



L.A. Care[®]
PASC-SEIU

L.A. Care Health Plan

PASC-SEIU Formulary



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 All previous versions of the formulary are no longer in effect.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

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

INTRODUCTION

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 its most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

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

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

Generic and Brand Name Medications

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

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

How Drugs Are Listed

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

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

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

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

Non-Formulary Medications

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

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

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

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

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

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

Benefit Coverage and Limitations

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

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

Any specific questions regarding their coverage should be directed to the 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 8/1/2021

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

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

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| NC =Not Covered | | generic =small letters | | BRANDS =CAPITAL LETTERS | |
|-----------------|--------------------------|------------------------|--|-------------------------|---|
| EXC | Plan Exclusion | INF | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program |
| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| 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 8/1/2021

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|--|
| QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG (<i>phentermine hcl-topiramate</i>) | F | PA-QL QL= 1 cap/day |
| ANTI-OBESITY AGENTS - Drugs to help weight loss | | |
| CONTRAVE TAB 8MG-90MG (<i>naltrexone hcl-bupropion hcl</i>) | F | PA-QL QL= 4 tabs/day |
| IMCIVREE INJ 10MG/ML (<i>setmelanotide acetate</i>) | F | LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479 |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders | | |
| <i>clonidine ER tab .1MG</i> (KAPVAY Equiv) | F | - |
| <i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv) | F | - |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - drugs to treat sleep disorders | | |
| SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>) | F | PA-QL QL= 1 tab/day |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - drugs to treat sleep disorders | | |
| WAKIX TAB 17.8MG, 4.45MG (<i>pitolisant hcl</i>) | F | LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| STIMULANTS - MISC. - Miscellaneous stimulant drugs | | |

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| 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 8/1/2021

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv) | F | PA-QL QL= 1 tab/day |
| <i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv) | F | - |
| <i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv) | F | - |
| <i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv) | F | - |
| <i>methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG</i> (RITALIN LA Equiv) | F | - |
| METHYLPHENIDATE ER TAB 18MG (<i>methylphenidate hcl</i>) | F | - |
| <i>methylphenidate ER tab 27MG, 36MG, 54MG</i> | F | - |
| <i>methylphenidate ER tab 10mg, 20mg 10MG, 20MG</i> (RITALIN Equiv) | F | - |
| <i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv) | F | - |
| <i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv) | F | - |
| <i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv) | F | PA-QL QL= 2 tabs/day |
| AMINOGLYCOSIDES - Drugs to treat bacterial infections | | |
| AMINOGLYCOSIDES - Drugs to treat infections | | |

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|---|--|---|
| <i>neomycin tab 500MG</i> | F | - |
| TOBI PODHALER 28MG (<i>tobramycin</i>) | F | KMSP-PA |
| <i>tobramycin neb soln 300MG/4ML, 300MG/5ML</i> (TOBI Equiv) | F | LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation | | |
| ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system | | |
| RINVOQ ER TAB 15MG (<i>upadacitinib</i>) | F | LMSP-PA-QL QL= 1 tab/day |
| XELJANZ SOLN 1MG/ML (<i>tofacitinib citrate</i>) | F | LMSP-PA-QL QL= 10ml/day |
| XELJANZ TAB 10MG, 5MG (<i>tofacitinib citrate</i>) | F | LMSP-PA-QL QL= 2 tabs/day |
| XELJANZ XR TAB 11MG, 22MG (<i>tofacitinib citrate</i>) | F | LMSP-PA-QL QL= 1 tab/day |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system | | |
| HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML (<i>adalimumab</i>) | F | LMSP-PA-QL QL= 2 syringes/28 days |
| HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML (<i>adalimumab</i>) | F | LMSP-PA-QL QL= 2 syringes/28 days |
| HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML (<i>adalimumab</i>) | F | LMSP-PA-QL QL= 2 syringes/28 days |
| HUMIRA INJ 80MG 80MG/0.8ML (<i>adalimumab</i>) | F | LMSP-PA-QL QL= 2 syringes/28 days |

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4

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| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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|--|---|--|
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML, 80MG/0.8ML (<i>adalimumab</i>) | F | LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML, 80MG/0.8ML (<i>adalimumab</i>) | F | LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML (<i>adalimumab</i>) | F | LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML (<i>adalimumab</i>) | F | LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML (<i>adalimumab</i>) | F | LMSP-PA-QL QL= 2 pens/28 days |
| GOLD COMPOUNDS - Drugs to treat disorders of the immune system | | |
| RIDAURA CAP 3MG (<i>auranofin</i>) | F | - |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis | | |
| KINERET INJ 100MG/0.67ML (<i>anakinra</i>) | F | LD-PA-QL QL= 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 (<i>tocilizumab</i>) | F | LMSP-PA-QL QL= 2 inj/28 days |
| ACTEMRA SC INJ 162MG/0.9ML (<i>tocilizumab</i>) | F | LMSP-PA-QL QL= 2 inj/28 days |
| KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (<i>sarilumab</i>) | F | LMSP-PA-QL QL= 2 inj/28 days |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation | | |

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|---|--|---|
| <i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv) | F | QL QL= 2 caps/day |
| <i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv) | F | - |
| <i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv) | F | - |
| <i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv) | F | - |
| <i>etodolac cap 200MG, 300MG</i> (LODINE Equiv) | F | - |
| <i>etodolac tab 400MG, 500MG</i> | F | - |
| FLURBIPROFEN TAB 50MG (ANSAID Equiv) (<i>flurbiprofen</i>) | F | - |
| <i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv) | F | - |
| <i>ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv) | F | - |
| <i>ibuprofen tab 400MG, 600MG</i> | F | - |
| <i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv) | F | - |
| <i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv) | F | - |
| <i>ketorolac tab 10MG</i> (TORADOL Equiv) | F | QL QL= 20 tabs/5 days |
| <i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv) | F | - |
| <i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv) | F | - |
| <i>naproxen EC tab 375MG, 500MG</i> (NAPROSYN EC Equiv) | F | - |

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| <i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv) | F | - |
| <i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv) | F | - |
| <i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv) | F | - |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system | | |
| OTEZLA STARTER PACK (<i>apremilast</i>) | F | LMSP-PA-QL QL= 1 pack/28 days |
| OTEZLA TAB 30MG (<i>apremilast</i>) | F | LMSP-PA-QL QL= 2 tabs/day |
| PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system | | |
| <i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv) | F | - |
| SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system | | |
| ORENCIA CLICK INJ 125MG/ML (<i>abatacept</i>) | F | LMSP-PA-QL QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML 125MG/ML (<i>abatacept</i>) | F | LMSP-PA-QL QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML (<i>abatacept</i>) | F | LMSP-PA-QL QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML (<i>abatacept</i>) | F | LMSP-PA-QL QL= 4 inj/28 days |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system | | |
| ENBREL INJ 25MG 25MG/0.5ML (<i>etanercept</i>) | F | LMSP-PA-QL QL= 8 inj/28 days |

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| ENBREL INJ 50MG 50MG/ML (<i>etanercept</i>) | F | LMSP-PA-QL QL= 4 inj/28 days |
| ENBREL MINI INJ 50MG/ML (<i>etanercept</i>) | F | MSP-PA-QL QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG 50MG/ML (<i>etanercept</i>) | F | LMSP-PA-QL QL= 4 inj/28 days |
| ANALGESICS - NONNARCOTIC - Drugs to treat pain | | |
| SALICYLATES - Drugs to treat pain | | |
| <i>aspirin chew tab 81mg 81MG</i> | \$0 | OTC Covered for males age 45-79; Covered for females (no age restriction) |
| <i>aspirin ec tab 325mg 324MG, 325MG</i> | \$0 | OTC Covered for males age 45-79 and females age 55-79 |
| <i>aspirin ec tab 81mg 81MG</i> | \$0 | OTC Covered for males age 45-79; Covered for females (no age restriction) |
| <i>aspirin tab 325mg 325MG</i> | \$0 | OTC Covered for males age 45-79 and females age 55-79 |
| <i>aspirin tab 81mg</i> | \$0 | OTC Covered for males age 45-79; Covered for females (no age restriction) |

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|---|---|--|
| CHOLINE MAGNESIUM TRISALICYLATE TAB (TRILISATE Equiv) (<i>choline & mag salicylate</i>) | F | - |
| <i>choline magnesium trisalicylate tab</i> (TRILISATE Equiv) | F | - |
| <i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv) | F | - |
| ANALGESICS - OPIOID - Drugs to treat pain | | |
| OPIOID AGONISTS - Drugs to treat pain | | |
| CODEINE SULFATE TAB 15MG 15MG (<i>codeine sulfate</i>) | F | QL QL= 240 tabs/30 days |
| <i>codeine sulfate tab 15mg, 30mg 30MG</i> | F | QL QL=240 tabs/30 days |
| CODEINE SULFATE TAB 60MG 60MG (<i>codeine sulfate</i>) | F | QL QL= 180 tabs/30 days |
| <i>codeine sulfate tab 60mg 60MG</i> | F | QL QL= 180 tabs/30 days |
| <i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv) | F | QL QL=10 patches/30 days |
| <i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv) | F | QL QL=240 tabs/30 days |
| <i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv) | F | QL QL=180 tabs/30 days |
| <i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv) | F | QL QL=120 tabs/30 days |

