lamivudine tab 150MG, 300MG (EPIVIR Equiv)	F	-
lamivudine/zidovudine tab 150MG-300MG (COMBIVIR Equiv)	F	-
LEXIVA SUSP 50MG/ML ***(fosamprenavir calcium)***	F	-
lopinavir/ritonavir soln 100MG/5ML-400MG/5ML (KALETRA Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
nevirapine ER tab 100MG, 400MG (VIRAMUNE XR Equiv)	F	ST Step Therapy requires trial of nevirapine
NEVIRAPINE SUSP (VIRAMUNE Equiv) ***(nevirapine)***	F	-
nevirapine susp 50MG/5ML (VIRAMUNE Equiv)	F	-
nevirapine tab 200MG (VIRAMUNE Equiv)	F	-
NORVIR CAP 100MG ***(ritonavir)***	F	-
NORVIR POWDER PACK 100MG ***(ritonavir)***	F	-
NORVIR SOLN 80MG/ML ***(ritonavir)***	F	-
ODEFSEY TAB 25MG-200MG ***(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)***	F	QL QL= 1 tab/day
PIFELTRO TAB 100MG ***(doravirine)***	F	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG ***(darunavir-cobicistat)***	F	-
PREZISTA SUSP 100MG/ML ***(darunavir ethanolate)***	F	-
PREZISTA TAB 150MG, 600MG, 75MG, 800MG ***(darunavir ethanolate)***	F	-
RESCRIPTOR TAB 100MG, 200MG ***(delavirdine mesylate)***	F	-
REYATAZ POWDER PACK 50MG ***(atazanavir sulfate)***	F	-
ritonavir tab 100MG (NORVIR Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SELZENTRY SOLN 20MG/ML ***(maraviroc)***	F	-
SELZENTRY TAB 150MG, 25MG, 300MG, 75MG ***(maraviroc)***	F	-
stavudine cap 15MG, 20MG, 30MG, 40MG (ZERIT Equiv)	F	-
stavudine soln (ZERIT Equiv)	F	-
STRIBILD TAB 150MG-200MG-300MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir df)***	F	QL QL= 1 tab/day
SYMTUZA TAB 10MG-150MG-200MG-800MG ***(darunavir-cobicistat-emtricitabine-tenofovir alafenamide)***	F	-
tenofovir disoproxil fumarate tab 300mg 300MG (VIREAD Equiv)	F	-
TIVICAY PD TAB 5MG ***(dolutegravir sodium)***	F	-
TIVICAY TAB 10MG, 25MG, 50MG ***(dolutegravir sodium)***	F	-
TRIUMEQ TAB 50MG-300MG-600MG ***(abacavir-dolutegravir-lamivudine)***	F	QL QL= 1 tab/day
VIDEX SOLN 2GM, 4GM ***(didanosine)***	F	-
VIRACEPT POWDER ***(nelfinavir mesylate)***	F	-
VIRACEPT TAB 250MG, 625MG ***(nelfinavir mesylate)***	F	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ***(tenofovir disoproxil fumarate)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VITEKTA TAB 150MG, 85MG ***(elvitegravir)***	F	-
zidovudine cap 100MG (RETROVIR Equiv)	F	-
zidovudine syrup 50MG/5ML (RETROVIR Equiv)	F	-
zidovudine tab 300MG (RETROVIR Equiv)	F	-
CMV AGENTS - Drugs to treat viral infections		
GANCICLOVIR CAP ***(ganciclovir)***	F	-
valganciclovir soln 50MG/ML (VALCYTE Equiv)	F	-
valganciclovir tab 450MG (VALCYTE Equiv)	F	-
HEPATITIS AGENTS - Drugs to treat viral infections		
adefovir dipivoxil tab 10MG (HEPSERA Equiv)	F	LMSP
entecavir tab .5MG, 1MG (BARACLUDE Equiv)	F	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ***(lamivudine (hbv))***	F	-
lamivudine tab 100mg 100MG (EPIVIR HBV Equiv)	F	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ***(ledipasvir-sofosbuvir)***	F	LMSP-PA-QL QL= 1 tab/ day
MAVYRET TAB 40MG-100MG ***(glecaprevir-pibrentasvir)***	F	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 135MCG/0.5ML, 180MCG/0.5ML, 180MCG/ML ***(peginterferon alfa-2a)***	F	LMSP
PEG-INTRON INJ 120MCG/0.5ML, 50MCG/0.5ML ***(peginterferon alfa-2b)***	F	LMSP
REBETOL SOLN 40MG/ML ***(ribavirin (hepatitis c))***	F	LMSP
ribavirin cap 200MG (REBETOL Equiv)	F	LMSP

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ribavirin tab 200MG (COPEGUS Equiv)	F	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG ***(sofosbuvir-velpatasvir)***	F	LMSP-PA-QL QL= 1 tab/ day
VEMLIDY TAB 25MG ***(tenofovir alafenamide fumarate)***	F	LMSP
VOSEVI TAB 100MG-400MG ***(sofosbuvir-velpatasvir-voxilaprevir)***	F	LMSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		
acyclovir cap 200MG (ZOVIRAX Equiv)	F	-
acyclovir susp 200MG/5ML (ZOVIRAX Equiv)	F	-
acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)	F	-
valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)	F	-
INFLUENZA AGENTS - Drugs to treat viral infections		
oseltamivir cap 45MG, 75MG (TAMIFLU Equiv)	F	QL QL= 10 caps/fill
oseltamivir cap 30mg 30MG (TAMIFLU Equiv)	F	QL QL= 20 caps/fill
oseltamivir susp 6MG/ML (TAMIFLU Equiv)	F	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ***(zanamivir)***	F	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ***(rimantadine hydrochloride)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB 125MG ***(penicillamine)***	F	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ***(lenalidomide)***	F	KMSP-PA-QL QL= 1 cap/day
THALOMID CAP 100MG, 150MG, 200MG, 50MG ***(thalidomide)***	F	KMSP-PA
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
azathioprine tab 50MG (IMURAN Equiv)	F	-
cyclosporine cap 100MG, 25MG (SANDIMMUNE Equiv)	F	-
cyclosporine modified cap 100MG, 25MG, 50MG (NEORAL Equiv)	F	-
cyclosporine modified soln 100MG/ML (NEORAL Equiv)	F	-
mycophenolate DR tab 180MG, 360MG (MYFORTIC Equiv)	F	-
mycophenolate mofetil cap 250MG (CELLCEPT Equiv)	F	-
mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)	F	-
mycophenolate mofetil tab 500MG (CELLCEPT Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SANDIMMUNE SOLN 100MG/ML 100MG/ML ***(cyclosporine)***	F	-
sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)	F	-
tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)	F	-
ZORTRESS TAB 1MG 1MG ***(everolimus (immunosuppressant))***	F	LMSP-PA
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
sodium polystyrene powder (KAYEXALATE Equiv)	F	-
sodium polystyrene susp 15GM/60ML, 30GM/120ML, 50GM/200ML (SPS Equiv)	F	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		
carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG (COREG Equiv)	F	-
labetalol tab 100MG, 200MG, 300MG (NORMODYNE Equiv)	F	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
acebutolol cap 200MG, 400MG (SECTRAL Equiv)	F	-
atenolol tab 100MG, 25MG, 50MG (TENORMIN Equiv)	F	-
bisoprolol tab 10MG, 5MG (ZEBETA Equiv)	F	-
BYSTOLIC TAB 10MG, 2.5MG, 20MG, 5MG ***(nebivolol hcl)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)	F	-
metoprolol tab 100MG, 25MG, 50MG (LOPRESSOR Equiv)	F	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
nadolol tab (CORGARD Equiv)	F	-
pindolol tab 10MG, 5MG (VISKEN Equiv)	F	-
propranolol ER cap 120MG, 160MG, 60MG, 80MG (INDERAL LA Equiv)	F	-
PROPRANOLOL SOLN 20MG/5ML, 40MG/5ML ***(propranolol hcl)***	F	-
propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG (INDERAL Equiv)	F	-
sotalol AF tab 120MG, 160MG, 80MG (BETAPACE AF Equiv)	F	-
sotalol tab 120MG, 160MG, 240MG, 80MG (BETAPACE Equiv)	F	-
timolol maleate tab 10MG, 20MG, 5MG (BLOCADREN Equiv)	F	-
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
amlodipine tab 10MG, 2.5MG, 5MG (NORVASC Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
diltiazem ER cap 120MG, 180MG, 240MG (CARDIZEM CD Equiv)	F	-
diltiazem tab 120MG, 30MG, 60MG, 90MG (CARDIZEM Equiv)	F	-
felodipine ER tab 10MG, 2.5MG, 5MG (PLENDIL Equiv)	F	-
nifedipine cap 10MG, 20MG (PROCARDIA Equiv)	F	-
nifedipine ER tab 30MG, 60MG, 90MG (ADALAT CC Equiv)	F	-
verapamil SR cap 120MG, 180MG, 200MG, 240MG (VERELAN Equiv)	F	-
VERAPAMIL SR CAP 360mg 360MG ***(verapamil hcl)***	F	-
verapamil tab 120MG, 40MG, 80MG (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) ***(digoxin)***	F	-
digoxin soln .05MG/ML (LANOXIN Equiv)	F	-
digoxin tab (LANOXIN Equiv)	F	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG (CADUET Equiv)	F	-
IMPOTENCE AGENTS - drugs to treat erectile dysfunction		
sildenafil tab 100MG, 25MG, 50MG (VIAGRA Equiv)	F	QL QL=6 tabs/30 days
tadalafil tab 10MG, 2.5MG, 20MG, 5MG (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
TYVASO INH SOLN .6MG/ML ***(treprostinil)***	F	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ***(iloprost)***	F	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
ambrisentan tab 10MG, 5MG (LETAIRIS Equiv)	F	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
bosentan tab 125MG, 62.5MG (TRACLEER Equiv)	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
OPSUMIT TAB 10MG ***(macitentan)***	F	LD-PA-QL QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
TRACLEER TAB 32MG 32MG ***(bosentan)***	F	LD-PA-QL QL=4 tabs/day; Only available through Walgreens 888-347-3416
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		
sildenafil tab 20mg 20MG (REVATIO Equiv)	F	PA
tadalafil tab (PAH) 20MG (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 ***(selexipag)***	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ***(riociguat)***	F	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
TRANSTHYRETIN STABILIZERS - drugs to treat heart problems due to transthyretin amyloidosis		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VYNDAMAX CAP 61MG ***(tafamidis)***	F	MSP-PA-QL QL= 1 cap/day
VYNDAQEL CAP 20MG ***(tafamidis meglumine (cardiac))***	F	MSP-PA-QL QL= 4 caps/day
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
cephalexin cap 250MG, 500MG (KEFLEX Equiv)	F	-
cephalexin susp 125MG/5ML, 250MG/5ML (KEFLEX Equiv)	F	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
cefuroxime susp (CEFTIN Equiv)	F	-
cefuroxime tab 250MG, 500MG (CEFTIN Equiv)	F	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
cefdinir cap 300MG (OMNICEF Equiv)	F	-
cefdinir susp 125MG/5ML, 250MG/5ML (OMNICEF Equiv)	F	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
amethyst tab 20MCG-90MCG (LYBREL Equiv)	$0	-
ashlyna tab, daysee tab .03MG-.15MG (SEASONALE, SEASONIQUE Equiv)	$0	-
cryselle tab .3MG-30MCG	$0	-
enpresse tab (TRI-LEVELEN Equiv)	$0	-

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		

L.A. Care PASC-SEIU Homecare Workers Formulary

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
gianvi tab, ocella tab .02MG-3MG, .03MG-3MG (YASMIN, YAZ Equiv)	$0	-
isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG (DESOGEN Equiv)	$0	-
junel FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG (LOESTRIN FE Equiv)	$0	-
junel tab 1.5MG-30MCG, 1MG-20MCG (LOESTRIN Equiv)	$0	-
kelnor tab 1MG-35MCG, 1MG-50MCG (DEMULEN Equiv)	$0	-
layolis FE tab, wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG (FEMCON FE Equiv)	$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG ***(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))***	$0	-
NECON TAB 35MCG ***(norethindrone-eth estradiol (biphasic))***	$0	-
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL Equiv)	$0	-
nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG (OVCON 35 Equiv)	$0	-
sprintec 28 tab .25MG-35MCG (ORTHO-CYCLEN Equiv)	$0	-
tri-legest tab 1MG-75MG (ESTROSTEP FE Equiv)	$0	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) Equiv)	$0	-
TYBLUME TAB .1MG-20MCG ***(levonorgestrel & eth estradiol)***	$0	-
velivet tab (CYCLESSA Equiv)	$0	-
vienva tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG (ALESSE Equiv)	$0	-
viorele tab, kariva tab (MIRCETTE Equiv)	$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
XULANE PATCH 35MCG/24HR-150MCG/24HR ***(norelgestromin-ethinyl estradiol)***	$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
NUVARING .015MG/24HR-.12MG/24HR ***(etonogestrel-ethinyl estradiol)***	$0	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
ELLA TAB 30MG ***(ulipristal acetate)***	$0	-
levonorgestrel tab 1.5MG (PLAN B Equiv)	$0	OTC
LEVONORGESTREL TAB 0.75MG ***(levonorgestrel (emergency oc))***	$0	-
PLAN B TAB 1.5MG ***(levonorgestrel (emergency oc))***	$0	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
DEPO-PROVERA INJ 150MG/ML ***(medroxyprogesterone acetate (contraceptive))***	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
norethindrone tab .35MG (NORA-QD Equiv)	$0	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
budesonide SR cap 3MG (ENTOCORT EC Equiv)	F	-
DEXAMETHASONE CONC 1MG/ML ***(dexamethasone)***	F	-
dexamethasone elixir .5MG/5ML	F	-
DEXAMETHASONE SOLN .5MG/5ML ***(dexamethasone)***	F	-
dexamethasone tab .5MG, .75MG, 1.5MG, 4MG, 6MG (DECADRON Equiv)	F	-
hydrocortisone tab 10MG, 20MG, 5MG (CORTEF Equiv)	F	-
methylprednisolone dose pack 4MG (MEDROL Equiv)	F	-
methylprednisolone tab 16MG, 32MG, 4MG, 8MG (MEDROL Equiv)	F	-
prednisolone ODT 10MG, 15MG, 30MG (ORAPRED Equiv)	F	-
prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 5MG/5ML (PEDIAPRED Equiv)	F	-
PREDNISOLONE SYRUP 15MG/5ML ***(prednisolone)***	F	-
prednisolone syrup 15MG/5ML	F	-
PREDNISONE SOLN 5MG/5ML ***(prednisone)***	F	-
prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG (DELTASONE Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
fludrocortisone tab .1MG (FLORINEF Equiv)	F	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
benzonatate cap 100mg, 200mg 100MG, 200MG (TESSALON Equiv)	F	-
hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)	F	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
cetirizine/pseudoephedrine 12-hour tab 5MG-120MG (ZYRTEC Equiv)	F	OTC
guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML (BRONTEX Equiv)	F	OTC
GUAIFENESIN/CODEINE SYRUP 6.3MG/5ML-100MG/5ML ***(guaifenesin-codeine)***	F	OTC-QL QL= 240ml/fill
guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 6.3MG/5ML-100MG/5ML	F	OTC-QL QL= 240ml/fill
loratadine/pseudoephedrine 12-hour tab 5MG-120MG (CLARITIN-D Equiv)	F	OTC
loratadine/pseudoephedrine 24-hour tab 10MG-240MG (CLARITIN-D Equiv)	F	OTC
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML ***(promethazine & phenylephrine)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
promethazine VC syrup 5MG/5ML-6.25MG/5ML	F	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML ***(promethazine-phenylephrine-codeine)***	F	-
promethazine VC/codeine syrup 5MG/5ML-6.25MG/5ML-10MG/5ML	F	-
promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)	F	-
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
NEBUSAL NEB SOLN 3.5%, 6% ***(sodium chloride (inhalant))***	F	-
sodium chloride neb soln .9%, 10%, 3%, 7% (HYPER-SAL Equiv)	F	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
acetylcysteine soln 10%, 20% (MUCOMYST Equiv)	F	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
adapalene cream .1% (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
adapalene gel .1%, .3% (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5% (EPIDUO Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG (ACCUTANE Equiv)	F	-
clindamycin gel 1% (CLEOCIN GEL Equiv)	F	-
clindamycin lotion 1% (CLEOCIN- T Equiv)	F	-
clindamycin pad 1% (CLEOCIN-T Equiv)	F	-
clindamycin topical soln 1% (CLEOCIN-T Equiv)	F	-
EPIDUO FORTE GEL .3%-2.5% ***(adapalene-benzoyl peroxide)***	F	PA Acne Only – members age 35 or older require Prior Authorization
ERY PAD 2% ***(erythromycin (acne aid))***	F	-
erythromycin gel 2%	F	-
erythromycin pad 2%	F	-
erythromycin soln 2%	F	-
sodium sulfacetamide/sulfur emulsion 10-5% 5% -10%	F	-
sodium sulfacetamide/sulfur wash 9-4.5% 4.5%-9%	F	-
tretinoin cream .025%, .05%, .1%	F	PA Acne Only – members age 35 or older require Prior Authorization