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|---|--|---|
| <i>methadone conc 10MG/ML</i> | F | QL QL=600ml/30 days |
| <i>methadone soln 10mg/5ml 10MG/5ML</i> | F | QL QL=600ml/30 days |
| <i>methadone soln 5mg/5ml 5MG/5ML</i> | F | QL QL = 1200ml/30 days |
| <i>methadone tab 5MG</i> (DOLOPHINE Equiv) | F | QL QL=120/30 days |
| <i>methadone tablet 10mg 10MG</i> (DOLOPHINE Equiv) | F | QL QL=240/30 days |
| <i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv) | F | QL QL= 90 tabs/ 30 days |
| <i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i> | F | QL QL=120ml/30 days |
| MORPHINE SULFATE TAB (<i>morphine sulfate</i>) | F | QL QL= 180 tabs/30 days |
| <i>morphine sulfate tab 15MG, 30MG</i> | F | QL QL= 180 tabs/30 days |
| <i>oxycodone cap 5MG</i> (OXYIR Equiv) | F | QL QL=120 caps/30 days |
| <i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv) | F | QL QL=240ml/30 days |
| <i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv) | F | QL QL= 120 tabs/30 days |

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| <i>tramadol tab 50MG</i> (ULTRAM Equiv) | F | QL QL=240 tabs/30 days |
| XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG (<i>oxycodone</i>) | F | PA-QL QL= 120 caps/30 days |
| OPIOID COMBINATIONS - Drugs to treat pain | | |
| <i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i> | F | QL QL=240ml/30 days |
| <i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv) | F | QL QL=180 tabs/30 days |
| <i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv) | F | QL QL=1800ml/30 days |
| <i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv) | F | QL QL=120 tabs/30 days |
| <i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv) | F | QL QL=120 tabs/30 days |
| OXYCODONE/ASPIRIN TAB 4.835MG-325MG (PERCODAN Equiv) (<i>oxycodone-aspirin</i>) | F | QL QL=120 tabs/30 days |
| <i>oxycodone/aspirin tab 4.835MG-325MG</i> (PERCODAN Equiv) | F | QL QL=120 tabs/30 days |

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| OPIOID PARTIAL AGONISTS - Drugs to treat pain | | |
| <i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv) | F | - |
| <i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE SL FILM Equiv) | F | - |
| <i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv) | F | - |
| <i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv) | F | QL QL= 1 bottle/fill, 2 fills/30 days |
| ANDROGENS-ANABOLIC - Drugs to regulate male hormones | | |
| ANABOLIC STEROIDS - Drugs used to gain weight | | |
| <i>oxandrolone tab</i> (OXANDRIN Equiv) | F | - |
| ANDROGENS - Drugs to treat low testosterone level | | |
| ANDRODERM PATCH 2MG/24HR, 4MG/24HR (<i>testosterone</i>) | F | PA-QL QL= 1 patch/day |
| <i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv) | F | - |
| <i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv) | F | - |
| TESTOSTERONE GEL 1% 25MG 25MG/2.5GM (<i>testosterone</i>) | F | PA-QL QL= 1 packet/day |
| <i>testosterone gel 1% 25mg 25MG/2.5GM</i> | F | PA-QL QL= 1 packet/day |

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| <i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv) | F | PA-QL QL= 2 packets/day |
| <i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv) | F | PA-QL QL= 4 bottles/30 days |
| TESTOSTERONE GEL PUMP 1% (<i>testosterone</i>) | F | PA-QL QL= 4 bottles/30 days |
| <i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv) | F | PA-QL QL= 2 bottles/30 days |
| <i>testosterone soln 30MG/ACT</i> (AXIRON Equiv) | F | PA-QL QL= 2 bottles/30 days |
| ANORECTAL AGENTS - Drugs to treat problems related to the rectum | | |
| INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions | | |
| <i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv) | F | - |
| RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions | | |
| <i>hc pramoxine cream 1-1% 1%</i> (ANALPRAM HC Equiv) | F | - |
| <i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv) | F | - |
| <i>pramoxine/hydrocortisone cream kit</i> (ANALPRAM-HC Equiv) | F | - |
| RECTAL STEROIDS - Drugs to treat systemic swelling conditions | | |
| <i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv) | F | - |
| ANTHELMINTICS - Drugs to treat worm infections | | |

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| ANTHELMINTICS - Drugs to treat parasites | | |
| BENZNIDAZOLE TAB 100MG, 12.5MG <i>(benznidazole)</i> | F | PA |
| EMVERM TAB 100MG <i>(mebendazole)</i> | F | PA |
| <i>ivermectin tab 3MG</i> (STROMEKTOL Equiv) | F | - |
| <i>praziquantel tab 600MG</i> (BILTRICIDE Equiv) | F | - |
| ANTIANGINAL AGENTS - Drugs to treat chest pain | | |
| ANTIANGINALS-OTHER - Drugs to treat chest pain | | |
| <i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv) | F | - |
| NITRATES - Drugs to treat chest pain | | |
| <i>isosorbide dinitrate ER tab</i> (ISOCHRON Equiv) | F | - |
| <i>isosorbide dinitrate SL tab</i> | F | - |
| <i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv) | F | - |
| <i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv) | F | - |
| <i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv) | F | - |
| <i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv) | F | - |
| <i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv) | F | - |
| ANTIANSXIETY AGENTS - Drugs to treat anxiety | | |
| ANTIANSXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs | | |

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| <i>buspirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv) | F | - |
| <i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv) | F | - |
| <i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv) | F | - |
| <i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv) | F | - |
| BENZODIAZEPINES - Drugs to treat anxiety | | |
| <i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv) | F | QL QL= 5 tabs/day |
| <i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv) | F | - |
| <i>diazepam conc 5MG/ML</i> (VALIUM Equiv) | F | QL QL= 180ml/30 days |
| <i>diazepam oral soln 5mg/5ml 5MG/5ML</i> (DIAZEPAM Equiv) | F | QL QL= 180ml/30 days |
| <i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv) | F | QL QL= 4 tabs/day |
| <i>diazepam tab 5mg 5MG</i> (VALIUM Equiv) | F | QL QL= 3 tabs/day |
| <i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv) | F | - |
| <i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv) | F | - |
| ANTIARRHYTHMICS - Drugs to control heart rhythm | | |

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|---|---|--|
| ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm | | |
| <i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv) | F | - |
| <i>quinidine gluconate CR tab 324MG</i> | F | - |
| <i>quinidine sulfate tab</i> | F | - |
| ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm | | |
| <i>mexiletine hcl cap 150MG, 200MG, 250MG</i> | F | - |
| ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm | | |
| <i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv) | F | - |
| <i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv) | F | - |
| <i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv) | F | - |
| ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm | | |
| <i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv) | F | - |
| <i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv) | F | - |
| MULTAQ TAB 400MG (<i>dronedarone hcl</i>) | F | - |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD | | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma | | |
| FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>) | F | MSP-PA-QL QL= 1 inj/56 days |

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| NUCALA INJ 100MG/ML (<i>mepolizumab</i>) | F | LMSP-PA-QL QL= 1 inj/28 days |
| ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD | | |
| <i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv) | F | - |
| BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders | | |
| ATROVENT HFA INHALER 17MCG/ACT (<i>ipratropium bromide hfa</i>) | F | - |
| INCRUSE ELLIPTA INHALER 62.5MCG/INH (<i>umeclidinium bromide</i>) | F | - |
| <i>ipratropium neb soln .02%</i> (ATROVENT Equiv) | F | - |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT (<i>tiotropium bromide monohydrate</i>) | F | QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |
| LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD | | |
| <i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv) | F | - |
| <i>montelukast granule pack 4MG</i> (SINGULAIR Equiv) | F | - |
| <i>montelukast tab 10MG</i> (SINGULAIR Equiv) | F | - |
| STEROID INHALANTS - Drugs to treat asthma and COPD | | |
| ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>fluticasone furoate (inhalation)</i>) | F | - |

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| ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>) | F | - |
| ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>) | F | - |
| <i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)</i> | F | - |
| FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST (<i>fluticasone propionate (inhalation)</i>) | F | - |
| FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT (<i>fluticasone propionate hfa</i>) | F | - |
| SYMPATHOMIMETICS - Drugs to treat asthma and COPD | | |
| ADVAIR DISKUS INHALER 50MCG/DOSE-100MCG/DOSE, 50MCG/DOSE-250MCG/DOSE, 50MCG/DOSE-500MCG/DOSE (<i>fluticasone-salmeterol</i>) | F | - |
| ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT (<i>fluticasone-salmeterol</i>) | F | - |
| <i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i> | F | - |

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| <i>albuterol sulfate ER tab 4MG, 8MG</i> (VOSPIRE ER Equiv) | F | - |
| <i>albuterol sulfate syrup 2MG/5ML</i> | F | - |
| <i>albuterol sulfate tab 2MG, 4MG</i> | F | - |
| <i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv) | F | - |
| ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH (<i>umeclidinium-vilanterol</i>) | F | - |
| BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH (<i>fluticasone furoate-vilanterol</i>) | F | - |
| BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT (<i>budesonide-glycopyrrolate-formoterol fumarate</i>) | F | - |
| COMBIVENT INHALER (<i>ipratropium-albuterol</i>) | F | - |
| COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT (<i>ipratropium-albuterol</i>) | F | - |
| DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>) | F | - |

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| FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT (<i>fluticasone-salmeterol</i>) | F | - |
| METAPROTERENOL SYRUP 10MG/5ML (<i>metaproterenol sulfate</i>) | F | - |
| SEREVENT DISKUS INHALER 50MCG/DOSE (<i>salmeterol xinafoate</i>) | F | - |
| <i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv) | F | - |
| TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH (<i>fluticasone-umeclidinium-vilanterol</i>) | F | - |
| VENTOLIN HFA INHALER 108MCG/ACT (<i>albuterol sulfate</i>) | F | QL QL= 2 inhalers/30 days |
| XANTHINES - Drugs to treat asthma and COPD | | |
| <i>aminophylline tab</i> | F | - |
| ELIXOPHYLLIN ELIXIR 80MG/15ML (<i>theophylline</i>) | F | - |
| THEOPHYLLINE ER TAB 100MG, 200MG, 300MG, 450MG (UNIPHYL Equiv) (<i>theophylline</i>) | F | - |
| <i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv) | F | - |
| <i>theophylline soln 80MG/15ML</i> | F | - |

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| ANTICOAGULANTS - Drugs to thin the blood | | |
| COUMARIN ANTICOAGULANTS - Drugs to thin the blood | | |
| <i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv) | F | - |
| DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood | | |
| ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG (<i>apixaban</i>) | F | - |
| XARELTO STARTER PACK (<i>rivaroxaban</i>) | F | - |
| XARELTO TAB 10MG, 15MG, 2.5MG, 20MG (<i>rivaroxaban</i>) | F | - |
| HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood | | |
| <i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv) | F | QL QL= 17 days supply |
| <i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv) | F | PA |
| THROMBIN INHIBITORS - Drugs to thin the blood | | |
| PRADAXA CAP 110MG, 150MG, 75MG (<i>dabigatran etexilate mesylate</i>) | F | - |
| ANTICONVULSANTS - Drugs to treat seizures | | |
| ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures | | |
| <i>clobazam tab 10MG, 20MG</i> (ONFI Equiv) | F | PA |

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| <i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv) | F | - |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG (<i>diazepam (anticonvulsant)</i>) | F | QL QL= 2 packs/fill |
| ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs | | |
| <i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv) | F | - |
| <i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv) | F | - |
| <i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv) | F | - |
| <i>carbamazepine susp 100MG/5ML</i> (TEGRETOL Equiv) | F | - |
| <i>carbamazepine tab 200MG</i> (TEGRETOL Equiv) | F | - |
| DIACOMIT CAP 250MG, 500MG (<i>stiripentol</i>) | F | LD-PA Only available through US Bioservices 888-518-7246 |
| DIACOMIT POWDER PACK 250MG, 500MG (<i>stiripentol</i>) | F | LD-PA Only available through US Bioservices 888-518-7246 |
| EPIDIOLEX SOLN 100MG/ML (<i>cannabidiol</i>) | F | LD-PA Only available through Lumicera 855-847-3553 |

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| FINTEPLA SOLN 2.2MG/ML (<i>fenfluramine hcl</i> (<i>anticonvulsant</i>)) | F | LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| <i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv) | F | - |
| <i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv) | F | - |
| <i>gabapentin tab 600MG, 800MG</i> (NEURONTIN Equiv) | F | - |
| LAMICTAL CHEW TAB 2MG (<i>lamotrigine</i>) | F | - |
| <i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv) | F | - |
| <i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv) | F | - |
| <i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv) | F | - |
| <i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv) | F | - |
| <i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv) | F | - |
| <i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv) | F | - |
| <i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv) | F | - |

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

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| XCOPRI TAB 150MG, 200MG 150MG, 200MG (<i>cenobamate</i>) | F | QL QL= 2 tabs/day |
| XCOPRI TAB 50MG, 100MG 100MG, 50MG (<i>cenobamate</i>) | F | QL QL= 1 tab/day |
| XCOPRI TITRATION PAK 12.5-25MG (<i>cenobamate</i>) | F | QL QL= 1 tab/day |
| XCOPRI TITRATION PAK 150-200MG (<i>cenobamate</i>) | F | QL QL= 1 tab/day |
| XCOPRI TITRATION PAK 50-100MG (<i>cenobamate</i>) | F | QL QL= 1 tab/day |
| GABA MODULATORS - Drugs to treat seizures | | |
| <i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv) | F | - |
| <i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv) | F | LD-PA Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479 |
| <i>vigabatrin tab 500MG</i> (SABRIL Equiv) | F | LD-PA Only available through Walgreens 888-347-3416 |
| HYDANTOINS - Drugs to treat seizures | | |
| DILANTIN CAP 30MG 30MG (<i>phenytoin sodium extended</i>) | F | - |

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| <i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv) | F | - |
| <i>phenytoin chew tab 50MG</i> (DILANTIN Equiv) | F | - |
| <i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv) | F | - |
| SUCCINIMIDES - Drugs to treat seizures | | |
| <i>CELONTIN CAP 300MG (methsuximide)</i> | F | - |
| <i>ethosuximide cap 250MG</i> (ZARONTIN Equiv) | F | - |
| <i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv) | F | - |
| VALPROIC ACID - Drugs to treat seizures | | |
| <i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv) | F | - |
| <i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv) | F | - |
| <i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv) | F | - |
| <i>valproic acid cap 250MG</i> (DEPAKENE Equiv) | F | - |
| <i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv) | F | - |
| ANTIDEPRESSANTS - Drugs to treat depression disorder | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression | | |
| <i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv) | F | - |
| <i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv) | F | - |
| ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs | | |

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|--|---|--|
| <i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv) | F | - |
| <i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv) | F | - |
| <i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv) | F | - |
| MAPROTILINE TAB 25MG, 50MG, 75MG (<i>maprotiline hcl</i>) | F | - |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression | | |
| MARPLAN TAB 10MG (<i>isocarboxazid</i>) | F | - |
| <i>phenelzine tab 15MG</i> (NARDIL Equiv) | F | - |
| <i>tranylcypromine tab 10MG</i> (PARNATE Equiv) | F | - |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression | | |
| <i>citalopram soln 10MG/5ML</i> (CELEXA Equiv) | F | - |
| <i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv) | F | - |
| <i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv) | F | - |
| <i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv) | F | - |
| <i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv) | F | - |
| <i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv) | F | - |
| <i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv) | F | ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |

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| <i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv) | F | - |
| <i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv) | F | - |
| <i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv) | F | - |
| <i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv) | F | - |
| <i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv) | F | - |
| SEROTONIN MODULATORS - Drugs to treat depression | | |
| NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG (<i>nefazodone hcl</i>) | F | - |
| <i>nefazodone tab 50mg, 250mg 250MG, 50MG</i> | F | - |
| <i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv) | F | - |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression | | |
| <i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv) | F | - |
| <i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv) | F | - |
| <i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv) | F | - |
| <i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv) | F | - |
| TRICYCLIC AGENTS - Drugs to treat depression | | |

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| <i>amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (ELAVIL Equiv) | F | - |
| AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG (<i>amoxapine</i>) | F | - |
| <i>desipramine tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (NORPRAMIN Equiv) | F | - |
| DOXEPIN CAP 150MG (SINEQUAN Equiv) (<i>doxepin hcl</i>) | F | - |
| <i>doxepin cap 100MG, 10MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv) | F | - |
| <i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv) | F | - |
| <i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv) | F | - |
| <i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv) | F | - |
| <i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv) | F | - |
| NORTRIPTYLINE SOLN 10MG/5ML (<i>nortriptyline hcl</i>) | F | - |
| ANTIDIABETICS - Drugs to regulate blood sugar | | |
| ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar | | |
| <i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv) | F | - |
| ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar | | |

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|---|--|---|
| ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG (<i>alogliptin-metformin hcl</i>) | F | QL QL= 2 tabs/day |
| ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG (<i>alogliptin-pioglitazone</i>) | F | QL QL= 1 tab/day |
| AVANDAMET TAB (<i>rosiglitazone maleate-metformin hcl</i>) | F | - |
| AVANDARYL TAB (<i>rosiglitazone maleate-glimepiride</i>) | F | - |
| <i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv) | F | - |
| <i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv) | F | - |
| JANUMET TAB 50MG-1000MG, 50MG-500MG (<i>sitagliptin-metformin hcl</i>) | F | QL QL= 2 tabs/day |
| JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG (<i>sitagliptin-metformin hcl</i>) | F | QL QL= 2 tabs/day |
| SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG (<i>empagliflozin-metformin hcl</i>) | F | QL QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG, 10MG-1000MG, 25MG-1000MG (<i>empagliflozin-metformin hcl</i>) | F | QL QL= 1 tab/day |