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tretinoin gel .04%, .1%	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% ***(tretinoin (facial wrinkles))***	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
gentamicin sulfate cream .1%	F	-
gentamicin sulfate oint .1%	F	-
mupirocin oint 2% (BACTROBAN OINT Equiv)	F	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
ciclopirox cream .77% (LOPROX CREAM Equiv)	F	-
ciclopirox gel .77% (LOPROX GEL Equiv)	F	-
ciclopirox nail soln 8% (PENLAC Equiv)	F	-
ciclopirox shampoo 1% (LOPROX SHAMPOO Equiv)	F	-
ciclopirox topical susp .77% (LOPROX SUSP Equiv)	F	-
clotrimazole/betamethasone cream .05%-1% (LORTRISONE CREAM Equiv)	F	-
clotrimazole/betamethasone lotion .05%-1% (LOTRISONE LOTION Equiv)	F	-
econazole cream 1% (SPECTAZOLE Equiv)	F	-
ketoconazole cream 2% (NIZORAL CREAM Equiv)	F	-
ketoconazole shampoo 2% (NIZORAL SHAMPOO Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
nystatin cream 100000UNIT/GM (MYCOSTATIN CREAM Equiv)	F	-
nystatin oint 100000UNIT/GM	F	-
nystatin topical powder 100000UNIT/GM	F	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
diclofenac gel 1% 1% (VOLTAREN Equiv)	F	QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
FLUOROPLEX CREAM 1%, 4% ***(fluorouracil (topical))***	F	-
fluorouracil cream 5% (EFUDEX CREAM Equiv)	F	-
FLUOROURACIL CREAM 0.5% .5% ***(fluorouracil (topical))***	F	-
FLUOROURACIL SOLN 2%, 5% ***(fluorouracil (topical))***	F	-
TARGRETIN GEL 1% ***(bexarotene (topical))***	F	LMSP-PA
VALCHLOR GEL .016% ***(mechlorethamine hcl (topical))***	F	LD-PA-QL QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
ANTIPSORIATICS - Drugs to treat psoriasis		
8-MOP CAP ***(methoxsalen)***	F	LMSP
acitretin cap 10MG, 17.5MG, 25MG (SORIATANE Equiv)	F	LMSP

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
calcipotriene cream .005% (DOVONEX CREAM Equiv)	F	QL QL= 120gm/30 days
calcipotriene oint .005%	F	-
calcipotriene soln .005% (DOVONEX SOLN Equiv)	F	-
methoxsalen cap 10MG (OXSORALEN ULTRA Equiv)	F	LMSP
SKYRIZI INJ 75MG/0.83ML ***(risankizumab-rzaa)***	F	LMSP-PA-QL QL= 2 inj/84 days
TALTZ INJ 80MG/ML ***(ixekizumab)***	F	LMSP-PA-QL QL= 1 inj/28 days
tazarotene cream 0.1% .1% (TAZORAC Equiv)	F	-
TREMFYA INJ 100MG/ML ***(guselkumab)***	F	LMSP-PA-QL QL= 1 inj/56 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
selenium sulfide lotion 1%, 2.5%	F	-
selenium sulfide shampoo 2.25% (SELSEB Equiv)	F	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
acyclovir oint 5% (ZOVIRAX OINT Equiv)	F	-
BURN PRODUCTS - Drugs to treat burns		
silver sulfadiazine cream 1% (SILVADENE CREAM Equiv)	F	-
SULFAMYLON CREAM 85MG/GM ***(mafenide acetate)***	F	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
alclometasone cream .05% (ACLOVATE Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
alclometasone oint .05% (ACLOVATE OINT Equiv)	F	-
betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)	F	-
BETAMETHASONE AUGMENTED GEL .05% ***(betamethasone dipropionate augmented)***	F	-
betamethasone augmented gel .05%	F	-
betamethasone augmented lotion .05% (DIPROLENE LOTION Equiv)	F	-
betamethasone augmented oint .05% (DIPROLENE OINT Equiv)	F	-
betamethasone diproprionate cream .05% (DIPROSONE CREAM Equiv)	F	-
betamethasone diproprionate lotion .05%	F	-
betamethasone diproprionate oint .05% (DIPROSONE OINT Equiv)	F	-
betamethasone valerate cream .1%	F	-
betamethasone valerate lotion .1%	F	-
betamethasone valerate oint .1%	F	-
clobetasol propionate cream .05% (TEMOVATE Equiv)	F	-
clobetasol propionate emollient cream .05% (TEMOVATE E Equiv)	F	-
clobetasol propionate gel .05% (TEMOVATE GEL Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
clobetasol propionate oint .05% (TEMOVATE Equiv)	F	-
desoximetasone cream .25% (TOPICORT CREAM Equiv)	F	-
desoximetasone oint .25% (TOPICORT Equiv)	F	-
EPIFOAM AEROSOL 1% ***(pramoxine-hc)***	F	-
fluocinolone acetonide cream .01%, .025%	F	-
fluocinolone acetonide oint .025%	F	-
fluocinolone acetonide soln .01%	F	-
fluocinonide cream 0.05% .05% (LIDEX Equiv)	F	-
fluocinonide emollient cream .05%	F	-
fluocinonide gel .05%	F	-
fluocinonide oint .05%	F	-
fluocinonide soln .05%	F	-
fluticasone propionate cream .05% (CUTIVATE Equiv)	F	-
fluticasone propionate oint .005% (CUTIVATE Equiv)	F	-
halobetasol propionate cream .05% (ULTRAVATE Equiv)	F	-
halobetasol propionate oint .05% (ULTRAVATE Equiv)	F	PA
hydrocortisone cream .5%, 1%, 2.5% (PROCTOCORT Equiv)	F	-
hydrocortisone lotion 1%, 2.5% (HYTONE Equiv)	F	-
hydrocortisone oint .5%, 1%, 2.5%	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
mometasone cream .1% (ELOCON Equiv)	F	-
mometasone oint .1% (ELOCON Equiv)	F	-
mometasone soln .1% (ELOCON Equiv)	F	-
PREDNICARBATE CREAM .1% ***(prednicarbate)***	F	-
PREDNICARBATE OIN .1% ***(prednicarbate)***	F	-
triamcinolone cream .025%, .1%, .5%	F	-
triamcinolone lotion .025%, .1%	F	-
triamcinolone oint .025%, .1%, .5%	F	-
U-CORT CREAM ***(hydrocortisone acetate-urea)***	F	-
ECZEMA AGENTS - Drugs to treat eczema		
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML ***(dupilumab)***	F	LMSP-PA-QL QL= 2 inj/ 28 days
DUPIXENT PEN INJ 300MG/2ML ***(dupilumab)***	F	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
ammonium lactate cream 12% (LAC-HYDRIN Equiv)	F	-
ammonium lactate lotion 10%, 12%, 5% (LAC-HYDRIN Equiv)	F	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM ***(collagenase)***	F	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - drugs to grow hair		
finasteride tab 1MG (PROPECIA Equiv)	EXC	-
HAIR REDUCTION AGENTS - drugs to remove hair		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VANIQA CREAM 13.9% ***(eflornithine hcl)***	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
imiquimod cream 5% (ALDARA Equiv)	F	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
tacrolimus oint .03%, .1% (PROTOPIC OINT Equiv)	F	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOCON SOLN 25% ***(podophyllum resin)***	F	-
podofilox soln (CONDYLOX Equiv)	F	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
lidocaine cream 3% 3%, 4% (LIDAMANTLE Equiv)	F	-
lidocaine gel 2% (XYLOCAINE Equiv)	F	-
lidocaine oint 5%	F	QL QL= 107gm/30 days
lidocaine soln 4% (XYLOCAINE Equiv)	F	-
lidocaine/prilocaine cream 2.5% (EMLA Equiv)	F	-
MISC. TOPICAL - Miscellaneous topical products		
aluminum chloride soln (DRYSOL Equiv)	F	-
DRYSOL SOLN 20% ***(aluminum chloride)***	F	-
PIGMENTING-DEPIGMENTING AGENTS - drugs to treat skin discoloration		
hydroquinone cream 4% (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ***(fluocinolone-hydroquinone-tretinoin)***	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
azelaic acid gel 15% (FINACEA Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FINACEA PLUS KIT ***(azelaic acid w/ cleanser & moisturizing lotion)***	F	-
metronidazole cream .75% (METROCREAM Equiv)	F	-
metronidazole gel .75%, 1% (METROGEL Equiv)	F	-
metronidazole lotion .75% (METROLOTION Equiv)	F	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
malathion lotion .5% (OVIDE Equiv)	F	QL
permethrin cream 5% (ELIMITE CREAM Equiv)	F	-
SPINOSAD SUSP .9% ***(spinosad)***	F	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% ***(becaplermin)***	F	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM ***(balsam peru-castor oil)***	F	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC PRODUCTS, MISC. - drugs to diagnose or monitor conditions		
FREESTYLE LITE TEST STRIP ***(glucose blood)***	F	OTC Limited to 50 strips per month for members not on diabetes medication
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
FREESTYLE INSULINX TEST STRIP ***(glucose blood)***	F	OTC Limited to 50 strips per month for members not on diabetes medication

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FREESTYLE PRECISION NEO TEST STRIP ***(glucose blood)***	F	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE TEST STRIP ***(glucose blood)***	F	OTC Limited to 50 strips per month for members not on diabetes medication
KETO-DIASTIX TEST STRIP ***(urine glucose-ketones test)***	F	OTC
KETOSTIX ***(acetone (urine) test)***	F	OTC
PRECISION XTRA TEST STRIP ***(glucose blood)***	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 ***(infant foods)***	F	OTC-PA
INFANT FORMULA POWDER ***(infant foods)***	F	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID ***(nutritional supplements)***	F	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER ***(nutritional supplements)***	F	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ***(pancrelipase (lipase-protease-amylase))***	F	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
acetazolamide ER cap 500MG (DIAMOX SEQUEL Equiv)	F	-
acetazolamide tab	F	-
methazolamide tab 25MG, 50MG (NEPTAZANE Equiv)	F	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
amiloride/hydrochlorothiazide tab 5MG-50MG (MODURETIC Equiv)	F	-
spironolactone/hydrochlorothiazide tab 25MG (ALDACTAZIDE Equiv)	F	-
triamterene/hydrochlorothiazide cap 25MG-37.5MG (DYAZIDE Equiv)	F	-
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg 25MG-50MG ***(triamterene & hydrochlorothiazide)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG (MAXZIDE Equiv)	F	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
bumetanide tab .5MG, 1MG, 2MG (BUMEX Equiv)	F	-
ethacrynic tab 25MG (EDECRIN Equiv)	F	-
FUROSEMIDE SOLN 8MG/ML ***(furosemide)***	F	-
furosemide soln 10MG/ML	F	-
furosemide tab 20MG, 40MG, 80MG (LASIX Equiv)	F	-
torsemide tab 100MG, 10MG, 20MG, 5MG (DEMADEX Equiv)	F	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
amiloride tab 5MG (MIDAMOR Equiv)	F	-
spironolactone tab 100MG, 25MG, 50MG (ALDACTONE Equiv)	F	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB 250MG, 500MG (DIURIL Equiv) ***(chlorothiazide)***	F	-
chlorothiazide tab 500MG (DIURIL Equiv)	F	-
CHLORTHALIDONE TAB ***(chlorthalidone)***	F	-
DIURIL SUSP 250MG/5ML ***(chlorothiazide)***	F	-
hydrochlorothiazide cap 12.5MG (MICROZIDE Equiv)	F	-
hydrochlorothiazide tab 12.5MG, 25MG, 50MG (HYDRODIURIL Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
indapamide tab 1.25MG, 2.5MG (LOZOL Equiv)	F	-
metolazone tab 10MG, 2.5MG, 5MG (ZAROXOLYN Equiv)	F	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
alendronate tab 10MG, 35MG, 5MG, 70MG (FOSAMAX Equiv)	F	-
ALENDRONATE TAB 40MG 40MG, 5MG ***(alendronate sodium)***	F	-
calcitonin nasal spray 200UNIT/ACT (MIACALCIN Equiv)	F	-
FORTEO INJ 600MCG/2.4ML ***(teriparatide (recombinant))***	F	LMSP
ibandronate tab 150mg 150MG (BONIVA Equiv)	F	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
MIACALCIN INJ 200UNIT/ML ***(calcitonin (salmon))***	F	LMSP
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ***(parathyroid hormone (recombinant))***	F	LD-PA Only available through Walgreens 888-347-3416
risedronate tab 150MG, 30MG, 35MG, 5MG (ACTONEL Equiv)	F	ST Step Therapy requires trial of alendronate

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TYMLOS INJ 3120MCG/1.56ML ***(abaloparatide)***	F	LMSP
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
ORILISSA TAB 150MG 150MG ***(elagolix sodium)***	F	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG ***(elagolix sodium)***	F	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ***(pegvisomant)***	F	LD-PA Only available through Walgreens 888-347-3416
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 1MG, 2MG ***(tesamorelin acetate)***	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 12MG, 1MG, 2MG, 5MG ***(somatropin)***	F	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
raloxifene tab 60MG (EVISTA Equiv)	$0	Covered at $0 for women 35 years or older; All other members covered at generic copay
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		
INCRELEX INJ 40MG/4ML ***(mecasermin)***	F	MSP
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYNAREL NASAL SOLN 2MG/ML ***(nafarelin acetate)***	F	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
calcitriol cap .25MCG, .5MCG (ROCALTROL Equiv)	F	-
calcitriol soln 1MCG/ML (ROCALTROL Equiv)	F	-
cinacalcet tab 30MG, 60MG, 90MG (SENSIPAR Equiv)	F	LMSP
DOXERCALCIFEROL CAP .5MCG, 1MCG, 2.5MCG ***(doxercalciferol)***	F	-
doxercalciferol cap .5MCG, 1MCG, 2.5MCG	F	-
levocarnitine soln 1GM/10ML (CARNITOR Equiv)	F	-
levocarnitine tab 330MG (CARNITOR Equiv)	F	-
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML ***(pegvaliase-pqpz)***	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
paricalcitol cap 1MCG, 2MCG, 4MCG (ZEMPLAR Equiv)	F	-
sapropterin dihydrochloride powder packet 100MG, 500MG (KUVAN Equiv)	F	LMSP-PA
sapropterin dihydrochloride soluble tab 100MG (KUVAN Equiv)	F	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ***(asfotase alfa)***	F	LD-PA Only available through PantherRx Pharmacy 855-726-8479

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
desmopressin acetate inj 4MCG/ML (DDAVP Equiv)	F	-
desmopressin acetate tab .1MG, .2MG (DDAVP Equiv)	F	-
desmopressin nasal soln (DDAVP Equiv)	F	-
STIMATE NASAL SOLN 1.5MG/ML ***(desmopressin acetate)***	F	LMSP
PROLACTIN INHIBITORS - Drugs to regulate hormones		
cabergoline tab .5MG (DOSTINEX Equiv)	F	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		
octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)	F	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ***(pasireotide diaspartate)***	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 ***(tolvaptan)***	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ***(tolvaptan)***	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		