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| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG (<i>empagliflozin-metformin hcl</i>) | F | QL QL= 2 tabs/day |
| BIGUANIDES - Drugs to regulate blood sugar | | |
| <i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv) | F | - |
| <i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv) | F | - |
| DIABETIC OTHER - Drugs to regulate blood sugar | | |
| BAQSIMI NASAL POWDER 3MG/DOSE (<i>glucagon</i>) | F | QL QL= 2 inhalations/fill |
| GLUCAGEN HYPOKIT INJ 1MG (<i>glucagon hcl rdna</i>) | F | QL QL= 2 inj/fill |
| <i>glucagon rdna for inj kit 1MG</i> (GLUCAGON Equiv) | F | QL QL= 2 inj/fill |
| GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>) | F | QL QL= 2 inj/fill |
| GLUCAGON INJ KIT 1MG (<i>glucagon rdna</i>) | F | QL QL= 2 inj/fill |
| GVOKE INJ .5MG/0.1ML, 1MG/0.2ML (<i>glucagon</i>) | F | QL QL= 2 inj/fill |
| GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML (<i>glucagon</i>) | F | QL QL= 2 inj/fill |

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| KORLYM TAB 300MG (<i>mifepristone</i> (<i>hyperglycemia</i>)) | F | LD-PA Only available through Korlym SPARK program 855-4Korlym (855-456-7596) |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar | | |
| ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG (<i>alogliptin benzoate</i>) | F | QL QL= 1 tab/day |
| JANUVIA TAB 100MG, 25MG, 50MG (<i>sitagliptin phosphate</i>) | 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 (<i>exenatide</i>) | F | QL QL= 4 inj/28 days |
| BYDUREON INJ 2MG (<i>exenatide</i>) | F | QL QL= 4 inj/28 days |
| BYDUREON PEN INJ 2MG (<i>exenatide</i>) | F | QL QL= 4 inj/28 days |
| OZEMPIC INJ 2MG/1.5ML, 4MG/3ML (<i>semaglutide</i>) | F | QL QL= 1 pack/28 days |
| RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>) | F | QL QL=1 tab/day |
| TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>) | F | QL QL= 4 pens/28 days |
| VICTOZA INJ 18MG/3ML (<i>liraglutide</i>) | F | QL QL= 9ml/30 days |

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|--|--|---|
| INSULIN - Drugs to regulate blood sugar | | |
| BASAGLAR INJ 100UNIT/ML, 300UNIT/ML (<i>insulin glargine</i>) | F | - |
| FIASP FLEXTOUCH INJ 100UNIT/ML (<i>insulin aspart (with niacinamide)</i>) | F | - |
| FIASP INJ 100UNIT/ML (<i>insulin aspart (with niacinamide)</i>) | F | - |
| FIASP PENFILL INJ 20.8MG/ML-100UNIT/ML (<i>insulin aspart (with niacinamide)</i>) | F | - |
| HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>) | F | - |
| HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>) | F | - |
| INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>) | F | - |
| INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>) | F | - |
| INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>) | F | - |
| INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>) | F | - |

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| INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>) | F | - |
| NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>) | F | OTC |
| NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>) | F | OTC |
| NOVOLIN N FLEXPEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>) | F | OTC |
| NOVOLIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>) | F | OTC |
| NOVOLIN R FLEXPEN INJ 100UNIT/ML (<i>insulin regular (human)</i>) | F | OTC |
| NOVOLIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>) | F | OTC |
| NOVOLOG FLEXPEN INJ 100UNIT/ML (<i>insulin aspart</i>) | F | - |
| NOVOLOG INJ 100UNIT/ML (<i>insulin aspart</i>) | F | - |
| NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin aspart protamine & aspart (human)</i>) | F | - |
| NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML (<i>insulin aspart protamine & aspart (human)</i>) | F | - |

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| NOVOLOG PENFILL INJ 100UNIT/ML (<i>insulin aspart</i>) | F | - |
| INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar | | |
| AVANDIA TAB 2MG, 4MG (<i>rosiglitazone maleate</i>) | F | - |
| <i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS TAB Equiv) | F | - |
| MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar | | |
| <i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv) | F | - |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar | | |
| JARDIANCE TAB 10MG, 25MG (<i>empagliflozin</i>) | F | QL QL= 1 tab/day |
| STEGLATRO TAB 15MG, 5MG (<i>ertugliflozin l-pyroglutamic acid</i>) | F | QL QL= 1 tab/day |
| SULFONYLUREAS - Drugs to regulate blood sugar | | |
| <i>chlorpropamide tab</i> (DIABINESE Equiv) | F | - |
| <i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv) | F | - |
| <i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv) | F | - |
| <i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv) | F | - |
| <i>glyburide micronized tab 1.5MG, 3MG, 6MG</i> (GLYNASE Equiv) | F | - |
| <i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv) | F | - |
| TOLAZAMIDE TAB 250MG (<i>tolazamide</i>) | F | - |

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| TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>) | F | - |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea | | |
| ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea | | |
| DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>) | F | - |
| ANTIDIARRHEALS - Drugs to treat diarrhea | | |
| ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea | | |
| <i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv) | F | - |
| ANTIDOTES - Drugs to treat overdose or toxicity | | |
| ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity | | |
| CHEMET CAP 100MG (<i>succimer</i>) | F | - |
| FERRIPROX SOLN 100MG/ML (<i>deferiprone</i>) | F | LD-PA Only available through Ferriprox Total Care 866-758-7071 |
| FERRIPROX TAB 1000MG (<i>deferiprone</i>) | F | LD-PA Only available through Ferriprox Total Care 866-758-7071 |
| OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity | | |
| <i>naltrexone tab 50MG</i> (REVIA Equiv) | F | - |
| NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>) | F | - |
| ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity | | |
| ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity | | |

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 8/1/2021

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|---|---|--|
| <i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv) | F | LMSP |
| <i>deferasirox tab 125MG, 250MG, 500MG</i> (EXJADE Equiv) | F | LMSP |
| <i>deferasirox tab 180mg 180MG</i> (JADENU Equiv) | F | LMSP |
| <i>deferasirox tab 90mg, 360mg 360MG, 90MG</i> (JADENU Equiv) | F | LMSP |
| <i>deferiprone tab 500MG</i> (FERRIPROX Equiv) | F | LD-PA Only available through Ferriprox Total Care 866-758-7071 |
| OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity | | |
| <i>naloxone inj .4MG/ML, 4MG/10ML</i> | F | - |
| NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>) | \$0 | - |
| <i>naloxone prefilled inj 2MG/2ML</i> | \$0 | - |
| ANTIEMETICS - Drugs to treat nausea and vomiting | | |
| 5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting | | |
| <i>granisetron tab 1MG</i> (KYTRIL Equiv) | F | QL QL= 9 tabs/fill |
| <i>ondansetron ODT 4MG, 8MG</i> (ZOFRAN Equiv) | F | - |
| <i>ondansetron soln 4MG/5ML</i> (ZOFRAN Equiv) | F | - |
| ONDANSETRON TAB 24MG (<i>ondansetron hcl</i>) | F | - |
| <i>ondansetron tab 24MG, 4MG, 8MG</i> | F | - |
| ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting | | |

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| <i>maldemar tab</i> (SCOPACE Equiv) | F | - |
| <i>meclizine chew tab 25MG</i> (BONINE Equiv) | F | OTC |
| <i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv) | F | OTC |
| <i>trimethobenzamide cap 300MG</i> (TIGAN Equiv) | F | - |
| ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics | | |
| AKYNZEO CAP .5MG-300MG (<i>netupitant-palonosetron</i>) | F | QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| <i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv) | F | PA |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting | | |
| <i>aprepitant cap 125MG, 40MG, 80MG</i> (EMEND Equiv) | F | QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| <i>aprepitant pak</i> (EMEND Equiv) | F | QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| VARUBI TAB 90MG (<i>rolapitant hcl</i>) | F | QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| ANTIFUNGALS - Drugs to treat fungal infection | | |
| ANTIFUNGALS - Drugs to treat fungal infection | | |
| <i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv) | F | - |

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| <i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv) | F | - |
| <i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv) | F | - |
| <i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv) | F | - |
| <i>nystatin powder</i> | F | - |
| <i>nystatin tab 500000UNIT</i> | F | - |
| <i>terbinafine tab 250MG</i> (LAMISIL Equiv) | F | - |
| IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections | | |
| <i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv) | F | - |
| <i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv) | F | - |
| <i>itraconazole cap 100MG</i> (SPORANOX Equiv) | F | PA |
| <i>ketoconazole tab 200MG</i> (NIZORAL Equiv) | F | - |
| NOXAFIL SUSP 40MG/ML (<i>posaconazole</i>) | F | - |
| <i>posaconazole DR tab 100MG</i> (NOXAFIL Equiv) | F | - |
| <i>voriconazole susp 40MG/ML</i> (VFEND Equiv) | F | RS Restricted to Infectious Disease Specialist |
| <i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv) | F | RS Restricted to Infectious Disease Specialist |
| ANTIHISTAMINES - Drugs to treat allergies | | |
| ANTIHISTAMINES - ALKYLAMINES - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>chlorpheniramine ER cap</i> | F | - |

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| ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv) | F | Only 50mg covered |
| ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>cetirizine syrup 1MG/ML, 5MG/5ML</i> (ZYRTEC Equiv) | F | OTC |
| <i>cetirizine tab 10MG, 5MG</i> (ZYRTEC Equiv) | F | OTC |
| <i>loratadine chew tab 5MG</i> (CLARITIN Equiv) | F | OTC |
| <i>loratadine ODT 10MG</i> (CLARITIN Equiv) | F | OTC |
| <i>loratadine syrup 5MG/5ML</i> (CLARITIN Equiv) | F | OTC |
| <i>loratadine tab 10MG</i> (CLARITIN Equiv) | F | OTC |
| ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>promethazine supp 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv) | F | - |
| <i>promethazine syrup 6.25MG/5ML</i> | F | - |
| <i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv) | F | - |
| PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>) | F | - |
| ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>cyproheptadine syrup 2MG/5ML</i> | F | - |
| <i>cyproheptadine tab 4MG</i> | F | - |
| ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol | | |
| ANTIHYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics | | |
| <i>omega-3-acid ethyl esters cap 1GM-375MG-465MG</i> (LOVAZA Equiv) | F | - |

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| BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol | | |
| <i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv) | F | - |
| <i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv) | F | - |
| <i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv) | F | - |
| <i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv) | F | - |
| <i>colesevelam pack 3.75GM</i> (WELCHOL Equiv) | F | - |
| <i>colesevelam tab 625MG</i> (WELCHOL Equiv) | F | - |
| <i>colestipol tab 1GM</i> (COLESTID Equiv) | F | - |
| FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol | | |
| <i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv) | F | - |
| <i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv) | F | - |
| <i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv) | F | - |
| <i>gemfibrozil tab 600MG</i> (LOPID Equiv) | F | - |
| HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol | | |
| <i>atorvastatin tab 10mg 10MG</i> (LIPITOR Equiv) | \$0 | - |
| <i>atorvastatin tab 20mg 20MG</i> (LIPITOR Equiv) | \$0 | - |
| <i>atorvastatin tab 40mg 40MG</i> (LIPITOR Equiv) | F | - |

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| <i>atorvastatin tab 80mg 80MG</i> (LIPITOR Equiv) | F | - |
| <i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv) | \$0 | - |
| <i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv) | \$0 | - |
| <i>rosuvastatin tab 10mg 10MG</i> (CRESTOR Equiv) | \$0 | QL QL= 1 tab/day |
| <i>rosuvastatin tab 20mg 20MG</i> (CRESTOR Equiv) | F | QL QL= 1.5 tabs/day |
| <i>rosuvastatin tab 40mg 40MG</i> (CRESTOR Equiv) | F | QL QL= 1 tab/day |
| <i>rosuvastatin tab 5mg 5MG</i> (CRESTOR Equiv) | \$0 | QL QL= 1 tab/day |
| <i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv) | \$0 | 80mg is Not Covered |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol | | |
| <i>ezetimibe tab 10MG</i> (ZETIA Equiv) | F | - |
| NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol | | |
| <i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv) | F | - |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol | | |
| PRALUENT INJ 150MG/ML, 75MG/ML (<i>alirocumab</i>) | F | LMSP-PA-QL QL= 2 inj/28 days |

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| REPATHA INJ 140MG/ML (<i>evolocumab</i>) | F | LMSP-PA-QL QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ 420MG/3.5ML (<i>evolocumab</i>) | F | LMSP-PA-QL QL= 1 inj/28 days |
| ANTIHYPERTENSIVES - Drugs to treat high blood pressure | | |
| ACE INHIBITORS - Drugs to treat high blood pressure | | |
| <i>benazepril tab 10MG, 20MG, 40MG, 5MG</i> (LOTENSIN Equiv) | F | - |
| <i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv) | F | - |
| <i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv) | F | - |
| <i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv) | F | - |
| <i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv) | F | - |
| <i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv) | F | - |
| <i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv) | F | - |
| AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure | | |
| <i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv) | F | LMSP |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure | | |

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| <i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv) | F | - |
| <i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv) | F | - |
| <i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv) | F | - |
| <i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv) | F | - |
| <i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv) | F | - |
| ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure | | |
| <i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv) | F | - |
| <i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv) | F | - |
| <i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv) | F | - |
| <i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv) | F | - |
| METHYLDOPA TAB 250MG, 500MG (<i>methyldopa</i>) | F | - |
| <i>methyldopa tab 250MG, 500MG</i> | F | - |
| <i>prazosin cap</i> (MINIPRESS Equiv) | F | - |
| <i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv) | F | - |
| ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure | | |
| <i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv) | F | - |

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| <i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv) | F | - |
| <i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv) | F | - |
| <i>amlodipine/valsartan/hydrochlorothiazide tab 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG</i> (EXFORGE HCT Equiv) | F | - |
| <i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv) | F | - |
| BENAZEPRIL/HCT TAB 5MG-6.25MG (<i>benazepril & hydrochlorothiazide</i>) | F | - |
| <i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv) | F | - |
| <i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv) | F | - |
| <i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv) | F | - |
| <i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv) | F | - |

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| <i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)</i> | F | - |
| <i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)</i> | F | - |
| <i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)</i> | F | - |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG (<i>methyldopa & hydrochlorothiazide</i>) | F | - |
| METOPROLOL/HYDROCHLOROTHIAZIDE TAB 50MG-100MG (<i>metoprolol & hydrochlorothiazide</i>) | F | - |
| <i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG</i> | F | - |
| <i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)</i> | F | - |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG (<i>propranolol & hydrochlorothiazide</i>) | F | - |
| <i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ACCURETIC Equiv)</i> | F | - |
| <i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (DIOVAN HCT Equiv)</i> | F | - |
| VASODILATORS - Drugs to treat high blood pressure | | |

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 8/1/2021

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv) | F | - |
| <i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv) | F | - |
| ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs | | |
| ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs | | |
| IMPAVIDO CAP 50MG (<i>miltefosine</i>) | F | PA |
| <i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv) | F | - |
| <i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv) | F | LMSP |
| <i>trimethoprim tab</i> (PROLOPRIM Equiv) | F | - |
| ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations | | |
| <i>erythromycin/sulfisoxazole susp</i> (PEDIAZOLE Equiv) | F | - |
| <i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv) | F | - |
| <i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv) | F | - |
| ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections | | |
| ALINIA SUSP 100MG/5ML (<i>nitazoxanide</i>) | F | PA-QL QL= 60ml/3 days |
| <i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv) | F | - |
| LAMPIT TAB 120MG, 30MG (<i>nifurtimox</i>) | F | PA |
| <i>nitazoxanide tab 500MG</i> (ALINIA Equiv) | F | PA-QL QL= 6 tabs/3 days |
| GLYCOPEPTIDES - Drugs to treat bacterial infections | | |

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|---|--|---|
| FIRST-VANCOMYCIN SOLN 25MG/ML, 50MG/ML (<i>vancomycin hcl</i>) | F | - |
| FIRVANQ SOLN 25MG/ML, 50MG/ML (<i>vancomycin hcl</i>) | F | - |
| <i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv) | F | QL QL= 56 caps/fill |
| LEPROSTATICS - Drugs to treat Leprosy (bacterial infections) | | |
| <i>dapsone tab 100MG, 25MG</i> | F | - |
| LINCOSAMIDES - Drugs to treat bacterial infections | | |
| <i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv) | F | - |
| MONOBACTAMS - Drugs to treat bacterial infections | | |
| CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>) | F | KMSP-RS Restricted to Infectious Disease or Pulmonology Specialist |
| OXAZOLIDINONES - Drugs to treat bacterial infections | | |
| <i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv) | F | RS Restricted to Infectious Disease Specialist |
| <i>linezolid tab 600MG</i> (ZYVOX Equiv) | F | RS Restricted to Infectious Disease Specialist |

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| SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>) | F | QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| PLEUROMUTILINS - drugs to treat infections | | |
| XENLETA TAB 600MG (<i>lefamulin acetate</i>) | F | QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist |
| URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections | | |
| <i>methenamine hippurate tab 1GM</i> (HIPREX Equiv) | F | - |
| <i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv) | F | - |
| <i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv) | F | - |
| ANTIMALARIALS - Drugs to treat malaria (parasitic infections) | | |
| ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections) | | |
| <i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv) | F | - |
| ANTIMALARIALS - Drugs to treat malaria (parasitic infections) | | |
| <i>chloroquine tab 250MG, 500MG</i> (ARALEN Equiv) | F | - |
| CHLOROQUINE TAB 500MG 500MG (<i>chloroquine phosphate</i>) | F | - |
| <i>hydroxychloroquine tab 200MG</i> (PLAQUENIL Equiv) | F | - |
| KRINTAFEL TAB 150MG (<i>tafenoquine succinate</i>) | F | - |