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		

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		
estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG (ACTIVELLA Equiv)	F	-
jinteli tab .5MG-2.5MCG, 1MG-5MCG (FEMHRT Equiv)	F	-
ORIAHNN CAP .5MG-1MG-300MG ***(elagolix sodium-estradiol-norethindrone acetate)***	F	PA-QL QL= 2 caps/day
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ***(conjugated estrogens-medroxyprogesterone acetate)***	F	-
ESTROGENS - Drugs used for contraception		
estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR (CLIMARA Equiv)	F	-
estradiol tab .5MG, 1MG, 2MG (ESTRACE Equiv)	F	-
estradiol valerate inj 20MG/ML, 40MG/ML	F	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ***(estrogens, conjugated)***	F	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		
FLUOROQUINOLONES - Drugs to treat bacterial infections		
ciprofloxacin susp 250MG/5ML, 500MG/5ML (CIPRO Equiv)	F	-
ciprofloxacin tab 250MG, 500MG, 750MG (CIPRO Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
levofloxacin soln 25MG/ML (LEVAQUIN Equiv)	F	-
levofloxacin tab 250MG, 500MG, 750MG (LEVAQUIN Equiv)	F	-
moxifloxacin tab 400MG (AVELOX Equiv)	F	-
ofloxacin tab 400MG (FLOXIN Equiv)	F	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - drugs to treat constipation		
TRULANCE TAB 3MG ***(plecanatide)***	F	PA
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG ***(cholic acid)***	F	LD-PA Only available through Dohmen LSS 844-246-5226
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG ***(obeticholic acid)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
ursodiol cap 300MG (ACTIGALL Equiv)	F	-
ursodiol tab 250MG, 500MG (URSO (FORTE) Equiv)	F	-
GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
cromolyn conc 100MG/5ML (GASTROCROM Equiv)	F	-
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
metoclopramide soln 10MG/10ML, 5MG/5ML (REGLAN Equiv)	F	-
metoclopramide tab 10MG, 5MG (REGLAN Equiv)	F	-
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
balsalazide cap 750MG (COLAZAL Equiv)	F	-
CIMZIA INJ 200MG, 200MG/ML ***(certolizumab pegol)***	F	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML ***(certolizumab pegol)***	F	LMSP-PA-QL QL= 1 kit/plan year
mesalamine enema 4GM (ROWASA Equiv)	F	-
mesalamine ER cap .375GM (APRISO Equiv)	F	-
mesalamine supp 1000MG (CANASA Equiv)	F	-
sulfasalazine EC tab 500MG (AZULFIDINE Equiv)	F	-
sulfasalazine tab 500MG (AZULFIDINE Equiv)	F	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
lactulose soln 10GM/15ML	F	-
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
SYMPROIC TAB .2MG ***(naldemedine tosylate)***	F	PA
SYMPROIC TAB .2MG ***(naldemedine tosylate)***	F	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
calcium acetate cap 667MG (PHOSLO Equiv)	F	-
FOSRENOL POWDER PACK 1000MG, 750MG ***(lanthanum carbonate)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
lanthanum carbonate chew tab 1000MG, 500MG, 750MG (FOSRENOL Equiv)	F	-
PHOSLYRA SOLN 667MG/5ML ***(calcium acetate (phosphate binder))***	F	-
sevelamer powder pak .8GM, 2.4GM (RENVELA Equiv)	F	-
sevelamer tab 800MG (RENVELA TAB Equiv)	F	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
CYTRA K CRYSTALS 1002MG-3300MG ***(potassium citrate-citric acid)***	F	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ***(pot & sod citrates w/citric ac)***	F	-
ORACIT SOLN 490MG/5ML-640MG/5ML ***(sodium citrate & citric acid)***	F	-
potassium citrate CR tab 1080MG, 15MEQ, 540MG (UROCIT-K TAB Equiv)	F	-
potassium citrate/citric acid powder pack 1002MG-3300MG (POLYCITRA Equiv)	F	-
potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML (POLYCITRA-K Equiv)	F	-
sodium citrate/citric acid soln 334MG/5ML-500MG/5ML (BICITRA Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML (POLYCITRA-LC Equiv)	F	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG ***(cysteamine bitartrate)***	F	LD-PA Only available through CVS Specialty 800-238-7828
GENITOURINARY IRRIGANTS - Drugs to treat the urinary system		
sodium chloride 0.9% irr soln .9%	F	-
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG ***(pentosan polysulfate sodium)***	F	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
alfuzosin SR tab 10MG (UROXATRAL Equiv)	F	-
dutasteride cap .5MG (AVODART Equiv)	F	-
finasteride tab 5MG (PROSCAR Equiv)	F	-
tamsulosin cap .4MG (FLOMAX Equiv)	F	-
URINARY ANALGESICS - Drugs to treat urinary pain		
phenazopyridine tab 100MG, 200MG, 95MG, 97.5MG, 99.5MG (PYRIDIUM Equiv)	F	-
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
colchicine/probenecid tab .5MG-500MG (COL-BENEMID Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GOUT AGENTS - Drugs to treat gout		
allopurinol tab (ZYLOPRIM Equiv)	F	-
colchicine tab .6MG (COLCRYS Equiv)	F	PA
febuxostat tab 40MG, 80MG (ULORIC Equiv)	F	ST Step Therapy requires trial of allopurinol
MITIGARE CAP .6MG ***(colchicine)***	F	-
URICOSURICS - Drugs to treat gout		
probenecid tab 500MG (BENEMID Equiv)	F	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML ***(emicizumab-kxwh)***	F	LMSP-PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders		
TAVALISSE TAB 100MG, 150MG ***(fostamatinib disodium)***	F	LD-PA-QL-SF QL= 2 tab/day; Only available through Biologics 800-850-4306
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
pentoxifylline ER tab 400MG (TRENTAL Equiv)	F	-
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
anagrelide cap .5MG, 1MG (AGRYLIN Equiv)	F	-
CABLIVI INJ KIT 11MG ***(caplacizumab-yhdp)***	F	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
cilostazol tab 100MG, 50MG (PLETAL Equiv)	F	-
clopidogrel tab 75mg 75MG (PLAVIX Equiv)	F	-
dipyridamole tab (PERSANTINE Equiv)	F	-
prasugrel tab 10MG, 5MG (EFFIENT Equiv)	F	-
ticlopidine tab (TICLID Equiv)	F	-
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG ***(eliglustat tartrate)***	F	MSP-PA
miglustat cap 100MG (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 ***(hydroxyurea (sickle cell anemia))***	F	-
ENDARI POWDER PACK 5GM ***(glutamine (sickle cell))***	F	LMSP-PA-QL QL= 6 packets/day
COBALAMINS - Drugs to treat vitamin deficiency		
cyanocobalamin inj 1000MCG/ML	F	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
folic acid tab 1mg 1MG	$0	Covered at $0 for females only; All other members covered at generic copay
folic acid tab 400mcg 400MCG	$0	OTC Covered for females only

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
folic acid tab 800mcg 800MCG	$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG ***(avatrombopag maleate)***	F	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML ***(pegfilgrastim-jmdb)***	F	LMSP
NEUMEGA INJ ***(oprelvekin)***	F	LMSP
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML ***(filgrastim-aafi)***	F	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG ***(eltrombopag olamine)***	F	LMSP-PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML ***(epoetin alfa-epbx)***	F	LMSP
RETACRIT INJ 40000UNIT/ML ***(epoetin alfa-epbx)***	F	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ***(filgrastim-sndz)***	F	LMSP
ZIEXTENZO INJ 6MG/0.6ML ***(pegfilgrastim-bmez)***	F	LMSP
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
ferrex 150 forte cap 1MG-25MCG-150MG	F	-
folbee tab 1MG-2.5MG-25MG	F	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ***(fe asparto gly-succinic acd-vit c-threonic acd-vit b12-fa)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ***(fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa)***	F	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ***(fe asparto gly-succin ac-c-threonic ac-b12-des stom subst)***	F	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75 MG-200MG-300MCG ***(ferrous fumarate w/ fa-dss-b complex-vit c)***	F	-
tricon cap .5MG-15MCG-75MG-110MG-240MG (TRINSICON Equiv)	F	-
IRON - Drugs to treat iron deficiency		
ferrous sulfate elixir 220MG/5ML	$0	OTC Covered for members 1 year or younger
FERROUS SULFATE LIQUID 220MG/5ML, 5MG/20ML ***(ferrous sulfate)***	$0	OTC Covered for members 1 year or younger
ferrous sulfate soln 15MG/ML	$0	OTC Covered for members 1 year or younger

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ferrous sulfate syrup 300MG/5ML (FERROUS SULFATE Equiv)	$0	OTC Covered for members 1 year or younger
IRON SUSP ***(iron)***	$0	OTC Covered for members 1 year or younger
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
aminocaproic acid soln .25GM/ML (AMICAR Equiv)	F	-
aminocaproic acid syrup (AMICAR Equiv)	F	-
aminocaproic acid tab 1000MG, 500MG (AMICAR Equiv)	F	-
tranexamic acid tab 650MG (LYSTEDA Equiv)	F	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
zolpidem tab 10MG, 5MG (AMBIEN Equiv)	F	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia		
diphenhydramine cap 50mg 50MG (BENADRYL Equiv)	F	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
phenobarbital elixir 20MG/5ML	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG	F	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
estazolam tab 1MG, 2MG (PROSOM Equiv)	F	-
eszopiclone tab 1MG, 2MG, 3MG (LUNESTA Equiv)	F	QL QL= 1 tab/day
FLURAZEPAM CAP 15MG, 30MG ***(flurazepam hcl)***	F	-
temazepam cap 15mg 15MG (RESTORIL Equiv)	F	-
temazepam cap 30mg 30MG (RESTORIL Equiv)	F	-
triazolam tab .125MG, .25MG (HALCION Equiv)	F	-
zaleplon cap 10MG, 5MG (SONATA Equiv)	F	-
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
CLENPIQ SOLN 3.5GM/160ML-10MG/160ML-12GM/160ML ***(sodium picosulfate-magnesium oxide-anhydrous citric acid)***	F	-
peg 3350/electrolytes soln 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (COLYTE Equiv)	$0	QL Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
trilyte soln 1.48GM-5.72GM-11.2GM-420GM (NULYTELY Equiv)	$0	QL Covered at $0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
lactulose soln	F	-
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
azithromycin susp 100MG/5ML, 200MG/5ML (ZITHROMAX Equiv)	F	-
azithromycin tab 250MG, 500MG, 600MG (ZITHROMAX Equiv)	F	-
CLARITHROMYCIN - Drugs to treat bacterial infections		
CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML ***(clarithromycin)***	F	-
clarithromycin susp 125MG/5ML, 250MG/5ML (BIAXIN Equiv)	F	-
clarithromycin tab 250MG, 500MG (BIAXIN Equiv)	F	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN EC CAP 250MG ***(erythromycin base)***	F	-
erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML (ERYPED Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
erythromycin stearate tab 250MG	F	-
FIDAXOMICIN - drugs to treat infections		
DIFICID SUSP 40MG/ML ***(fidaxomicin)***	F	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
DIFICID TAB 200MG ***(fidaxomicin)***	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 ***(cervical caps)***	$0	-
DIAPHRAGM ***(diaphragms)***	$0	-
FEMALE CONDOMS ***(condoms - female)***	$0	OTC
DIABETIC SUPPLIES - Devices to assist with diabetes		
CALIBRATION LIQUID ***(blood glucose calibration)***	F	OTC
FREESTYLE FREEDOM LITE METER ***(blood glucose monitoring supplies)***	$0	OTC
FREESTYLE INSULINX METER ***(blood glucose monitoring supplies)***	$0	OTC
FREESTYLE LIBRE 2 RECEIVER ***(continuous blood glucose system receiver)***	F	PA-QL QL= 1 receiver/year

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FREESTYLE LIBRE 2 SENSOR ***(continuous blood glucose system sensor)***	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER ***(continuous blood glucose system receiver)***	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY) ***(continuous blood glucose system sensor)***	F	PA-QL QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY) ***(continuous blood glucose system sensor)***	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LITE METER ***(blood glucose monitoring supplies)***	$0	OTC
FREESTYLE PRECISION NEO METER ***(blood glucose monitoring supplies)***	$0	OTC
LANCET KIT ***(lancets misc.)***	F	OTC
LANCETS ***(lancets)***	F	OTC
PRECISION XTRA METER ***(blood glucose monitoring supplies)***	$0	OTC
V-GO INJ KIT ***(insulin infusion disposable pump)***	F	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 62%, 70% ***(alcohol swabs)***	F	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
B-D INSULIN SYRINGE U-500 ***(insulin syringe/needle u-500)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
B-D PEN AUTOSHIELD DUO PEN NEEDLE ***(insulin pen needle)***	F	OTC
TECHLITE INSULIN SYRINGE ***(insulin syringe/needle u-100)***	F	OTC
TECHLITE PEN NEEDLE ***(insulin pen needle)***	F	OTC
TRUEPLUS INSULIN SYRINGE ***(insulin syringe/needle u-100)***	F	OTC
TRUEPLUS PEN NEEDLE ***(insulin pen needle)***	F	-
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER ***(spacer/aerosol-holding chambers)***	F	OTC
PEAK FLOW METER ***(peak flow meter)***	F	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		
NURTEC ODT 75MG ***(rimegepant sulfate)***	F	PA-QL QL= 8 tabs/30 days, 6 fills/year
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
MIGERGOT SUPP 2MG-100MG ***(ergotamine w/ caffeine)***	F	-
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
UBRELVY TAB 100MG, 50MG ***(ubrogepant)***	F	PA-QL QL= 10 tabs/30 days, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
REYVOW TAB 100MG, 50MG ***(lasmiditan succinate)***	F	PA-QL QL= 8 tabs/30 days, 6 fills/year
rizatriptan ODT 10MG, 5MG (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab 10MG, 5MG (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
sumatriptan inj 4MG/0.5ML, 6MG/0.5ML (IMITREX Equiv)	F	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ***(sumatriptan succinate)***	F	QL QL= 4 inj/fill, 2 fills/30 days
sumatriptan tab 100MG, 25MG, 50MG (IMITREX Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab 2.5MG, 5MG (ZOMIG Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		
FLUOR-A-DAY CHEW TAB .25MG-236.79MG, 1MG-236.79MG ***(sodium fluoride-xylitol)***	F	-
sodium fluoride chew tab .25MG, .5MG, 1MG, 2.2MG (LURIDE Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE LOZENGE 1MG ***(sodium fluoride)***	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sodium fluoride soln .125MG/DROP, .5MG/ML (LURIDE Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG ***(sodium fluoride)***	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
PHOSPHATE - Drugs to treat electrolyte deficiency		
K-PHOS TAB 500MG ***(potassium phosphate monobasic)***	F	-
phospha 250 neutral tab (K-PHOS NEUTRAL Equiv)	F	-
POTASSIUM - Drugs to treat electrolyte disorders		
KLOR-CON M15 TAB 15MEQ ***(potassium chloride microencapsulated crystals er)***	F	-
potassium bicarbonate effer tab 25MEQ, 2GM-2.5GM (K-LYTE Equiv)	F	-
potassium chloride ER cap 10MEQ, 8MEQ (MICRO-K Equiv)	F	-
potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ (K-TAB Equiv)	F	-
potassium chloride micro tab 10MEQ, 20MEQ (K-DUR Equiv)	F	-
potassium chloride powder packet 20MEQ (KLOR-CON Equiv)	F	-
potassium chloride soln 10%, 20%	F	-