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| MEFLOQUINE TAB 250MG (LARIAM Equiv) <i>(mefloquine hcl)</i> | F | - |
| <i>mefloquine tab 250MG</i> (LARIAM Equiv) | F | - |
| <i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv) | F | - |
| <i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv) | F | LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders | | |
| PROSTIGMIN TAB <i>(neostigmine bromide)</i> | F | - |
| <i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv) | F | - |
| <i>pyridostigmine tab 60MG</i> (MESTINON Equiv) | F | - |
| RUZURGI TAB 10MG <i>(amifampridine)</i> | F | LD-PA Only available through PantheRx Pharmacy 855-726-8479 |
| ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections) | | |
| ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections) | | |
| RIFAMATE CAP 150MG-300MG <i>(isoniazid & rifampin)</i> | F | - |
| ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections) | | |
| <i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv) | F | - |
| ISONIAZID SYRUP 50MG/5ML <i>(isoniazid)</i> | F | - |
| ISONIAZID TAB 100MG <i>(isoniazid)</i> | F | - |

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| <i>isoniazid tab 100MG, 300MG</i> | F | - |
| PRETOMANID TAB 200MG (<i>pretomanid</i>) | F | QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist |
| PRIFTIN TAB 150MG (<i>rifapentine</i>) | F | - |
| <i>pyrazinamide tab 500MG</i> | F | - |
| <i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv) | F | - |
| <i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv) | F | - |
| ANTINEOPLASTICS - Drugs to treat cancer | | |
| ALKYLATING AGENTS - Drugs to treat cancer | | |
| HEXALEN CAP 50MG (<i>altretamine</i>) | F | LMSP |
| LEUKERAN TAB 2MG (<i>chlorambucil</i>) | F | LMSP |
| ANTIMETABOLITES - Drugs to treat cancer | | |
| <i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv) | F | - |
| <i>methotrexate tab 2.5MG</i> (TREXALL Equiv) | F | - |
| TABLOID TAB 40MG (<i>thioguanine</i>) | F | - |
| ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer | | |
| NEXAVAR TAB 200MG (<i>sorafenib tosylate</i>) | F | MSP-PA-SF |
| SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG (<i>sunitinib malate</i>) | F | KMSP-PA-SF |
| ZOLINZA CAP 100MG (<i>vorinostat</i>) | F | LMSP-PA-SF |
| ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer | | |

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|--|--|---|
| ACTIMMUNE INJ 2000000UNIT/0.5ML (<i>interferon gamma-1b</i>) | F | LD-PA Only available through Walgreens 888-347-3416 |
| ALFERON-N INJ 5MU/ML (<i>interferon alfa-n3</i>) | F | LMSP |
| <i>hydroxyurea cap 500MG</i> (HYDREA Equiv) | F | - |
| INTRON-A INJ (<i>interferon alfa-2b inj</i>) | F | KMSP |
| MATULANE CAP 50MG (<i>procarbazine hcl</i>) | F | - |
| <i>tretinoin cap 10MG</i> (VESANOID Equiv) | F | LMSP |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs | | |
| <i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i> | F | - |
| MESNEX TAB 400MG (<i>mesna</i>) | F | LMSP |
| TOPOISOMERASE I INHIBITORS - Drugs to treat cancer | | |
| HYCANTIN CAP .25MG, 1MG (<i>topotecan hcl</i>) | F | LMSP-PA |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer | | |
| ALKYLATING AGENTS - Drugs to treat cancer | | |
| AFINITOR TAB 10MG 10MG (<i>everolimus</i>) | F | LMSP-PA-QL-SF QL= 1 tab/day |
| <i>cyclophosphamide cap 25MG, 50MG</i> | F | - |
| CYCLOPHOSPHAMIDE TAB 25MG, 50MG (<i>cyclophosphamide</i>) | F | - |
| GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG (<i>lomustine</i>) | F | - |
| <i>melfalan tab 2MG</i> (ALKERAN Equiv) | F | LMSP |
| MYLERAN TAB 2MG (<i>busulfan</i>) | F | LMSP |

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| <i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv) | F | LMSP |
| ANTIMETABOLITES - Drugs to treat cancer | | |
| <i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv) | F | LMSP |
| <i>methotrexate inj 1GM/40ML, 250MG/10ML, 50MG/2ML</i> | F | - |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer | | |
| INLYTA TAB 1MG, 5MG (<i>axitinib</i>) | F | KMSP-PA-QL-SF QL= 8 tabs/day |
| LENVIMA CAP 10MG, 4MG (<i>lenvatinib mesylate</i>) | F | LD-PA-QL QL= 3 caps/day; Only available through Accredo 800-803-2523 |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS *** | | |
| TUKYSA TAB 150MG, 50MG (<i>tucatinib</i>) | F | LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer | | |
| VENCLEXTA STARTER PACK (<i>venetoclax</i>) | F | LD-PA Only available through Diplomat Pharmacy 877-977-9118 |
| VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>) | F | LD-PA Only available through Diplomat Pharmacy 877-977-9118 |
| ANTINEOPLASTIC - EGFR INHIBITORS *** | | |

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|---|---|--|
| <i>erlotinib tab 100MG, 150MG, 25MG</i> (TARCEVA Equiv) | F | LMSP-PA-SF |
| GILOTRIF TAB 20MG, 30MG, 40MG (<i>afatinib dimaleate</i>) | F | LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| IRESSA TAB 250MG (<i>gefitinib</i>) | F | LD-PA Only available through Diplomat Pharmacy 877-977-9118 |
| TAGRISO TAB 40MG, 80MG (<i>osimertinib mesylate</i>) | F | LD-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>) | F | KMSP-PA-QL-SF QL= 1 tab/day |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer | | |
| ERIVEDGE CAP 150MG (<i>vismodegib</i>) | F | KMSP-PA-SF |
| ODOMZO CAP 200MG (<i>sonidegib phosphate</i>) | F | LMSP-PA-SF |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer | | |
| <i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv) | F | LMSP-QL QL= 4 tabs/day |
| <i>anastrozole tab 1MG</i> (ARIMIDEX Equiv) | \$0 | Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| <i>bicalutamide tab 50MG</i> (CASODEX Equiv) | F | - |

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| EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>) | F | - |
| ERLEADA TAB 60MG (<i>apalutamide</i>) | F | LMSP-PA-QL QL= 4 tabs/day |
| <i>exemestane tab 25MG</i> (AROMASIN Equiv) | \$0 | Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| FLUTAMIDE CAP 125MG (EULEXIN Equiv) (<i>flutamide</i>) | F | - |
| <i>flutamide cap 125MG</i> (EULEXIN Equiv) | F | - |
| <i>letrozole tab 2.5MG</i> (FEMARA Equiv) | F | - |
| LYSODREN TAB 500MG (<i>mitotane</i>) | F | LD Only available through Walgreens 888-347-3416 |
| <i>megestrol susp 400MG/10ML, 40MG/ML</i> (MEGACE Equiv) | F | - |
| <i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv) | F | - |
| <i>nilutamide tab 150MG</i> (NILANDRON Equiv) | F | LMSP |
| NUBEQA TAB 300MG (<i>darolutamide</i>) | F | MSP-PA-QL-SF QL= 4 tabs/day |
| ORGOVYX TAB 120MG (<i>relugolix</i>) | F | LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246 |

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|---|--|--|
| <i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv) | \$0 | Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| <i>toremifene tab 60MG</i> (FARESTON Equiv) | F | - |
| ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer | | |
| POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>) | F | KMSP-PA-QL QL= 21 caps/28 days |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS *** | | |
| AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG (<i>avapritinib</i>) | F | LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer | | |
| XPOVIO PAK 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>) | F | LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 |
| ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer | | |
| INQOVI TAB 35MG-100MG (<i>decitabine-cedazuridine</i>) | F | LD-PA-QL QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416 |
| LONSURF TAB 6.14MG-15MG, 8.19MG-20MG (<i>trifluridine-tipiracil</i>) | F | LD-PA Only available through Walgreens 888-347-3416 |
| ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer | | |

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| AFINITOR DISPERZ 2MG, 3MG, 5MG (<i>everolimus</i>) | F | LMSP-PA-QL-SF QL= 1 tab/day |
| ALECENSA CAP 150MG (<i>alectinib hcl</i>) | F | LMSP-PA-QL QL= 8 caps/day |
| ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>) | F | LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| ALUNBRIG TAB 90MG, 180MG 180MG, 90MG (<i>brigatinib</i>) | F | LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| BALVERSA TAB 3MG 3MG (<i>erdafitinib</i>) | F | LD-PA-QL-SF QL= 3 tabs/day; Only available through US Bioservices 888-518-7246 |
| BALVERSA TAB 4MG 4MG (<i>erdafitinib</i>) | F | LD-PA-QL-SF QL= 2 tabs/day; Only available through US Bioservices 888-518-7246 |
| BALVERSA TAB 5MG 5MG (<i>erdafitinib</i>) | F | LD-PA-QL-SF QL= 1 tab/day; Only available through US Bioservices 888-518-7246 |
| BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>) | F | KMSP-PA-SF |
| BRAFTOVI CAP 75MG 75MG (<i>encorafenib</i>) | F | LD-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |

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|---|---|--|
| BRUKINSA CAP 80MG (<i>zanubrutinib</i>) | F | LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| CABOMETYX TAB 20MG, 40MG, 60MG (<i>cabozantinib s-malate</i>) | F | MSP-PA-QL-SF QL= 1 tab/day |
| CALQUENCE CAP 100MG (<i>acalabrutinib</i>) | F | LD-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| CAPRELSA TAB 100MG, 300MG (<i>vandetanib</i>) | F | LD-PA Only available through Biologics 800-850-4306 |
| COMETRIQ KIT 20MG (<i>cabozantinib s-malate</i>) | F | LD-PA Only available through Diplomat Pharmacy 877-977-9118 |
| COPIKTRA CAP 15MG, 25MG (<i>duvelisib</i>) | F | LD-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>) | F | MSP-PA-QL QL= 3 tabs/day |
| <i>everolimus tab 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv) | F | LMSP-PA-QL-SF QL= 1 tab/day |
| FARYDAK CAP 10MG, 15MG, 20MG (<i>panobinostat lactate</i>) | F | MSP-PA-QL QL= 6 caps/21 days |

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|---|--|---|
| GAVRETO CAP 100MG (<i>pralsetinib</i>) | F | LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| IBRANCE CAP 100MG, 125MG, 75MG (<i>palbociclib</i>) | F | KMSP-PA-QL QL= 21 caps/28 days |
| IBRANCE TAB 100MG, 125MG, 75MG (<i>palbociclib</i>) | F | KMSP-PA-QL QL= 21 caps/28 days |
| ICLUSIG TAB 10MG, 15MG, 30MG, 45MG (<i>ponatinib hcl</i>) | F | LD-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144 |
| IDHIFA TAB 100MG, 50MG (<i>enasidenib mesylate</i>) | F | MSP-PA-QL QL= 1 tab/day |
| <i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv) | F | LMSP-PA-QL QL= 3 tabs/day |
| IMBRUVICA CAP 140MG 140MG (<i>ibrutinib</i>) | F | LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>) | F | LD-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG (<i>ibrutinib</i>) | F | LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>) | F | MSP-PA-QL-SF QL= 2 tabs/day |

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| KOSELUGO CAP 10MG, 25MG (<i>selumetinib sulfate</i>) | F | LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633 |
| <i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv) | F | LMSP-PA |
| LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>) | F | KMSP-PA-QL-SF QL= 1 tab/day |
| LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>) | F | KMSP-PA-QL-SF QL= 3 tabs/day |
| LYNPARZA CAP 50MG (<i>olaparib</i>) | F | LD-PA-QL-SF Only available through Biologics 800-850-4306, QL= 16 caps/day |
| LYNPARZA TAB 100MG, 150MG (<i>olaparib</i>) | F | LD-PA-QL-SF Only available through Biologics 800-850-4306, QL= 4 tabs/day |
| MEKINIST TAB 0.5MG .5MG (<i>trametinib dimethyl sulfoxide</i>) | F | LMSP-PA-QL QL= 3 tabs/day |
| MEKINIST TAB 2MG 2MG (<i>trametinib dimethyl sulfoxide</i>) | F | LMSP-PA-QL QL= 1 tab/day |
| MEKTOVI TAB 15MG (<i>binimetinib</i>) | F | LD-PA-QL QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| NERLYNX TAB 40MG (<i>neratinib maleate</i>) | F | LD-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |

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| NINLARO CAP 2.3MG, 3MG, 4MG (<i>ixazomib citrate</i>) | F | KMSP-PA |
| PEMAZYRE TAB 13.5MG, 4.5MG, 9MG (<i>pemigatinib</i>) | F | LD-PA-QL QL= 14 tabs/21 days; Only available through Biologics 800-850-4306 |
| PIQRAY TAB 150MG, 200MG (<i>alpelisib</i>) | F | LMSP-PA-SF |
| QINLOCK TAB 50MG (<i>ripretinib</i>) | F | LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| RETEVMO CAP 40MG, 80MG (<i>selpercatinib</i>) | F | LMSP-PA-QL-SF QL= 4 caps/day |
| ROZLYTREK CAP 100MG, 200MG (<i>entrectinib</i>) | F | MSP-PA-QL-SF QL= 3 caps/day |
| RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>) | F | LD-PA-QL-SF QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779 |
| RYDAPT CAP 25MG (<i>midostaurin</i>) | F | LMSP-PA |
| SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG (<i>dasatinib</i>) | F | LMSP-PA-SF |
| STIVARGA TAB 40MG (<i>regorafenib</i>) | F | MSP-PA-QL-SF QL= 4 tabs/day |
| TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>) | F | LMSP-PA-QL-SF QL= 4 tabs/day |
| TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>) | F | LMSP-PA-QL QL= 4 caps/day |

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| TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>) | F | KMSP-PA-QL-SF QL= 3 caps/day |
| TALZENNA CAP 1MG 1MG (<i>talazoparib tosylate</i>) | F | KMSP-PA-QL-SF QL= 1 cap/day |
| TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>) | F | LMSP-PA-SF |
| TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>) | F | LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633 |
| TIBSOVO TAB 250MG (<i>ivosidenib</i>) | F | LD-PA-QL QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| TURALIO CAP 200MG (<i>pexidartinib hcl</i>) | F | LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>) | F | LMSP-PA-QL-SF QL= 2 tabs/day |
| VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>) | F | LD-PA-QL-SF QL= 2 caps/day; Only available through US Bioservices 888-518-7246 |
| VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>) | F | LD-PA-QL-SF QL= 6 caps/day; Only available through US Bioservices 888-518-7246 |
| VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>) | F | LD-PA-QL-SF QL= 10ml/day; Only available through US Bioservices 888-518-7246 |

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| VOTRIENT TAB 200MG (<i>pazopanib hcl</i>) | F | LMSP-PA-SF |
| XALKORI CAP 200MG, 250MG (<i>crizotinib</i>) | F | KMSP-PA-QL-SF QL= 2 caps/day |
| XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>) | F | LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| ZEJULA CAP 100MG (<i>niraparib tosylate</i>) | F | LD-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZELBORAF TAB 240MG (<i>vemurafenib</i>) | F | MSP-PA-QL QL= 8 tabs/day |
| ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>) | F | LD-PA Only available through Diplomat Pharmacy 877-977-9118 |
| ZYKADIA CAP 150MG (<i>ceritinib</i>) | F | LMSP-PA-QL-SF QL= 3 caps/day |
| ZYKADIA TAB 150MG (<i>ceritinib</i>) | F | LMSP-PA-QL-SF QL= 3 tabs/day |
| ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer | | |
| <i>bexarotene cap 75MG</i> (TARGRETIN Equiv) | F | LMSP-PA-SF |
| MITOTIC INHIBITORS - Drugs to treat cancer | | |
| ETOPOSIDE CAP 50MG (<i>etoposide</i>) | F | LMSP |
| ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease | | |
| ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease | | |

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| <i>carbidopa tab 25MG</i> (LODOSYN Equiv) | F | - |
| ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease | | |
| <i>benztropine tab .5MG, 1MG, 2MG</i> | F | - |
| <i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv) | F | - |
| ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease | | |
| <i>entacapone tab 200MG</i> (COMTAN Equiv) | F | - |
| ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease | | |
| <i>amantadine cap 100MG</i> (SYMMETREL Equiv) | F | - |
| <i>amantadine syrup 50MG/5ML</i> (SYMMETREL Equiv) | F | - |
| <i>amantadine tab 100MG</i> | F | - |
| <i>bromocriptine cap 5MG</i> (PARLODEL Equiv) | F | - |
| <i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv) | F | - |
| <i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv) | F | - |
| <i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv) | F | - |
| <i>carbidopa/levodopa tab</i> (SINEMET Equiv) | F | - |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv) (<i>carbidopa-levodopa-entacapone</i>) | F | - |
| <i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv) | F | - |

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| <i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv) | F | - |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease | | |
| <i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv) | F | - |
| <i>selegiline cap 5MG</i> (ELDEPRYL Equiv) | F | - |
| <i>selegiline tab 5MG</i> (ELDEPRYL Equiv) | F | - |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease | | |
| ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease | | |
| <i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv) | F | - |
| ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease | | |
| ONGENTYS CAP 25MG, 50MG (<i>opicapone</i>) | F | PA-QL QL= 1 tab/day, 30 tabs per fill |
| ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease | | |
| CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>) | F | - |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders | | |
| ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions | | |
| <i>lithium carbonate cap 150MG, 300MG, 600MG</i> (ESKALITH ER Equiv) | F | - |
| <i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv) | F | - |
| <i>lithium carbonate tab 300MG</i> | F | - |
| LITHIUM CITRATE SOLN 8MEQ/5ML (<i>lithium</i>) | F | - |
| <i>lithium citrate soln</i> | F | - |