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		

L.A. Care PASC-SEIU Homecare Workers Formulary
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
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG ***(zinc acetate (oral))***	F	-
zinc sulfate cap 220MG	F	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
penicillamine tab 250MG (DEPEN TITRATAB Equiv)	F	-
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
everolimus tab 0.25mg, 0.5mg, 0.75mg .25MG, .5MG, .75MG (ZORTRESS Equiv)	F	LMSP-PA
sirolimus soln 1MG/ML (RAPAMUNE Equiv)	F	-
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM ***(sodium zirconium cyclosilicate)***	F	LMSP-PA
SPS SUSP 15GM/60ML ***(sodium polystyrene sulfonate)***	F	-
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML ***(belimumab)***	F	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ***(belimumab)***	F	LMSP-PA-QL QL= 4 inj/28 day
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LIDOCAINE ORAL SOLN 4% 4% ***(lidocaine hcl (mouth-throat))***	F	-
lidocaine viscous soln 2%	F	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
clotrimazole troches 10MG (MYCELEX TROCHES Equiv)	F	-
nystatin susp 100000UNIT/ML	F	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
chlorhexidine gluconate soln .12% (PERIDEX Equiv)	F	-
DENTAL PRODUCTS - Drugs to prevent cavities		
sodium fluoride cream 1.1% (PREVIDENT Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
sodium fluoride gel 1.1% (PREVIDENT Equiv)	F	-
sodium fluoride paste 1.1% (PREVIDENT Equiv)	F	-
sodium fluoride rinse .02%, .022%, .05%, .2% (PREVIDENT Equiv)	F	-
sodium fluoride/potassium nitrate paste 1.1%-5% (PREVIDENT Equiv)	F	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
triamcinolone in orabase paste .1% (KENALOG/ORABASE Equiv)	F	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
cevimeline cap 30MG (EVOXAC Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
pilocarpine tab 5MG, 7.5MG (SALAGEN Equiv)	F	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
DIALYVITE TAB ***(b-complex w/ c-biotin-e-minerals & folic acid)***	F	-
DIALYVITE/ZINC TAB ***(b-complex w/ c-zn & folic acid)***	F	-
FOLBEE PLUS CZ TAB ***(b-complex w/ c-biotin-minerals & folic acid)***	F	-
renaphro cap (NEPHROCAP Equiv)	F	-
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
multivitamin/minerals tab (STROVITE Equiv)	F	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
pediatric multiple vitamins/fluoride/iron soln	F	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
FLORIVA PLUS DROPS ***(pediatric multivitamins w/fl)***	F	-
MULTIVITAMIN/FLOURIDE CHEW 0.25MG ***(pediatric multivitamins w/fl)***	F	-
MULTIVITAMIN/FLOURIDE CHEW 1MG ***(pediatric multivitamins w/fl)***	F	-
MULTIVITAMIN/FLUORIDE CHEW TAB ***(pediatric multivitamins w/fl)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
pediatric multiple vitamins/fluoride chew tab	F	-
pediatric multiple vitamins/fluoride soln	F	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) ***(prenatal vit w/ ferrous fumarate-folic acid)***	F	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
baclofen tab 10MG, 20MG, 5MG (BACLOFEN Equiv)	F	-
carisoprodol tab 350MG (SOMA Equiv)	F	QL QL=120 tabs/30 days
chlorzoxazone tab 500mg 500MG	F	-
cyclobenzaprine tab 10mg 10MG (FLEXERIL Equiv)	F	-
cyclobenzaprine tab 5mg 5MG (FLEXERIL Equiv)	F	-
methocarbamol tab (ROBAXIN Equiv)	F	-
tizanidine tab 2MG, 4MG (ZANAFLEX Equiv)	F	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
dantrolene cap 100MG, 25MG, 50MG (DANTRIUM Equiv)	F	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
azelastine nasal spray 0.1% .1%, 137MCG/SPRAY (ASTELIN Equiv)	F	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ipratropium nasal spray .03%, .06% (ATROVENT Equiv)	F	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
fluticasone nasal spray 50MCG/ACT (FLONASE Equiv)	F	QL QL= 2 bottles/fill
triamcinolone OTC nasal spray 55MCG/ACT (NASACORT Equiv)	F	OTC-QL QL= 2 bottles/fill
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
riluzole tab 50MG (RILUTEK Equiv)	F	-
NUTRIENTS - Drugs to treat nutrient disorders		
LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN ***(medium chain triglycerides)***	F	OTC-PA
MCT OIL ***(medium chain triglycerides)***	F	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG ***(creatine)***	F	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET ***(citrulline)***	F	OTC-PA
phlexy-10 tab	F	OTC-PA
pro-stat liquid	F	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COMBIGAN OPHTH SOLN .2%-.5% ***(brimonidine tartrate-timolol maleate)***	F	-
dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML (COSOPT Equiv)	F	-
LEVOBUNOLOL OPHTH SOLN .5% ***(levobunolol hcl)***	F	-
levobunolol ophth soln .5%	F	-
timolol maleate ophth gel .25%, .5% (TIMOPTIC-XE Equiv)	F	-
timolol maleate ophth soln .25%, .5% (TIMOPTIC Equiv)	F	-
timolol maleate ophth soln 0.5% .5% (ISTALOL Equiv)	F	-
TIMOLOL OPHTH GEL SOLN .25%, .5% ***(timolol maleate (ophth))***	F	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
atropine ophth oint 1%	F	-
atropine ophth soln (ISOPTO ATROPINE Equiv)	F	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ***(cyclopentolate w/ phenylephrine)***	F	-
cyclopentolate ophth soln .5%, 1%, 2% (CYCLOGYL Equiv)	F	-
HOMATROPINE OPHTH SOLN 5% (ISOPTO HOMATROPINE Equiv) ***(homatropine hbr)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
homatropine ophth soln 5% (ISOPTO HOMATROPINE Equiv)	F	-
ISOPTO HYOSCINE OPHTH SOLN ***(scopolamine hbr (ophth))***	F	-
phenylephrine ophth soln 10%, 2.5% (MYDFRIN Equiv)	F	-
tropicamide ophth soln .5%, 1% (MYDRIACYL Equiv)	F	-
MIOTICS - Drugs to treat eye conditions		
ISOPTO CARBACHOL OPHTH SOLN ***(carbachol (ophth))***	F	-
PHOSPHOLINE OPHTH SOLN .125% ***(echothiophate iodide)***	F	-
pilocarpine ophth soln 1%, 2%, 4% (ISOPTO CARPINE Equiv)	F	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
apraclonidine ophth soln .5% (IOPIDINE Equiv)	F	-
brimonidine ophth soln 0.15% .15% (ALPHAGAN P 0.15% Equiv)	F	-
brimonidine ophth soln 0.2% .2%	F	-
IOPIDINE OPHTH SOLN 1% 1% ***(apraclonidine hcl)***	F	-
SIMBRINZA OPHTH SUSP .2%-1% ***(brinzolamide-brimonidine tartrate)***	F	-
OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections		
AZASITE SOLN 1% ***(azithromycin (ophth))***	F	-

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		

L.A. Care PASC-SEIU Homecare Workers Formulary

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
BACITRACIN OPHTH OINT 500UNIT/GM ***(bacitracin (ophthalmic))***	F	-
bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM (NEOSPORIN Equiv)	F	-
bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM (POLYSPORIN Equiv)	F	-
ciprofloxacin ophth soln .3% (CILOXAN Equiv)	F	-
erythromycin ophth oint 5MG/GM	F	-
GENTAK OPHTH OINT .3% ***(gentamicin sulfate (ophth))***	F	-
gentamicin ophth oint .3% (GARAMYCIN Equiv)	F	-
gentamicin ophth soln .3% (GARAMYCIN Equiv)	F	-
levofloxacin ophth soln .5% (QUIXIN Equiv)	F	-
moxifloxacin ophth soln .5% (VIGAMOX OPHTH SOLN Equiv)	F	-
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ***(neomycin-polymyxin-gramicidin)***	F	-
ofloxacin ophth soln .3% (OCUFLOX Equiv)	F	-
polymyxin b/trimethoprim ophth soln .1% -10000UNIT/ML (POLYTRIM Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sulfacetamide sodium ophth soln 10% (BLEPH-10 Equiv)	F	-
tobramycin ophth soln .3% (TOBREX Equiv)	F	-
TRIFLURIDINE OPHTH SOLN 1% (VIROPTIC Equiv) ***(trifluridine)***	F	-
trifluridine ophth soln 1% (VIROPTIC Equiv)	F	-
ZIRGAN OPHTH GEL .15% ***(ganciclovir ophthalmic)***	F	-
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
RESTASIS OPHTH EMULSION .05% ***(cyclosporine (ophth))***	F	RS Restricted to Ophthalmology or Optometry Specialist
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
proparacaine ophth soln .5% (ALCAINE Equiv)	F	-
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1% -3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)	F	-
dexamethasone ophth soln	F	-
DUREZOL OPHTH EMULSION .05% ***(difluprednate)***	F	-
fluorometholone ophth soln (FML LIQUIFILM Equiv)	F	-
LOTEMAX OPHTH GEL .5% ***(loteprednol etabonate)***	F	-
LOTEMAX OPHTH OINT .5% ***(loteprednol etabonate)***	F	-
loteprednol ophth susp .5% (LOTEMAX Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MAXIDEX OPHTH SOLN .1%, 9% ***(dexamethasone (ophth))***	F	-
neomycin/polymyxin/dexamethasone ophth oint .1% -3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	F	-
neomycin/polymyxin/dexamethasone ophth soln .1% -3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)	F	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML ***(neomycin-polymyxin-hc (ophth))***	F	-
PRED MILD OPHTH SOLN .12% ***(prednisolone acetate (ophth))***	F	-
PRED-G OPHTH SOLN .3%-1% ***(gentamicin-prednisolone acetate)***	F	-
PREDNISOLONE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	F	-
PREDNISOLONE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	F	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ***(prednisolone sodium phosphate (ophth))***	F	-
sulfacetamide sodium/prednisolone ophth soln .23% -10% (VASOCIDIN Equiv)	F	-
TOBRADEX OPHTH OINT .1%-.3% ***(tobramycin-dexamethasone)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tobramycin/dexamethasone ophth soln .1%-.3% (TOBRADEX Equiv)	F	-
VEXOL OPHTH SUSP ***(rimexolone)***	F	-
ZYLET OPHTH SUSP .3%-.5% ***(loteprednol etabonate-tobramycin)***	F	QL QL= 5ml/fill (10ml bottle is Not Covered)
OPHTHALMICS - MISC. - Miscellaneous eye agents		
ALAMAST OPHTH SOLN ***(pemirolast potassium)***	F	-
ALOCRIL OPHTH SOLN 2% ***(nedocromil sodium (ophth))***	F	-
ALOMIDE OPHTH SOLN .1% ***(lodoxamide tromethamine)***	F	-
azelastine ophth soln .05% (OPTIVAR Equiv)	F	-
AZOPT OPHTH SUSP 1% ***(brinzolamide)***	F	-
bromfenac ophth soln .09% (BROMDAY Equiv)	F	-
cromolyn ophth soln 4% (CROLOM Equiv)	F	-
CYSTADROPS SOLN .37% ***(cysteamine hcl)***	F	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYSTARAN OPHTH SOLN .44% ***(cysteamine hcl)***	F	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
diclofenac sodium ophth soln .1% (VOLTAREN Equiv)	F	-
dorzolamide ophth soln 2% (TRUSOPT Equiv)	F	-
FLURBIPROFEN OPHTH SOLN .03% ***(flurbiprofen sodium)***	F	-
flurbiprofen ophth soln .03%	F	-
ILEVRO OPHTH SUSP .3% ***(nepafenac)***	F	-
ketorolac ophth soln .4%, .5% (ACULAR (LS) Equiv)	F	-
ketotifen ophth soln .025% (ZADITOR Equiv)	F	OTC OTC covered only
NEVANAC OPHTH SUSP .1% ***(nepafenac)***	F	-
olopatadine ophth soln 0.1% .1% (PATANOL Equiv)	F	-
olopatadine ophth soln 0.2% .2% (PATADAY Equiv)	F	QL QL= 2.5ml/30 days
PROLENSA OPHTH SOLN .07% ***(bromfenac sodium (ophth))***	F	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
bimatoprost ophth soln .03%	F	QL QL= 2.5ml/30 days

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
latanoprost ophth soln .005% (XALATAN Equiv)	F	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% ***(bimatoprost)***	F	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
acetic acid otic soln 2% (VOSOL Equiv)	F	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
CIPROFLOXACIN OTIC SOLN .2% ***(ciprofloxacin hcl (otic))***	F	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
ciprofloxacin/dexamethasone otic susp .1%-.3% (CIPRODEX Equiv)	F	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ***(neomycin-colistin-hc-thonzonium)***	F	-
neomycin/polymixin/hydrocoritisone otic soln 1% -3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	F	-
neomycin/polymixin/hydrocoritisone otic susp 1% -3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	F	-
OTIC STEROIDS - Drugs to treat ear swelling		
acetic acid/hydrocortisone otic soln 1%-2% (VOSOL HC Equiv)	F	-
fluocinolone otic oil .01% (DERMOTIC Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		
methylergonovine tab .2MG (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 ***(immune globulin (human) subcutaneous)***	F	KMSP-PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ***(immune globulin (human)-hyaluronidase (human recombinant))***	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 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human) subcutaneous)***	F	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human)-klhw)***	F	LD-PA Only available through CVS Specialty 800-237-2767
PENICILLINS - Drugs to treat bacterial infections		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AMINOPENICILLINS - Drugs to treat infections		
amoxicillin cap 250MG, 500MG (TRIMOX Equiv)	F	-
AMOXICILLIN CHEW TAB 125MG, 250MG ***(amoxicillin)***	F	-
amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML (TRIMOX Equiv)	F	-
amoxicillin tab 500MG, 875MG (AMOXIL Equiv)	F	-
ampicillin cap 250MG, 500MG (PRINCIPEN Equiv)	F	-
ampicillin susp 125MG/5ML, 250MG/5ML (PRINCIPEN Equiv)	F	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
penicillin vk soln 125MG/5ML, 250MG/5ML (VEETIDS Equiv)	F	-
penicillin vk tab 250MG, 500MG (VEETIDS Equiv)	F	-
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
amoxicillin/clavulanate chew tab (AUGMENTIN Equiv)	F	-
amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML (AUGMENTIN ES Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)	F	-
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
dicloxacillin cap 250MG, 500MG (DYNAPEN Equiv)	F	-
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES ***(polyethylene glycol 8000)***	F	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
hydroxyprogesterone inj 250MG/ML (MAKENA Equiv)	F	LMSP-PA
medroxyprogesterone tab 10MG, 2.5MG, 5MG (PROVERA Equiv)	F	-
norethindrone tab 5MG (AYGESTIN Equiv)	F	-
progesterone cap 100MG, 200MG (PROMETRIUM Equiv)	F	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		
acamprosate calcium DR tab 333MG (CAMPRAL Equiv)	F	-
DISULFIRAM TAB (ANTABUSE Equiv) ***(disulfiram)***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
disulfiram tab 250MG, 500MG (ANTABUSE Equiv)	F	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
XYREM SOLN 500MG/ML ***(sodium oxybate)***	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		
donepezil ODT 10MG, 5MG (ARICEPT Equiv)	F	QL QL= 1 tab/day
donepezil tab 10MG, 5MG (ARICEPT Equiv)	F	QL QL= 2 tabs/day
donepezil tab 23mg 23MG (ARICEPT Equiv)	F	QL-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
galantamine ER cap 16MG, 24MG, 8MG (RAZADYNE ER Equiv)	F	-
galantamine tab 12MG, 4MG, 8MG (RAZADYNE Equiv)	F	-
memantine ER cap 14MG, 21MG, 28MG, 7MG (NAMENDA XR Equiv)	F	ST Step Therapy requires trial of memantine tab
memantine soln 10MG/5ML, 2MG/ML (NAMENDA Equiv)	F	-
memantine tab 10MG, 5MG (NAMENDA Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG (EXELON Equiv)	F	-
rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (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 ***(chlordiazepoxide-amitriptyline)***	F	-
olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (SYMBYAX Equiv)	F	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG ***(perphenazine-amitriptyline)***	F	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK ***(milnacipran hcl)***	F	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ***(milnacipran hcl)***	F	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
INGREZZA CAP 40MG, 80MG ***(valbenazine tosylate)***	F	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
tetrabenazine tab 12.5MG, 25MG (XENAZINE Equiv)	F	LMSP-PA

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AUBAGIO TAB 14MG, 7MG ***(teriflunomide)***	F	LMSP
AVONEX INJ 30MCG/0.5ML ***(interferon beta-1a)***	F	LMSP
dalfampridine ER tab 10MG (AMPYRA Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
dimethyl fumarate DR cap 120MG, 240MG (TECFIDERA Equiv)	F	LMSP
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK Equiv)	F	LMSP
EXTAVIA INJ .3MG ***(interferon beta-1b)***	F	LMSP
GILENYA CAP .25MG, .5MG ***(fingolimod hcl)***	F	LMSP-QL QL= 1 cap/day
glatiramer inj 20MG/ML, 40MG/ML (COPAXONE Equiv)	F	LMSP
KESIMPTA INJ 20MG/0.4ML ***(ofatumumab (ms))***	F	LMSP
MAYZENT TAB .25MG, 2MG ***(siponimod fumarate)***	F	LMSP
MAYZENT TAB STARTER PACK .25MG ***(siponimod fumarate)***	F	LMSP
PLEGRIDY INJ 125MCG/0.5ML ***(peginterferon beta-1a)***	F	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ***(peginterferon beta-1a)***	F	LMSP
ZEPOSIA CAP .92MG ***(ozanimod hcl)***	F	LMSP
ZEPOSIA STARTER PACK ***(ozanimod hcl)***	F	LMSP

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG ***(dextromethorphan hbr-quinidine sulfate)***	F	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psyotherapeutic and neurological drugs		
PIMOZIDE TAB 1MG, 2MG ***(pimozide)***	F	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
bupropion SR tab (ZYBAN Equiv)	$0	QL-SMKG Limited to 180 days/plan year
CHANTIX PAK ***(varenicline tartrate)***	$0	QL-SMKG Limited to 168 days/plan year
CHANTIX TAB .5MG, 1MG ***(varenicline tartrate)***	$0	QL-SMKG Limited to 168 days/plan year
nicotine gum 2MG, 4MG (NICORETTE Equiv)	$0	OTC-QL-SMKG Limited to 180 days/plan year
NICOTINE KIT ***(nicotine)***	$0	OTC-QL-SMKG
nicotine lozenge 2MG, 4MG (COMMIT Equiv)	$0	OTC-QL-SMKG Limited to 180 days/plan year
nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR (NICODERM Equiv)	$0	OTC-QL-SMKG Limited to 182 days/plan year
NICOTROL INHALER 10MG ***(nicotine)***	$0	QL-SMKG Limited to 180 days/plan year
NICOTROL NASAL SPRAY 10MG/ML ***(nicotine)***	$0	QL-SMKG Limited to 180 days/plan year

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
TEGSEDI INJ 284MG/1.5ML ***(inotersen sodium)***	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 ***(ivacaftor)***	F	KMSP-PA-QL-SF QL= 2 packets/day
KALYDECO TAB 150MG ***(ivacaftor)***	F	KMSP-PA-QL-SF QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG ***(lumacaftor-ivacaftor)***	F	KMSP-PA-QL-SF QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ***(lumacaftor-ivacaftor)***	F	KMSP-PA-QL-SF QL= 4 tabs/day
PULMOZYME INH SOLN 1MG/ML ***(dornase alfa)***	F	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ***(tezacaftor-ivacaftor)***	F	KMSP-PA-QL-SF QL= 2 tabs/day
TRIKAFTA TAB 50MG-100MG ***(elexacaftor-tezacaftor-ivacaftor)***	F	KMSP-PA-QL QL= 84 tabs/28 days
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
ESBRIET CAP 267MG ***(pirfenidone)***	F	LMSP-PA-QL-SF QL= 9 caps/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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ESBRIET TAB 267MG 267MG ***(pirfenidone)***	F	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG ***(pirfenidone)***	F	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG ***(nintedanib esylate)***	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Walgreens 888-347-3416
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
SULFADIAZINE TAB 500MG ***(sulfadiazine)***	F	-
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
doxycycline hyclate cap 100MG, 50MG (VIBRAMYCIN Equiv)	F	-
doxycycline hyclate tab 100MG, 20MG (VIBRATAB Equiv)	F	-
doxycycline monohydrate cap 100mg 100MG (MONODOX Equiv)	F	-
doxycycline monohydrate cap 50mg 50MG (MONODOX Equiv)	F	-
doxycycline monohydrate tab 100MG, 50MG, 75MG (ADOXA Equiv)	F	-
doxycycline susp 25MG/5ML (VIBRAMYCIN Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
minocycline cap 100MG, 50MG, 75MG (MINOCIN Equiv)	F	-
minocycline tab 100MG, 50MG, 75MG (DYNACIN Equiv)	F	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
methimazole tab 10MG, 5MG (TAPAZOLE Equiv)	F	-
propylthiouracil tab 50MG	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	-
liothyronine tab 25MCG, 50MCG, 5MCG (CYTOMEL Equiv)	F	-
np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (ARMOUR THYROID, NATURE THROID Equiv)	F	-
SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG ***(levothyroxine sodium)***	F	-
THYROLAR TAB 120MG, 15MG, 180MG, 30MG, 60MG ***(liotrix (t3-t4))***	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
dicyclomine cap 10MG (BENTYL Equiv)	F	-
dicyclomine soln 10MG/5ML (BENTYL Equiv)	F	-
dicyclomine tab 20MG (BENTYL Equiv)	F	-
glycopyrrolate tab 1MG, 2MG (ROBINUL Equiv)	F	-
hyoscyamine sulfate CR tab .375MG (LEVBID Equiv)	F	-
hyoscyamine sulfate elixir .125MG/5ML (LEVSIN Equiv)	F	-
hyoscyamine sulfate ODT .125MG (ANASPAZ Equiv)	F	-
hyoscyamine sulfate SL tab .125MG (LEVSIN Equiv)	F	-
hyoscyamine sulfate SR cap (LEVSINEX Equiv)	F	-
hyoscyamine tab .125MG (LEVSIN Equiv)	F	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
famotidine susp 40MG/5ML (PEPCID Equiv)	F	-
famotidine tab 10MG, 20MG, 40MG (PEPCID Equiv)	F	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
sucralfate tab 1GM (CARAFATE Equiv)	F	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
lansoprazole cap 15MG, 30MG (PREVACID Equiv)	F	Rx Only
omeprazole DR cap 10MG, 20MG, 40MG (PRILOSEC Equiv)	F	-
pantoprazole EC tab 20MG, 40MG (PROTONIX Equiv)	F	-

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
misoprostol tab 100MCG, 200MCG (CYTOTEC Equiv)	F	-
ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions		
ZEGERID CAP OTC 20MG-1100MG ***(omeprazole-sodium bicarbonate)***	F	OTC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
sucralfate susp 1GM/10ML (CARAFATE Equiv)	F	-
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
oxybutynin ER tab 10MG, 15MG, 5MG (DITROPAN XL Equiv)	F	-
oxybutynin syrup 5MG/5ML	F	-
oxybutynin tab 5MG (DITROPAN Equiv)	F	-
OXYTROL PATCH (OTC) 3.9MG/24HR ***(oxybutynin)***	F	OTC
solifenacin tab 10MG, 5MG (VESICARE Equiv)	F	-
tolterodine SR cap 2MG, 4MG (DETROL LA Equiv)	F	-
tolterodine tab 1MG, 2MG (DETROL Equiv)	F	-
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG ***(mirabegron)***	F	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
bethanechol tab 10MG, 25MG, 50MG, 5MG (URECHOLINE Equiv)	F	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
PNEUMOVAX INJ 25MCG/0.5ML ***(pneumococcal vac polyvalent)***	$0	VAC
PREVNAR 13 INJ ***(pneumococcal 13-valent conjugate vaccine)***	$0	PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.
VIVOTIF CAP ***(typhoid vaccine)***	F	QL-VAC QL= 4 caps/fill
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ ***(influenza virus vaccine split preservative free)***	$0	VAC
AFLURIA INJ, FLUZONE INJ ***(influenza virus vaccine split)***	$0	VAC
COVID-19 VACCINE INJ (MODERNA) 100MCG/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/24 days; limit 2 fills/12 months
COVID-19 VACCINE INJ (PFIZER) 30MCG/0.3ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/17 days; limit 2 fills/12 months

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUAD INJ ***(influenza virus vaccine types a & b surface antigen adjuvant)***	$0	VAC
FLUAD QUAD INJ .5ML ***(influenza virus vacc types a & b surf antigen adjuvant quad)***	$0	VAC
FLUBLOK INJ ***(influenza virus vaccine recombinant hemagglutinin (ha))***	$0	VAC
FLUBLOK QUAD PF INJ ***(influenza virus vac recomb hemagglutinin (ha) quadrivalent)***	$0	VAC
FLUCELVAX INJ ***(influenza virus vaccine tissue-cultured subunit)***	$0	VAC
FLUCELVAX QUAD INJ ***(influenza virus vaccine tissue-cultured subunit quadrivalent)***	$0	VAC
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	VAC
FLUMIST QUADRIVALENT NASAL SUSP ***(influenza virus vaccine live quadrivalent)***	$0	VAC
FLUVIRIN INJ ***(influenza virus vaccine types a & b surface antigen)***	$0	VAC
FLUVIRIN PF INJ ***(influenza virus vaccine types a & b preservative free)***	$0	VAC
FLUZONE HD PF INJ ***(influenza virus vac split high-dose quad preservative free)***	$0	VAC
FLUZONE HIGH DOSE PF INJ ***(influenza virus vaccine split high-dose preservative free)***	$0	VAC

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUZONE INTRADERMAL INJ ***(influenza virus vaccine split)***	$0	VAC
FLUZONE QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	VAC
FLUZONE/FLUARIX QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	VAC
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders		
ACIDIC VAGINAL JELLY ***(acetic acid vaginal)***	F	-
SPERMICIDES - Drugs to prevent pregnancy		
CONTRACEPTIVE FILM 28% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE FOAM 12.5% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% ***(nonoxynol-9)***	$0	OTC
TODAY SPONGE 1000MG ***(nonoxynol-9)***	$0	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
clindamycin vaginal cream 2% (CLEOCIN Equiv)	F	-
metronidazole vaginal gel .75% (METROGEL Equiv)	F	-
NYSTATIN VAGINAL TAB ***(nystatin vaginal)***	F	-
terconazole cream .4%, .8% (TERAZOL Equiv)	F	-
TERCONAZOLE CREAM 0.8% .8% ***(terconazole vaginal)***	F	-
terconazole supp 80MG (TERAZOL Equiv)	F	-
VAGINAL ESTROGENS - Drugs to treat low hormones		

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
estradiol cream .1MG/GM (ESTRACE Equiv)	F	-
estradiol vaginal tab, yuvafem vaginal tab 10MCG (VAGIFEM Equiv)	F	QL QL= 8 tabs/28 days, 18 tabs on first fill
ESTRING 2MG ***(estradiol vaginal)***	F	-
PREMARIN VAGINAL CREAM .625MG/GM ***(estrogens, conjugated vaginal)***	F	-
VAGINAL PROGESTINS - Drugs to treat low hormones		
CRINONE GEL 4%, 8% ***(progesterone (vaginal))***	F	PA
ENDOMETRIN INSERT 100MG ***(progesterone (vaginal))***	F	PA
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML (EPIPEN (JR) Equiv)	F	QL QL= 2 inj/fill
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML ***(epinephrine (anaphylaxis))***	F	QL QL= 2 inj/fill
VIRAL VACCINES - Drugs to prevent infection		
midodrine tab 10MG, 2.5MG, 5MG (PROAMATINE Equiv)	F	-
VITAMINS - Drugs to treat vitamin deficiency		
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
phytonadione tab 100MCG, 5MG (MEPHYTON Equiv)	F	-
vitamin D cap 1.25MG, 50000UNIT	F	RX strength only
vitamin D cap 1000unit 1000UNIT, 25MCG	$0	OTC

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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
vitamin D cap 400unit 400UNIT	$0	OTC
VITAMIN D TAB 400UNIT 400UNIT ***(ergocalciferol)***	$0	OTC Covered for members 65 years or older
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
niacin cap	F	OTC
niacin CR tab 250MG, 500MG, 750MG (SLO-NIACIN Equiv)	F	OTC
niacin tab 100MG, 250MG, 500MG, 50MG	F	OTC
NIACIN TR TAB 1000MG ***(niacin)***	F	OTC
niacinamide tab 100MG, 500MG	F	OTC

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		

Other

8-MOP CAP 87

A

abacavir soln 66
abacavir tab 66
abacavir/lamivudine tab 66
abacavir/lamivudine/zidovudine tab 66
abiraterone tab 250mg 52
acamprosate calcium DR tab 133
acarbose tab 28
acebutolol cap 74
acetaminophen/codeine soln 10
acetaminophen/codeine tab 10
acetazolamide ER cap 95
acetazolamide tab 95
acetic acid otic soln 130
acetic acid/hydrocortisone otic soln 130
acetylcysteine soln 84
ACIDIC VAGINAL JELLY 145
acitretin cap 87
ACTEMRA ACTPEN INJ 5
ACTEMRA SC INJ 5
ACTIMMUNE INJ 50
acyclovir cap 72
acyclovir oint 88
acyclovir susp 72
acyclovir tab 72
adapalene cream 84
adapalene gel 84
adapalene/benzoyl peroxide gel 0.1-2.5% 85
ADDERALL XR CAP 1
adefovir dipivoxil tab 71
ADEMPAS TAB 78
ADVAIR DISKUS INHALER 18
ADVAIR HFA INHALER 18
AEROCHAMBER 115
AFINITOR DISPERZ 54
AFINITOR TAB 10MG 51
AFLURIA INJ 143
AFLURIA INJ, FLUZONE INJ 143
AKYNZEO CAP 37
ALAMAST OPHTH SOLN 128
albuterol neb soln 18
albuterol sulfate ER tab 18
albuterol sulfate syrup 18
albuterol sulfate tab 18
albuterol/ipratropium neb soln 18
alclometasone cream 88
alclometasone oint 89
ALCOHOL SWABS 114
ALECENSA CAP 54
alendronate tab 97
ALENDRONATE TAB 40MG 97
ALFERON-N INJ 50
alfuzosin SR tab 105
ALINIA SUSP 46
allopurinol tab 106
ALOCRIL OPHTH SOLN 128
ALOGLIPTIN TAB 31
ALOGLIPTIN-METFORMIN TAB 29
ALOGLIPTIN-PIOGLITAZONE TAB 29
ALOMIDE OPHTH SOLN 128
alprazolam tab 14
aluminum chloride soln 92
ALUNBRIG TAB 30MG 54
ALUNBRIG TAB 90MG, 180MG 54
amantadine cap 62
amantadine syrup 62
amantadine tab 62
ambrisentan tab 77
amethyst tab 79

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		

amiloride tab 96
amiloride/hydrochlorothiazide tab 95
aminocaproic acid soln 110
aminocaproic acid syrup 110
aminocaproic acid tab 110
aminophylline tab 20
amiodarone tab 16
amitriptyline tab 28
amlodipine tab 75
amlodipine/atorvastatin tab 77
amlodipine/benazepril cap 43
amlodipine/olmesartan tab 43
amlodipine/valsartan tab 44
amlodipine/valsartan/hydrochlorothiazide tab 44
ammonium lactate cream 91
ammonium lactate lotion 91
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 85
AMOXAPINE TAB 28
amoxicillin cap 132
AMOXICILLIN CHEW TAB 132
amoxicillin susp 132
amoxicillin tab 132
amoxicillin/clavulanate chew tab 132
amoxicillin/clavulanate susp 132
amoxicillin/clavulanate tab 500-125mg, 875-125mg 133
amphetamine/dextroamphetamine tab 1
ampicillin cap 132
ampicillin susp 132
anagrelide cap 106
anastrozole tab 52
ANDRODERM PATCH 12
ANORO ELLIPTA INHALER 18
apraclonidine ophth soln 124
aprepitant cap 37
aprepitant pak 37
APTIVUS CAP 66
APTIVUS SOLN 66
aripiprazole tab 65
armodafinil tab 2
ARMOUR THYROID TAB, NATURE THROID TAB 140
ARNUITY ELLIPTA INHALER 17
ashlyna tab, daysee tab 79
ASMANEX HFA INHALER 17
ASMANEX INHALER 17
aspirin chew tab 81mg 7
aspirin ec tab 325mg 8
aspirin ec tab 81mg 8
aspirin tab 325mg 8
aspirin tab 81mg 8
atazanavir cap 66
atenolol tab 74
atenolol/chlorthalidone tab 44
atorvastatin tab 10mg 40
atorvastatin tab 20mg 40
atorvastatin tab 40mg 40
atorvastatin tab 80mg 41
atovaquone susp 46
atovaquone/proguanil tab 48
atropine ophth oint 123
atropine ophth soln 123
ATROVENT HFA INHALER 16
AUBAGIO TAB 136
AVANDAMET TAB 29
AVANDARYL TAB 29
AVANDIA TAB 34
AVONEX INJ 136
AYVAKIT TAB 54
AZASITE SOLN 124

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		

azathioprine tab 73
azelaic acid gel 92
azelastine nasal spray 0.1% 121
azelastine ophth soln 128
azithromycin susp 112
azithromycin tab 112
AZOPT OPHTH SUSP 128

B

BACITRACIN OPHTH OINT 125
bacitracin/neomycin/polymyxin b ophth oint 125
bacitracin/polymyxin b ophth oint 125
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint 126
baclofen tab 121
balsalazide cap 103
BALVERSA TAB 3MG 54
BALVERSA TAB 4MG 54
BALVERSA TAB 5MG 55
BANZEL TAB 21
BAQSIMI NASAL POWDER 30
BASAGLAR INJ 32
B-D INSULIN SYRINGE U-500 114
B-D PEN AUTOSHIELD DUO PEN NEEDLE 115
benazepril tab 42
benazepril/hydrochlorothiazide tab 44
BENLYSTA AUTO-INJECTOR 118
BENLYSTA INJ 118
BENZNIDAZOLE TAB 13
benzonatate cap 100mg, 200mg 83
benztropine tab 61
betamethasone augmented cream 89
betamethasone augmented gel 89
betamethasone augmented lotion 89
betamethasone augmented oint 89
betamethasone dipropionate cream 89
betamethasone dipropionate lotion 89
betamethasone dipropionate oint 89
betamethasone valerate cream 89
betamethasone valerate lotion 89
betamethasone valerate oint 89
bethanechol tab 143
bexarotene cap 61
bicalutamide tab 52
BIKTARVY TAB 66
bimatoprost ophth soln 129
bisoprolol tab 74
bisoprolol/hydrochlorothiazide tab 44
bosentan tab 78
BOSULIF TAB 55
BRAFTOVI CAP 75MG 55
BREO ELLIPTA INHALER 19
BREZTRI AEROSPHERE INHALER 19
brimonidine ophth soln 0.15% 124
brimonidine ophth soln 0.2% 124
bromfenac ophth soln 128
bromocriptine cap 62
bromocriptine tab 62
BRUKINSA CAP 55
budesonide inh susp 17

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		

budesonide SR cap 82
bumetanide tab 96
buprenorphine SL tab 11
buprenorphine/naloxone sl film 11
buprenorphine/naloxone SL tab 11
bupropion ER tab 26
bupropion SR tab 137
bupropion tab 26
bupropion XL tab 26
buspirone tab 14
butorphanol nasal spray 11
BYDUREON BCISE AUTO INJ 31
BYDUREON INJ 31
BYDUREON PEN INJ 31
BYSTOLIC TAB 74

C

cabergoline tab 100
CABLIVI INJ KIT 106
CABOMETYX TAB 55
calcipotriene cream 88
calcipotriene oint 88
calcipotriene soln 88
calcitonin nasal spray 97
calcitriol cap 99
calcitriol soln 99
calcium acetate cap 103
CALIBRATION LIQUID 113
CALQUENCE CAP 55
capecitabine tab 51
CAPRELSA TAB 55
captopril tab 42
carbamazepine chew tab 21
carbamazepine ER cap 21
carbamazepine ER tab 22
carbamazepine susp 22
carbamazepine tab 22
carbidopa tab 61
carbidopa/levodopa ER tab 62
carbidopa/levodopa ODT 62
carbidopa/levodopa tab 62
CARBIDOPA/LEVODOPA/ENTACAPONE TAB 62
carisoprodol tab 121
carvedilol tab 74
CAYSTON INH SOLN 47
cefdinir cap 79
cefdinir susp 79
cefuroxime susp 79
cefuroxime tab 79
celecoxib cap 5
CELONTIN CAP 25
cephalexin cap 79
cephalexin susp 79
CERDELGA CAP 107
CERVICAL CAP 113
cetirizine syrup 39
cetirizine tab 39
cetirizine/pseudoephedrine 12-hour tab 83
cevimeline cap 119
CHANTIX PAK 137
CHANTIX TAB 137
CHEMET CAP 35
chlordiazepoxide cap 15
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 135
chlorhexidine gluconate soln 119
chloroquine tab 48
chlorothiazide tab 96
chlorpheniramine ER cap 39
chlorpromazine tab 65
chlorpropamide tab 34
CHLORTHALIDONE TAB 96
chlorzoxazone tab 500mg 121
CHOLBAM CAP 102
cholestyramine lite powder 40
cholestyramine lite powder pack 40
cholestyramine powder 40

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		

cholestyramine powder pack 40
choline magnesium trisalicylate tab 8
ciclopirox cream 86
ciclopirox gel 86
ciclopirox nail soln 86
ciclopirox shampoo 86
ciclopirox topical susp 86
cilostazol tab 107
CIMDUO TAB 66
CIMZIA INJ 103
CIMZIA STARTER INJ KIT 103
cinacalcet tab 99
ciprofloxacin ophth soln 125
CIPROFLOXACIN OTIC SOLN 130
ciprofloxacin susp 101
ciprofloxacin tab 101
ciprofloxacin/dexamethasone otic susp 130
citalopram soln 26
citalopram tab 26
CITRULLINE PACKET 122
CLARITHROMYC SUSP 112
clarithromycin susp 112
clarithromycin tab 112
CLENPIQ SOLN 111
clindamycin cap 47
clindamycin gel 85
clindamycin lotion 85
clindamycin pad 85
clindamycin topical soln 85
clindamycin vaginal cream 145
clobazam tab 21
clobetasol propionate cream 89
clobetasol propionate emollient cream 89
clobetasol propionate gel 89
clobetasol propionate oint 90
clonazepam tab 21
clonidine patch 43
clonidine tab 43
clopidogrel tab 75mg 107
clotrimazole troches 119
clotrimazole/betamethasone cream 86
clotrimazole/betamethasone lotion 86
CLOZAPINE ODT 64
CLOZAPINE ODT 12.5MG 64
clozapine ODT 25mg, 100mg 64
CLOZAPINE ODT, FAZACLO ODT 64
clozapine tab 64
CODEINE SULFATE TAB 15MG 8
codeine sulfate tab 15mg, 30mg 8
CODEINE SULFATE TAB 60MG 8
colchicine tab 106
colchicine/probenecid tab 105
colesevelam pack 40
colesevelam tab 40
colestipol tab 40
COLY-MYCIN S OTIC SUSP 130
COMBIGAN OPHTH SOLN 123
COMBIVENT INHALER 19
COMBIVENT RESPIMAT INHALER 19
COMETRIQ KIT 55
COMPLERA TAB 66
CONTRACEPTIVE FILM 145
CONTRACEPTIVE FOAM 145
CONTRACEPTIVE GEL 145
CONTRAVE TAB 2
COPIKTRA CAP 55

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		

COTELLIC TAB 56
COVID-19 VACCINE INJ (MODERNA) 143
COVID-19 VACCINE INJ (PFIZER) 143
CREATINE PACKET 5000MG 122
CREON CAP 95
CRINONE GEL 146
CRIXIVAN CAP 66
cromolyn conc 102
cromolyn neb soln 16
cromolyn ophth soln 128
cryselle tab 79
cyanocobalamin inj 107
cyclobenzaprine tab 10mg 121
cyclobenzaprine tab 5mg 121
CYCLOMYDRIL OPHTH SOLN 123
cyclopentolate ophth soln 123
cyclophosphamide cap 51
cyclophosphamide tab 50
cyclosporine cap 73
cyclosporine modified cap 73
cyclosporine modified soln 73
cyproheptadine syrup 39
cyproheptadine tab 39
CYSTADROPS SOLN 128
CYSTAGON CAP 105
CYSTARAN OPHTH SOLN 129
CYTRA K CRYSTALS 104
CYTRA-3 SYRUP 104

D

dalfampridine ER tab 136
danazol cap 12
dantrolene cap 121
dapsone tab 47
deferasirox granules packet 36
deferasirox tab 36
deferasirox tab 180mg 36
deferasirox tab 90mg, 360mg 36
deferiprone tab 36
DELSTRIGO TAB 66
DEPO-PROVERA INJ 81
DESCOVY TAB 67
desipramine tab 28
desmopressin acetate inj 100
desmopressin acetate tab 100
desmopressin nasal soln 100
desoximetasone cream 90
desoximetasone oint 90
desvenlafaxine ER tab 27
DEXAMETHASONE CONC 82
dexamethasone elixir 82
dexamethasone ophth soln 126
DEXAMETHASONE SOLN 82
dexamethasone tab 82
dexmethylphenidate ER cap 2
dexmethylphenidate tab 2
dextroamphetamine ER cap 1
dextroamphetamine tab 1
DIACOMIT CAP 22
DIACOMIT POWDER PACK 22
DIALYVITE TAB 120
DIALYVITE/ZINC TAB 120
DIAPHRAGM 113
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 21
diazepam conc 15
DIAZEPAM SOLN 15
diazepam tab 2mg, 10mg 15
diazepam tab 5mg 15
diclofenac gel 1% 87
diclofenac potassium tab 5

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		

diclofenac sodium EC tab 5
diclofenac sodium ophth soln 129
diclofenac sodium XR tab 5
dicloxacillin cap 133
dicyclomine cap 141
dicyclomine soln 141
dicyclomine tab 141
didanosine DR cap 67
DIFICID SUSP 113
DIFICID TAB 113
DIGOXIN SOLN 76
digoxin tab 76
DILANTIN CAP 30MG 25
diltiazem ER cap 76
diltiazem tab 76
dimethyl fumarate DR cap 136
dimethyl fumarate DR starter pack 136
diphenhydramine cap 50mg 39
DIPHENOXYLATE/ATROPINE LIQUID 35
diphenoxylate/atropine tab 35
dipyridamole tab 107
disopyramide cap 15
disulfiram tab 133
DIURIL SUSP 96
divalproex ER tab 25
divalproex sodium DR tab 25
divalproex sprinkle cap 25
dofetilide cap 16
donepezil ODT 134
donepezil tab 134
donepezil tab 23mg 134
DOPTELET TAB 108
dorzolamide ophth soln 129
dorzolamide/timolol ophth soln 123
DOVATO TAB 67
doxazosin tab 43
doxepin cap 28
doxepin conc 28
doxercalciferol cap 99
doxycycline hyclate cap 139
doxycycline hyclate tab 139
doxycycline monohydrate cap 100mg 139
doxycycline monohydrate cap 50mg 139
doxycycline monohydrate tab 139
doxycycline susp 139
D-PENAMINE TAB 73
dronabinol cap 37
DROXIA CAP 107
DRYSOL SOLN 92
DULERA INHALER 19
duloxetine EC cap 27
DUPIXENT INJ 91
DUPIXENT PEN INJ 91
DUREZOL OPHTH EMULSION 126
dutasteride cap 105

E

econazole cream 86
EDURANT TAB 67
efavirenz cap 67
efavirenz tab 67
efavirenz/emtricitabine/tenofovir df tab 67
efavirenz/lamivudine/tenofovir df (lo) tab 67
EGRIFTA INJ 98
ELIQUIS TAB, ELIQUIS STARTER PACK 20
ELIXOPHYLLIN ELIXIR 20
ELLA TAB 81
ELMIRON CAP 105
EMCYT CAP 52
emtricitabine cap 67
emtricitabine/tenofovir disoproxil fumarate tab 67
EMTRIVA SOLN 67

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		

EMVERM TAB 13
enalapril tab 42
enalapril/hydrochlorothiazide tab 44
ENBREL INJ 25MG 7
ENBREL INJ 50MG 7
ENBREL MINI INJ 7
ENBREL SURECLICK INJ 50MG 7
ENDARI POWDER PACK 107
ENDOMETRIN INSERT 146
enoxaparin inj 21
enpresse tab 79
entacapone tab 62
entecavir tab 71
EPIDUO FORTE GEL 85
EPIFOAM AEROSOL 90
epinephrine pen inj 0.15mg, 0.3mg 146
EPIVIR HBV SOLN 71
EQUETRO CAP 63
ERIVEDGE CAP 52
ERLEADA TAB 52
erlotinib tab 56
ERY PAD 85
ERYTHROMYCIN EC CAP 112
erythromycin ethylsuccinate susp 112
erythromycin gel 85
erythromycin ophth oint 125
erythromycin pad 85
erythromycin soln 85
erythromycin stearate tab 113
erythromycin/sulfisoxazole susp 46
ESBRIET CAP 138
ESBRIET TAB 267MG 139
ESBRIET TAB 801MG 139
escitalopram soln 26
escitalopram tab 26
estazolam tab 111
estradiol cream 146
estradiol patch 101
estradiol tab 101
estradiol vaginal tab, yuvafem vaginal tab 146
estradiol valerate inj 101
estradiol/norethindrone tab 101
ESTRING 146
eszopiclone tab 111
ethacrynic tab 96
ethambutol tab 49
ethosuximide cap 25
ethosuximide soln 25
etodolac cap 5
etodolac tab 5
ETOPOSIDE CAP 61
everolimus tab 56
everolimus tab 0.25mg, 0.5mg, 0.75mg 118
EVOTAZ TAB 67
exemestane tab 52
EXTAVIA INJ 136
ezetimibe tab 41

F

famotidine susp 141
famotidine tab 141
FARYDAK CAP 56
FASENRA PEN INJ 16
febuxostat tab 106
felbamate susp 23
felbamate tab 23
felodipine ER tab 76
FEMALE CONDOMS 113
fenofibrate cap 67mg, 134mg, 200mg 40
fenofibrate tab 48mg, 54mg, 145mg, 160mg 40
fenofibric acid DR cap 40
fentanyl patch 9
ferrex 150 forte cap 108
FERRIPROX SOLN 35

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		

FERRIPROX TAB 35
ferrous sulfate elixir 109
FERROUS SULFATE LIQUID 109
ferrous sulfate soln 109
ferrous sulfate syrup 110
FIASP FLEXTOUCH INJ 32
FIASP INJ 32
FIASP PENFILL INJ 32
FINACEA PLUS KIT 93
finasteride tab 91
FIRST-VANCOMYCIN SOLN 46
FIRVANQ SOLN 46
flecainide tab 15
FLORIVA PLUS DROPS 120
FLOVENT DISKUS INHALER 17
FLOVENT HFA INHALER 18
FLUAD INJ 144
FLUAD QUAD INJ 144
FLUBLOK INJ 144
FLUBLOK QUAD PF INJ 144
FLUCELVAX INJ 144
FLUCELVAX QUAD INJ 144
fluconazole susp 38
fluconazole tab 38
flucytosine cap 38
fludrocortisone tab 83
FLULAVAL QUAD INJ, FLUZONE QUAD INJ 144
FLUMIST QUADRIVALENT NASAL SUSP 144
fluocinolone acetonide cream 90
fluocinolone acetonide oint 90
fluocinolone acetonide soln 90
fluocinolone otic oil 130
fluocinonide cream 0.05% 90
fluocinonide emollient cream 90
fluocinonide gel 90
fluocinonide oint 90
fluocinonide soln 90
FLUOR-A-DAY CHEW TAB 116
fluorometholone ophth soln 126
FLUOROPLEX CREAM 87
fluorouracil cream 87
FLUOROURACIL CREAM 0.5% 87
FLUOROURACIL SOLN 87
fluoxetine cap 26
fluoxetine soln 26
fluphenazine tab 65
FLURAZEPAM CAP 111
flurbiprofen ophth soln 129
FLURBIPROFEN TAB 5
flutamide cap 52
fluticasone nasal spray 122
fluticasone propionate cream 90
fluticasone propionate oint 90
FLUTICASONE/SALMETEROL INHALER 19
FLUVIRIN INJ 144
FLUVIRIN PF INJ 144
fluvoxamine ER cap 27
fluvoxamine tab 27
FLUZONE HD PF INJ 144
FLUZONE HIGH DOSE PF INJ 144
FLUZONE INTRADERMAL INJ 145
FLUZONE QUAD INJ 145
FLUZONE/FLUARIX QUAD INJ 145
FOLBEE PLUS CZ TAB 120
folbee tab 108
folic acid tab 1mg 107

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		

folic acid tab 400mcg 107
folic acid tab 800mcg 108
fondaparinux inj 21
FORTEO INJ 97
fosamprenavir tab 67
fosinopril tab 42
fosinopril/hydrochlorothiazide tab 44
FOSRENOL POWDER PACK 103
FREESTYLE FREEDOM LITE METER 113
FREESTYLE INSULINX METER 113
FREESTYLE INSULINX TEST STRIP 93
FREESTYLE LIBRE 2 RECEIVER 113
FREESTYLE LIBRE 2 SENSOR 114
FREESTYLE LIBRE RECEIVER 114
FREESTYLE LIBRE SENSOR (10-DAY) 114
FREESTYLE LIBRE SENSOR (14-DAY) 114
FREESTYLE LITE METER 114
FREESTYLE LITE TEST STRIP 93
FREESTYLE PRECISION NEO METER 114
FREESTYLE PRECISION NEO TEST STRIP 94
FREESTYLE TEST STRIP 94
FULPHILA INJ 108
FUROSEMIDE SOLN 96
furosemide tab 96
FUZEON INJ 67

G

gabapentin cap 22
gabapentin soln 22
gabapentin tab 22
galantamine ER cap 134
galantamine tab 134
GALZIN CAP 118
GANCICLOVIR CAP 71
gemfibrozil tab 40
GENOTROPIN INJ 98
GENTAK OPHTH OINT 125
gentamicin ophth oint 125
gentamicin ophth soln 125
gentamicin sulfate cream 86
gentamicin sulfate oint 86
GENVOYA TAB 68
gianvi tab, ocella tab 80
GILENYA CAP 136
GILOTRIF TAB 56
glatiramer inj 136
GLEOSTINE/LOMUSTINE CAP 51
glimepiride tab 34
glipizide ER tab 34
glipizide tab 34
glipizide/metformin tab 29
GLUCAGEN HYPOKIT INJ 30
glucagon (rdna) for inj kit 30
GLUCAGON EMR INJ 30
glyburide micronized tab 34
glyburide tab 34
glyburide/metformin tab 29
glycopyrrolate tab 141
granisetron tab 36
griseofulvin micro tab 38
griseofulvin susp 38
griseofulvin tab 38
guaifenesin/codeine soln 83
GUAIFENESIN/CODEINE SYRUP 83
guanfacine ER tab 2
guanfacine IR tab 43
GVOKE INJ 30
GVOKE PFS INJ 30

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		

H
halobetasol propionate cream 90
halobetasol propionate oint 90
haloperidol lactate conc 64
haloperidol tab 64
hc pramoxine cream 1-1% 13
HEMLIBRA INJ 106
HEXALEN CAP 50
HIZENTRA INJ 131
homatropine ophth soln 123
HUMIRA INJ 10MG 4
HUMIRA INJ 20MG 4
HUMIRA INJ 40MG 4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 4
HUMIRA PEN INJ 40MG 4
HUMULIN R INJ U-500 32
HUMULIN R U-500 KWIKPEN INJ 32
HYCAMTIN CAP 51
hydralazine tab 45
hydrochlorothiazide cap 96
hydrochlorothiazide tab 96
hydrocodone/acetaminophen soln 11
hydrocodone/acetaminophen tab 11
hydrocodone/homatropine syrup 83
hydrocortisone cream 90
hydrocortisone enema 13
hydrocortisone lotion 90
hydrocortisone oint 90
hydrocortisone tab 82
hydromorphone tab 2mg 9
hydromorphone tab 4mg 9
hydromorphone tab 8mg 9
hydroquinone cream 92
hydroxychloroquine tab 48
hydroxyprogesterone inj 133
hydroxyurea cap 50
hydroxyzine pamoate cap 14
hydroxyzine syrup 14
hydroxyzine tab 14
hyoscyamine sulfate CR tab 141
hyoscyamine sulfate elixir 141
hyoscyamine sulfate ODT 141
hyoscyamine sulfate SL tab 141
hyoscyamine sulfate SR cap 141
hyoscyamine tab 141
HYQVIA INJ 131

I
ibandronate tab 150mg 97
IBRANCE CAP 56
IBRANCE TAB 56
ibuprofen susp (Rx ONLY) 6
ibuprofen tab 6
ICLUSIG TAB 56
IDHIFA TAB 56
ILEVRO OPHTH SUSP 129
imatinib tab 56
IMBRUVICA CAP 140MG 57
IMBRUVICA CAP 70MG 57
IMBRUVICA TAB 57
imipramine tab 28
imiquimod cream 92
IMPAVIDO CAP 46
INCRELEX INJ 98
INCRUSE ELLIPTA INHALER 16
indapamide tab 97

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		

indomethacin cap	6
indomethacin CR cap	6
INFANT FORMULA LIQUID	94
INFANT FORMULA POWDER	94
INGREZZA CAP	135
INLYTA TAB	57
INSULIN ASPART FLEXPEN INJ	32
INSULIN ASPART INJ	32
INSULIN ASPART MIX FLEXPEN INJ	32
INSULIN ASPART MIX INJ	32
INSULIN ASPART PENFILL INJ	33
INTELENCE TAB	68
INTRON-A INJ	51
INVIRASE CAP	68
INVIRASE TAB	68
IOPIDINE OPHTH SOLN 1%	124
ipratropium nasal spray	122
ipratropium neb soln	16
irbesartan tab	42
irbesartan/hydrochlorothiazide tab	44
IRESSA TAB	50
IRON SUSP	110
ISENTRESS (HD) TAB	68
ISENTRESS CHEW TAB	68
ISENTRESS POWDER PACK	68
isibloom tab, enskyce tab, apri tab	80
ISONIAZID SYRUP	49
isoniazid tab	49
ISOPTO CARBACHOL OPHTH SOLN	124
ISOPTO HYOSCINE OPHTH SOLN	124
isosorbide dinitrate ER tab	13
isosorbide dinitrate SL tab	14
isosorbide dinitrate tab	14
isosorbide mononitrate ER tab	14
isosorbide mononitrate tab	14
itraconazole cap	38
ivermectin tab	13
J	
JAKAFI TAB	57
JANUMET TAB	29
JANUMET XR TAB	29
JANUVIA TAB	31
JARDIANCE TAB	34
jinteli tab	101
JULUCA TAB	68
junel FE tab	80
junel tab	80
JYNARQUE PAK	100
JYNARQUE TAB	100
K	
KALETRA TAB	68
KALYDECO PAK	138
KALYDECO TAB	138
kelnor tab	80
KESIMPTA INJ	136
ketoconazole cream	86
ketoconazole shampoo	86
ketoconazole tab	38
KETO-DIASTIX TEST STRIP	94
ketorolac ophth soln	129
ketorolac tab	6
KETOSTIX	94
ketotifen ophth soln	129
KEVZARA INJ	5
KINERET INJ	5
KLOR-CON M15 TAB	117
KORLYM TAB	31
KOSELUGO CAP	57
K-PHOS TAB	117
KRINTAFEL TAB	48

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		

L
labetalol tab 74
lactulose soln 103
LAMICTAL CHEW TAB 2MG 22
lamivudine soln 68
lamivudine tab 68
lamivudine tab 100mg 71
lamivudine/zidovudine tab 68
lamotrigine chew tab 22
lamotrigine tab 22
LANCET KIT 114
LANCETS 114
lansoprazole cap 141
lanthanum carbonate chew tab 104
lapatinib ditosylate tab 57
latanoprost ophth soln 130
layolis FE tab, wymzya FE tab 80
LEDIPASVIR/SOFOSBUVIR TAB 71
leflunomide tab 6
LENVIMA CAP 57
letrozole tab 53
leucovorin tab 51
LEUKERAN TAB 50
levetiracetam ER tab 22
levetiracetam soln 22
levetiracetam tab 23
levobunolol ophth soln 123
levocarnitine soln 99
levocarnitine tab 99
levofloxacin ophth soln 125
levofloxacin soln 102
levofloxacin tab 102
levonorgestrel tab 81
LEVONORGESTREL TAB 0.75MG 81
LEXIVA SUSP 68
lidocaine cream 3% 92
lidocaine gel 92
lidocaine oint 92
LIDOCAINE ORAL SOLN 4% 119
lidocaine soln 92
lidocaine viscous soln 119
lidocaine/hydrocortisone cream 13
lidocaine/prilocaine cream 92
linezolid susp 47
linezolid tab 47
liothyronine tab 140
LIQUIGEN 122
lisinopril tab 42
lisinopril/hydrochlorothiazide tab 44
lithium carbonate cap 63
lithium carbonate ER tab 63
lithium carbonate tab 63
lithium citrate soln 63
LO LOESTRIN TAB 80
LOKELMA PAK 118
LONSURF TAB 54
lopinavir/ritonavir soln 68
loratadine chew tab 39
loratadine ODT 39
loratadine syrup 39
loratadine tab 39
loratadine/pseudoephedrine 12-hour tab 83
loratadine/pseudoephedrine 24-hour tab 83
lorazepam conc 15
lorazepam tab 15
LORBRENA TAB 100MG 57
LORBRENA TAB 25MG 57
losartan tab 43
losartan/hydrochlorothiazide tab 44
LOTEMAX OPHTH GEL 126
LOTEMAX OPHTH OINT 126
loteprednol ophth susp 126

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		

lovastatin tab 41
loxapine cap 64
LUMIGAN OPHTH SOLN 130
LYNPARZA CAP 58
LYNPARZA TAB 58
LYSODREN TAB 53

M

malathion lotion 93
maldemar tab 37
MAPROTILINE TAB 26
MARPLAN TAB 26
MATULANE CAP 51
MAVYRET TAB 71
MAXIDEX OPHTH SOLN 127
MAYZENT TAB 136
MAYZENT TAB STARTER PACK 136
MCT OIL 122
meclizine chew tab 37
meclizine tab 37
medroxyprogesterone tab 133
mefloquine tab 48
megestrol susp 53
megestrol tab 53
MEKINIST TAB 0.5MG 58
MEKINIST TAB 2MG 58
MEKTOVI TAB 58
meloxicam tab 6
melphalan tab 51
memantine ER cap 134
memantine soln 134
memantine tab 134
mercaptopurine tab 50
mesalamine enema 103
mesalamine ER cap 103
mesalamine supp 103
MESNEX TAB 51
METAPROTERENOL SYRUP 19
metformin ER tab 30
metformin tab 30
methadone conc 9
methadone soln 10mg/5ml 9
methadone soln 5mg/5ml 9
methadone tab 9
methadone tablet 10mg 9
methazolamide tab 95
methenamine hippurate tab 48
methimazole tab 140
methocarbamol tab 121
methotrexate inj 51
methotrexate tab 50
methoxsalen cap 88
methyldopa tab 43
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 45
methylergonovine tab 131
methylphenidate CD cap 3
methylphenidate ER cap 3
methylphenidate ER tab 3
methylphenidate ER tab 10mg, 20mg 3
methylphenidate soln 3
methylphenidate tab 3
methylprednisolone dose pack 82
methylprednisolone tab 82
metoclopramide soln 103
metoclopramide tab 103
metolazone tab 97
metoprolol ER tab 75
metoprolol tab 75
metoprolol/hydrochlorothiazide tab 45
metronidazole cream 93
metronidazole gel 93
metronidazole lotion 93
metronidazole tab 46
metronidazole vaginal gel 145
mexiletine hcl cap 15
MIACALCIN INJ 97
midodrine tab 146
MIGERGOT SUPP 115
miglustat cap 107

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		

minocycline cap 140
minocycline tab 140
minoxidil tab 45
mirtazapine ODT 25
mirtazapine tab 26
misoprostol tab 142
MITIGARE CAP 106
modafinil tab 3
mometasone cream 91
mometasone oint 91
mometasone soln 91
montelukast chew tab 17
montelukast granule pack 17
montelukast tab 17
morphine sulfate ER tab 9
morphine sulfate soln 10
MORPHINE SULFATE TAB 10
moxifloxacin ophth soln 125
moxifloxacin tab 102
MULTAQ TAB 16
MULTIGEN FOLIC TAB 108
MULTIGEN PLUS TAB 109
MULTIGEN TAB 109
MULTIVITAMIN/FLOURIDE CHEW 0.25MG 120
MULTIVITAMIN/FLOURIDE CHEW 1MG 120
MULTIVITAMIN/FLUORIDE CHEW TAB 120
multivitamin/minerals tab 120
mupirocin oint 86
mycophenolate DR tab 73
mycophenolate mofetil cap 73
mycophenolate mofetil susp 73
mycophenolate mofetil tab 73
MYLERAN TAB 51
MYRBETRIQ TAB 142

N

nabumetone tab 6
nadolol tab 75
naloxone inj 36
NALOXONE PREFILLED INJ 36
naltrexone tab 35
naproxen EC tab 6
naproxen tab 6
NARCAN NASAL SPRAY 35
NATPARA INJ 97
NEBUSAL NEB SOLN 84
NECON TAB 80
NEFAZODONE TAB 27
nefazodone tab 50mg, 250mg 27
neomycin tab 3
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN 125
neomycin/polymixin/hydrocoritisone otic soln 130
neomycin/polymixin/hydrocoritisone otic susp 130
neomycin/polymyxin/dexamethasone ophth oint 127
neomycin/polymyxin/dexamethasone ophth soln 127
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 127
NEPHRON FA TAB 109
NERLYNX TAB 58
NEUMEGA INJ 108
NEVANAC OPHTH SUSP 129
nevirapine ER tab 69
NEVIRAPINE SUSP 69
nevirapine tab 69
NEXAVAR TAB 50
niacin cap 147
niacin CR tab 147
niacin ER tab 41
niacin tab 147
NIACIN TR TAB 147

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		

niacinamide tab 147
nicotine gum 137
NICOTINE KIT 137
nicotine lozenge 137
nicotine patch 137
NICOTROL INHALER 137
NICOTROL NASAL SPRAY 137
nifedipine cap 76
nifedipine ER tab 76
nilutamide tab 53
NINLARO CAP 58
nitazoxanide tab 46
nitrofurantoin macrocrystals cap 48
nitrofurantoin monohydrate cap 48
nitroglycerin patch 14
nitroglycerin SL tab 14
NIVESTYM INJ 108
norethindrone tab 81
nortrel 7/7/7 tab, pirmella 7/7/7 tab 80
nortrel tab 80
nortriptyline cap 28
nortriptyline oral soln 28
NORTRIPTYLINE SOLN 28
NORVIR CAP 69
NORVIR POWDER PACK 69
NORVIR SOLN 69
NOVOLIN 70/30 FLEXPEN INJ 33
NOVOLIN 70/30 INJ 33
NOVOLIN N FLEXPEN INJ 33
NOVOLIN N INJ 33
NOVOLIN R FLEXPEN INJ 33
NOVOLIN R INJ 33
NOVOLOG FLEXPEN INJ 33
NOVOLOG INJ 33
NOVOLOG MIX FLEXPEN INJ 33
NOVOLOG MIX INJ 33
NOVOLOG PENFILL INJ 34
NOXAFIL SUSP 38
np thyroid tab 140
NUBEQA TAB 53
NUCALA INJ 16
NUEDEXTA CAP 137
NURTEC ODT 115
NUTRITIONAL SUPPLEMENT LIQUID 94
NUTRITIONAL SUPPLEMENT POWDER 94
NUVARING 81
nystatin cream 87
nystatin oint 87
nystatin powder 38
nystatin susp 119
nystatin tab 38
nystatin topical powder 87
NYSTATIN VAGINAL TAB 145

O

OCALIVA TAB 102
octreotide inj 100
ODEFSEY TAB 69
ODOMZO CAP 52
OFEV CAP 139
ofloxacin ophth soln 125
ofloxacin tab 102
olanzapine ODT 64
olanzapine tab 64
olanzapine/fluoxetine cap 135
olmesartan tab 43
olmesartan/hydrochlorothiazide tab 45
olopatadine ophth soln 0.1% 129
olopatadine ophth soln 0.2% 129

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		

omega-3-acid ethyl esters cap 39
omeprazole DR cap 141
ondansetron ODT 36
ondansetron soln 36
ONDANSETRON TAB 36
OPSUMIT TAB 78
ORACIT SOLN 104
ORENCIA CLICK INJ 7
ORENCIA SC INJ 125MG/ML 7
ORENCIA SC INJ 50MG/0.4ML 7
ORENCIA SC INJ 87.5MG/0.7ML 7
ORIAHNN CAP 101
ORILISSA TAB 150MG 98
ORILISSA TAB 200MG 98
ORKAMBI GRANULES PACKET 138
ORKAMBI TAB 138
oseltamivir cap 72
oseltamivir cap 30mg 72
oseltamivir susp 72
OTEZLA STARTER PACK 6
OTEZLA TAB 6
oxandrolone tab 12
oxcarbazepine susp 23
oxcarbazepine tab 23
oxybutynin ER tab 142
oxybutynin syrup 142
oxybutynin tab 142
oxycodone cap 10
oxycodone soln 10
oxycodone tab 10
oxycodone/acetaminophen tab 11
OXYCODONE/ASPIRIN TAB 11
OXYTROL PATCH (OTC) 142
OZEMPIC INJ 31

P

paliperidone ER tab 63
PALYNZIQ INJ 99
pantoprazole EC tab 141
paricalcitol cap 99
paroxetine ER tab 27
paroxetine tab 27
PEAK FLOW METER 115
pediatric multiple vitamins/fluoride chew tab 121
pediatric multiple vitamins/fluoride soln 121
pediatric multiple vitamins/fluoride/iron soln 120
peg 3350/electrolytes soln 111
PEGASYS INJ 71
PEG-INTRON INJ 71
PEMAZYRE TAB 58
penicillamine tab 118
penicillin vk soln 132
penicillin vk tab 132
pentamidine neb soln 46
pentoxifylline ER tab 106
permethrin cream 93
perphenazine tab 65
PERPHENAZINE/ AMITRIPTYLINE TAB 135
phenazopyridine tab 105
phenelzine tab 26
phenobarbital elixir 110
phenobarbital tab 111
phenoxybenzamine cap 42
phentermine cap 1
phentermine tab 1
phenylephrine ophth soln 124
phenytoin cap 25
phenytoin chew tab 25
phenytoin susp 25
phlexy-10 tab 122
PHOSLYRA SOLN 104
phospha 250 neutral tab 117
PHOSPHOLINE OPHTH SOLN 124

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		

phytonadione tab 146
PIFELTRO TAB 69
pilocarpine ophth soln 124
pilocarpine tab 120
PIMOZIDE TAB 137
pindolol tab 75
pioglitazone tab 34
PIQRAY TAB 58
piroxicam cap 6
PLAN B TAB 81
PLEGRIDY INJ 136
PLEGRIDY PEN INJ 136
PNEUMOVAX INJ 143
PODOCON SOLN 92
podofilox soln 92
POLYETHYLENE GLYCOL 8000 GRANULES 133
polymyxin b/trimethoprim ophth soln 125
POMALYST CAP 53
posaconazole DR tab 38
potassium bicarbonate effer tab 117
potassium chloride ER cap 117
potassium chloride ER tab 117
potassium chloride micro tab 117
potassium chloride powder packet 117
potassium chloride soln 117
potassium citrate CR tab 104
potassium citrate/citric acid powder pack 104
potassium citrate/citric acid soln 104
PRADAXA CAP 21
PRALUENT INJ 41
pramipexole tab 62
pramoxine/hydrocortisone cream kit 13
prasugrel tab 107
pravastatin tab 41
praziquantel tab 13
prazosin cap 43
PRECISION XTRA METER 114
PRECISION XTRA TEST STRIP 94
PRED MILD OPHTH SOLN 127
PRED-G OPHTH SOLN 127
PREDNICARBATE CREAM 91
PREDNICARBATE OIN 91
prednisolone ODT 82
PREDNISOLONE OPHTH SUSP 127
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 127
prednisolone soln 82
PREDNISOLONE SYRUP 82
PREDNISONE SOLN 82
prednisone tab 82
pregabalin cap 23
pregabalin soln 23
PREMARIN TAB 101
PREMARIN VAGINAL CREAM 146
PREMPHASE TAB, PREMPRO TAB 101
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) 121
PRETOMANID TAB 49
PREVNAR 13 INJ 143
PREZCOBIX TAB 69
PREZISTA SUSP 69
PREZISTA TAB 69
PRIFTIN TAB 49
primaquine tab 48
primidone tab 23
probenecid tab 106

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		

prochlorperazine supp 65
prochlorperazine tab 65
proctosol HC cream 13
progesterone cap 133
PROLENSA OPHTH SOLN 129
PROMACTA TAB 108
promethazine supp 39
promethazine syrup 39
promethazine tab 39
PROMETHAZINE VC SYRUP 83
PROMETHAZINE VC/CODEINE SYRUP 84
promethazine/codeine syrup 84
PROMETHEGAN SUPP 39
propafenone ER cap 16
propafenone tab 16
proparacaine ophth soln 126
propranolol ER cap 75
PROPRANOLOL SOLN 75
propranolol tab 75
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 45
propylthiouracil tab 140
pro-stat liquid 122
PROSTIGMIN TAB 48
PULMOZYME INH SOLN 138
pyrazinamide tab 49
pyridostigmine CR tab 48
pyridostigmine tab 49
pyrimethamine tab 48

Q

QINLOCK TAB 58
QSYMIA CAP 1
quetiapine tab 65
quetiapine XR tab 65
quinapril tab 42
quinapril/hydrochlorothiazide tab 45
quinidine gluconate CR tab 15
quinidine sulfate tab 15

R

raloxifene tab 98
ramipril cap 42
ranolazine tab 13
rasagiline tab 63
REBETOL SOLN 71
REGRANEX GEL 93
RELENZA DISKHALER 72
renaphro cap 120
RENOVA CREAM 86
repaglinide tab 34
REPATHA INJ 42
REPATHA 42
PUSHTRONEX INJ
RESCRIPTOR TAB 69
RESTASIS OPHTH EMULSION 126
RETACRIT INJ 108
RETEVMO CAP 59
REVLIMID CAP 73
REYATAZ POWDER PACK 69
REYVOW TAB 116
ribavirin cap 71
ribavirin tab 72
RIDAURA CAP 4
rifabutin cap 49
RIFAMATE CAP 49
rifampin cap 49
riluzole tab 122
RIMANTADINE TAB 72
RINVOQ ER TAB 4
risedronate tab 97
RISPERIDONE ODT 63
risperidone soln 64
risperidone tab 64
ritonavir tab 69
rivastigmine cap 135
rivastigmine patch 135
rizatriptan ODT 116

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		

rizatriptan tab	116
ropinirole tab	62
rosuvastatin tab 10mg	41
rosuvastatin tab 20mg	41
rosuvastatin tab 40mg	41
rosuvastatin tab 5mg	41
ROZLYTREK CAP	59
RUBRACA TAB	59
rufinamide susp	23
RUZURGI TAB	49
RYBELSUS TAB	31
RYDAPT CAP	59

S

salsalate tab	8
SANDIMMUNE SOLN 100MG/ML	74
SANTYL OINT	91
sapropterin dihydrochloride powder packet	99
sapropterin dihydrochloride soluble tab	99
SAVELLA PAK	135
SAVELLA TAB	135
selegiline cap	63
selegiline tab	63
selenium sulfide lotion	88
selenium sulfide shampoo	88
SELZENTRY SOLN	70
SELZENTRY TAB	70
SEREVENT DISKUS INHALER	19
sertraline conc	27
sertraline tab	27
sevelamer powder pak	104
sevelamer tab	104
SIGNIFOR INJ	100
sildenafil tab	77
sildenafil tab 20mg	78
silver sulfadiazine cream	88
SIMBRINZA OPHTH SUSP	124
simvastatin tab	41
sirolimus soln	118
sirolimus tab	74
SIVEXTRO TAB	47
SKYRIZI INJ	88
smz/tmp (DS) tab	46
smz/tmp susp	46
sodium chloride 0.9% irr soln	105
sodium chloride neb soln	84
sodium citrate/citric acid soln	104
sodium fluoride chew tab	116
sodium fluoride cream	119
sodium fluoride gel	119
SODIUM FLUORIDE LOZENGE	116
sodium fluoride paste	119
sodium fluoride rinse	119
sodium fluoride soln	117
SODIUM FLUORIDE TAB	117
sodium fluoride/potassium nitrate paste	119
sodium polystyrene powder	74
sodium polystyrene susp	74
sodium sulfacetamide/sulfur emulsion 10-5%	85
sodium sulfacetamide/sulfur wash 9-4.5%	85
SOFOSBUVIR/VELPATASVIR TAB	72
solifenacin tab	142
SOMAVERT INJ	98
sotalol AF tab	75
sotalol tab	75
SPINOSAD SUSP	93
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	17

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		

spironolactone tab 96
spironolactone/hydrochlorothiazide tab 95
sprintec 28 tab 80
SPRYCEL TAB 50
SPS SUSP 118
stavudine cap 70
stavudine soln 70
STEGLATRO TAB 34
STIMATE NASAL SOLN 100
STIVARGA TAB 59
STRENSIQ INJ 99
STRIBILD TAB 70
sucralfate susp 142
sucralfate tab 141
sulfacetamide sodium ophth soln 126
sulfacetamide sodium/prednisolone ophth soln 127
SULFADIAZINE TAB 139
SULFAMYLON CREAM 88
sulfasalazine EC tab 103
sulfasalazine tab 103
sulindac tab 6
sumatriptan inj 116
SUMATRIPTAN INJ 6MG/0.5ML 116
sumatriptan tab 116
SUNOSI TAB 2
SUTENT CAP 50
SYMDEKO TAB 138
SYMJEPI INJ 146
SYMPROIC TAB 103
SYMTUZA TAB 70
SYNAREL NASAL SOLN 99
SYNJARDY TAB 29
SYNJARDY XR TAB 10-1000MG, 25-1000MG 30
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 30
SYNTHROID TAB 140

T

TABLOID TAB 50
TABRECTA TAB 59
tacrolimus cap 74
tacrolimus oint 92
tadalafil tab 77
tadalafil tab (PAH) 78
TAFINLAR CAP 59
TAGRISSO TAB 59
TALTZ INJ 88
TALZENNA CAP 0.25MG 59
TALZENNA CAP 1MG 59
tamoxifen tab 53
tamsulosin cap 105
TARGRETIN GEL 87
TASIGNA CAP 59
TAVALISSE TAB 106
tazarotene cream 0.1% 88
TAZVERIK TAB 59
TECHLITE INSULIN SYRINGE 115
TECHLITE PEN NEEDLE 115
TEGSEDI INJ 138
telmisartan tab 43
temazepam cap 15mg 111
temazepam cap 30mg 111
temozolomide cap 51
tenofovir disoproxil fumarate tab 300mg 70
terazosin cap 43
terbinafine tab 38
terbutaline sulfate tab 19
terconazole cream 145
TERCONAZOLE CREAM 0.8% 145
terconazole supp 145
testosterone cypionate inj 12
testosterone gel 1% 25mg 12
testosterone gel 1% 50mg 12
testosterone gel 1% pump 12

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		

TESTOSTERONE GEL PUMP	12	TOBRADEX OPHTH OINT	127	triamcinolone in orabase paste	119
testosterone gel pump 1.62%	12	tobramycin neb soln	3	triamcinolone lotion	91
testosterone soln	12	tobramycin ophth soln	126	triamcinolone oint	91
tetrabenazine tab	135	tobramycin/dexamethasone ophth soln	128	triamcinolone OTC nasal spray	122
THALOMID CAP	73	TODAY SPONGE	145	triamterene/hydrochlorothiazide cap	95
THEOCHRON TAB	20	TOLAZAMIDE TAB	34	TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	95
theophylline CR tab	20	TOLBUTAMIDE TAB	35	triamterene/hydrochlorothiazide tab	96
theophylline ER tab	20	tolterodine SR cap	142	triazolam tab	111
theophylline soln	20	tolterodine tab	142	tricitrates soln	105
thioridazine tab	65	topiramate sprinkle cap	23	tricon cap	109
thiothixene cap	65	topiramate tab	23	trifluoperazine tab	65
THYROLAR TAB	140	toremifene tab	53	TRIFLURIDINE OPHTH SOLN	126
tiagabine tab	24	torsemide tab	96	trihexyphenidyl elixir	63
TIBSOVO TAB	60	TRACLEER TAB 32MG	78	trihexyphenidyl tab	62
ticlopidine tab	107	tramadol tab	10	TRIKAFTA TAB	138
timolol maleate ophth gel	123	tranexamic acid tab	110	tri-legest tab	80
timolol maleate ophth soln	123	tranylcypromine tab	26	TRI-LUMA CREAM	92
timolol maleate ophth soln 0.5%	123	trazodone tab	27	trilyte soln	112
timolol maleate tab	75	TRELEGY ELLIPTA INHALER	20	trimethobenzamide cap	37
TIMOLOL OPHTH GEL SOLN	123	TREMFYA INJ	88	trimethoprim tab	46
TIVICAY PD TAB	70	tretinoin cap	51	tri-sprintec tab	81
TIVICAY TAB	70	tretinoin cream	85		
tizanidine tab	121	tretinoin gel	86		
TOBI PODHALER	3	triamcinolone cream	91		

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		

TRIUMEQ TAB 70
tropicamide ophth soln 124
TRUEPLUS INSULIN SYRINGE 115
TRUEPLUS PEN NEEDLE 115
TRULANCE TAB 102
TRULICITY INJ 31
TUKYSA TAB 60
TURALIO CAP 60
TYBLUME TAB 81
TYMLOS INJ 98
TYVASO INH SOLN 77

U

UBRELVY TAB 115
U-CORT CREAM 91
UPTRAVI TAB 78
ursodiol cap 102
ursodiol tab 102

V

valacyclovir tab 72
VALCHLOR GEL 87
valganciclovir soln 71
valganciclovir tab 71
valproic acid cap 25
valproic acid syrup 25
valsartan tab 43
valsartan/hydrochlorothiazide tab 45
vancomycin cap 46
VANIQA CREAM 92
VARUBI TAB 37
velivet tab 81
VEMLIDY TAB 72
VENCLEXTA STARTER PACK 52
VENCLEXTA TAB 52
VENELEX OINT 93
venlafaxine ER cap 28
venlafaxine tab 28
VENTAVIS INH SOLN 77
VENTOLIN HFA INHALER 20
verapamil SR cap 76
VERAPAMIL SR CAP 360mg 76
verapamil tab 76
VERZENIO TAB 60
VEXOL OPHTH SUSP 128
V-GO INJ KIT 114
VICTOZA INJ 31
VIDEX SOLN 70
vienva tab, lessina tab, kurvelo tab 81
vigabatrin powder pack 24
vigabatrin tab 24
VIMPAT SOLN 23
VIMPAT TAB 23
viorele tab, kariva tab 81
VIRACEPT POWDER 70
VIRACEPT TAB 70
VIREAD TAB 150MG, 200MG, 250MG 70
vitamin D cap 146
vitamin D cap 1000unit 146
vitamin D cap 400unit 147
VITAMIN D TAB 400UNIT 147
VITEKTA TAB 71
VITRAKVI CAP 100MG 60
VITRAKVI CAP 25MG 60
VITRAKVI SOLN 60
VIVOTIF CAP 143
VIZIMPRO TAB 60
voriconazole susp 38
voriconazole tab 38
VOSEVI TAB 72
VOTRIENT TAB 50
VYNDAMAX CAP 79
VYNDAQEL CAP 79
VYVANSE CAP 1
VYVANSE CHEW TAB 1

W

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		

WAKIX TAB	2
warfarin tab	20
X	
XALKORI CAP	60
XARELTO STARTER PACK	20
XARELTO TAB	21
XCOPRI PAK 150-200MG	24
XCOPRI PAK 50-200MG	24
XCOPRI TAB 150MG, 200MG	24
XCOPRI TAB 50MG, 100MG	24
XCOPRI TITRATION PAK 12.5-25MG	24
XCOPRI TITRATION PAK 150-200MG	24
XCOPRI TITRATION PAK 50-100MG	24
XELJANZ TAB	4
XELJANZ XR TAB	4
XEMBIFY INJ	131
XENLETA TAB	47
XOSPATA TAB	61
XPOVIO PAK	53
XTAMPZA ER CAP	10
XULANE PATCH	81
XYREM SOLN	134
Z	
zaleplon cap	111
ZARXIO INJ	108
ZEGERID CAP OTC	142
ZEJULA CAP	61
ZELBORAF TAB	61
ZEPOSIA CAP	136
ZEPOSIA STARTER PACK	136
zidovudine cap	71
zidovudine syrup	71
zidovudine tab	71
ZIEXTENZO INJ	108
zinc sulfate cap	118
ziprasidone cap	63
ZIRGAN OPHTH GEL	126
ZOLINZA CAP	50
zolmitriptan tab	116
zolpidem tab	110
zonisamide cap	23
ZORTRESS TAB 1MG	74
ZYDELIG TAB	61
ZYKADIA CAP	61
ZYKADIA TAB	61
ZYLET OPHTH SUSP	128

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		

L.A. CARE HOME INFUSION DRUG LIST
Alphabetical Index

2/1/2021

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.

L.A. Care Home Infusion List

Alphabetical Index

Last Updated 2/1/2021

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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ATGAM INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
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

Symbols and abbreviations are defined on page 1.

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
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
CEFAZOLIN INJ	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
cefepime inj	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS
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	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
cisplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
dextrose inj	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NACL INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	ANTIANXIETY 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.
doxycyclline 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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
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.

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/ANTICHOLINERGICS
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

Symbols and abbreviations are defined on page 1.

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

Symbols and abbreviations are defined on page 1.

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	ANTIANXIETY 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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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, Opthalmology 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.

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 (ZOFRAN) 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

Symbols and abbreviations are defined on page 1.

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/ANTICHOLINERGICS
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

Symbols and abbreviations are defined on page 1.

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
SODIUIM 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

Symbols and abbreviations are defined on page 1.

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.

Symbols and abbreviations are defined on page 1.

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

Symbols and abbreviations are defined on page 1.

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, Opthalmology 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

Symbols and abbreviations are defined on page 1.

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
ANTIANXIETY 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 (ZOFRAN) 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.

Symbols and abbreviations are defined on page 1.

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
caspofungin acetate iv soln	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
ANTIFUNGALS		
ABELCET INJ	-	F
AMBISOME INJ	-	F
AMPHOTERICIN INJ	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj	-	F
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.

Symbols and abbreviations are defined on page 1.

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.

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
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, Opthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Opthalmology 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.

Symbols and abbreviations are defined on page 1.

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

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
CEPHALOSPORINS Cont.		
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
ceftazidime inj	-	F
CEFTRIAXONE INJ	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ	-	F
CONTRACEPTIVES		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
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

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
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		

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
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

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
MINERALS & ELECTROLYTES Cont.		
SODIUIM 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

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
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		

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
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		

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
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		
XERAVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F
TETRACYCLINES		
doxycyclline 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

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.

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.

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.

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.

Symbols and abbreviations are defined on page 1.

L.A. Care
HEALTH PLAN®

Toll Free: **1.844.854.7272** | TTY: **711**

lacare.org

ELEVATING HEALTHCARE
IN LOS ANGELES COUNTY
SINCE 1997

LA2137 02/21