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| ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs | | |
| EQUETRO CAP 100MG, 200MG, 300MG <i>(carbamazepine (antipsychotic))</i> | 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) <i>(risperidone)</i> | F | - |
| 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 <i>(clozapine)</i> | F | - |
| CLOZAPINE ODT 12.5MG 12.5MG <i>(clozapine)</i> | F | - |
| clozapine ODT 25mg, 100mg 100MG, 25MG (CLOZAPINE, FAZACLO Equiv) | F | - |

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| CLOZAPINE ODT, FAZACLO ODT 12.5MG, 150MG, 200MG (<i>clozapine</i>) | F | - |
| <i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv) | F | - |
| <i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv) | F | - |
| <i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv) | F | - |
| <i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv) | F | - |
| <i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv) | F | - |
| <i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv) | F | - |
| PHENOTHIAZINES - Drugs to treat mood disorders | | |
| <i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv) | F | - |
| <i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv) | F | - |
| <i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv) | F | - |
| <i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv) | F | - |
| <i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv) | F | - |

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| <i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv) | F | - |
| <i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv) | F | - |
| QUINOLINONE DERIVATIVES - Drugs to treat mood disorders | | |
| <i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv) | F | - |
| THIOXANTHENES - Drugs to treat mood disorders | | |
| <i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv) | F | - |
| ANTIVIRALS - Drugs to treat viral infection | | |
| ANTIRETROVIRALS - Drugs to treat viral infections | | |
| <i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv) | F | - |
| <i>abacavir tab 300MG</i> (ZIAGEN Equiv) | F | - |
| <i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv) | F | - |
| <i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv) | F | - |
| APTIVUS CAP 250MG (<i>tipranavir</i>) | F | - |
| APTIVUS SOLN 100MG/ML (<i>tipranavir</i>) | F | - |
| <i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv) | F | - |

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| BIKTARVY TAB 25MG-50MG-200MG (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>) | F | QL QL= 1 tab/ day |
| CIMDUO TAB 300MG (<i>lamivudine-tenofovir disoproxil fumarate</i>) | F | QL QL= 1 tab/day |
| COMPLERA TAB 25MG-200MG-300MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>) | F | QL QL= 1 tab/day |
| CRIXIVAN CAP 200MG, 400MG (<i>indinavir sulfate</i>) | F | MSP |
| DELSTRIGO TAB 100MG-300MG (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>) | F | QL QL= 1 tab/day |
| DESCOVY TAB 25MG-200MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>) | \$0 | - |
| <i>didanosine DR cap 200MG, 250MG, 400MG</i> (VIDEX EC Equiv) | F | - |
| DOVATO TAB 50MG-300MG (<i>dolutegravir sodium-lamivudine</i>) | F | QL QL= 1 tab/day |
| EDURANT TAB 25MG (<i>rilpivirine hcl</i>) | F | - |
| <i>efavirenz cap 200MG, 50MG</i> (SUSTIVA Equiv) | F | - |
| <i>efavirenz tab 600MG</i> (SUSTIVA Equiv) | F | - |
| <i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG</i> (ATRIPLA Equiv) | F | QL QL= 1 tab/day |
| <i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv) | F | QL QL= 1 tab/day |

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| <i>emtricitabine cap 200MG</i> (EMTRIVA Equiv) | F | - |
| <i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv) | \$0 | - |
| EMTRIVA SOLN 10MG/ML (<i>emtricitabine</i>) | F | - |
| <i>etravirine tab 100MG, 200MG</i> (INTELENCE Equiv) | F | - |
| EVOTAZ TAB 150MG-300MG (<i>atazanavir sulfate-cobicistat</i>) | F | - |
| <i>fosamprenavir tab 700MG</i> (LEXIVA Equiv) | F | - |
| FUZEON INJ 90MG (<i>enfuvirtide</i>) | F | - |
| GENVOYA TAB 10MG-150MG-200MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>) | F | QL QL= 1 tab/day |
| INTELENCE TAB 100MG, 200MG, 25MG (<i>etravirine</i>) | F | - |
| INVIRASE CAP 200MG (<i>saquinavir mesylate</i>) | F | - |
| INVIRASE TAB 500MG (<i>saquinavir mesylate</i>) | F | - |
| ISENTRESS (HD) TAB 400MG, 600MG (<i>raltegravir potassium</i>) | F | - |
| ISENTRESS CHEW TAB 100MG, 25MG (<i>raltegravir potassium</i>) | F | - |
| ISENTRESS POWDER PACK 100MG (<i>raltegravir potassium</i>) | F | - |

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| JULUCA TAB 25MG-50MG (<i>dolutegravir sodium-rilpivirine hcl</i>) | F | QL QL= 1 tab/ day |
| <i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv) | F | - |
| <i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv) | F | - |
| <i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv) | F | - |
| LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>) | F | - |
| <i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv) | F | - |
| <i>lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv) | F | - |
| NEVIRAPINE ER TAB 100MG 100MG (<i>nevirapine</i>) | F | - |
| <i>nevirapine ER tab 400mg 100MG, 400MG</i> (VIRAMUNE XR Equiv) | F | - |
| NEVIRAPINE SUSP (VIRAMUNE Equiv) (<i>nevirapine</i>) | F | - |
| <i>nevirapine susp 50MG/5ML</i> (VIRAMUNE Equiv) | F | - |
| <i>nevirapine tab 200MG</i> (VIRAMUNE Equiv) | F | - |
| NORVIR CAP 100MG (<i>ritonavir</i>) | F | - |
| NORVIR POWDER PACK 100MG (<i>ritonavir</i>) | F | - |
| NORVIR SOLN 80MG/ML (<i>ritonavir</i>) | F | - |
| ODEFSEY TAB 25MG-200MG (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>) | F | QL QL= 1 tab/day |

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| PIFELTRO TAB 100MG (<i>doravirine</i>) | F | QL QL= 1 tab/day |
| PREZCOBIX TAB 150MG-800MG (<i>darunavir-cobicistat</i>) | F | - |
| PREZISTA SUSP 100MG/ML (<i>darunavir ethanolate</i>) | F | - |
| PREZISTA TAB 150MG, 600MG, 75MG, 800MG (<i>darunavir ethanolate</i>) | F | - |
| RESCRIPTOR TAB 100MG, 200MG (<i>delavirdine mesylate</i>) | F | - |
| REYATAZ POWDER PACK 50MG (<i>atazanavir sulfate</i>) | F | - |
| <i>ritonavir tab 100MG</i> (NORVIR Equiv) | F | - |
| RUKOBIA ER TAB 600MG (<i>fostemsavir tromethamine</i>) | F | - |
| SELZENTRY SOLN 20MG/ML (<i>maraviroc</i>) | F | - |
| SELZENTRY TAB 150MG, 25MG, 300MG, 75MG (<i>maraviroc</i>) | F | - |
| STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (ZERIT Equiv) (<i>stavudine</i>) | F | - |
| <i>stavudine cap 15MG, 20MG, 30MG, 40MG</i> (ZERIT Equiv) | F | - |
| <i>stavudine soln</i> (ZERIT Equiv) | F | - |
| STRIBILD TAB 150MG-200MG-300MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>) | F | QL QL= 1 tab/day |

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| SYMTUZA TAB 10MG-150MG-200MG-800MG (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>) | F | - |
| <i>tenofovir disoproxil fumarate tab 300mg 300MG</i> (VIREAD Equiv) | F | - |
| TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>) | F | - |
| TIVICAY TAB 10MG, 25MG, 50MG (<i>dolutegravir sodium</i>) | F | - |
| TRIUMEQ TAB 50MG-300MG-600MG (<i>abacavir-dolutegravir-lamivudine</i>) | F | QL QL= 1 tab/day |
| VIDEX SOLN 2GM, 4GM (<i>didanosine</i>) | F | - |
| VIRACEPT POWDER (<i>nelfinavir mesylate</i>) | F | - |
| VIRACEPT TAB 250MG, 625MG (<i>nelfinavir mesylate</i>) | F | - |
| VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG (<i>tenofovir disoproxil fumarate</i>) | F | - |
| VITEKTA TAB (<i>elvitegravir</i>) | F | - |
| <i>zidovudine cap 100MG</i> (RETROVIR Equiv) | F | - |
| <i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv) | F | - |
| <i>zidovudine tab 300MG</i> (RETROVIR Equiv) | F | - |
| CMV AGENTS - Drugs to treat viral infections | | |
| GANCICLOVIR CAP (<i>ganciclovir</i>) | F | - |
| <i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv) | F | - |
| <i>valganciclovir tab 450MG</i> (VALCYTE Equiv) | F | - |

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| HEPATITIS AGENTS - Drugs to treat viral infections | | |
| <i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv) | F | LMSP |
| <i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv) | F | LMSP-QL QL= 1 tab/day |
| EPIVIR HBV SOLN 5MG/ML (<i>lamivudine (hbv)</i>) | F | - |
| <i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv) | F | - |
| LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG (<i>ledipasvir-sofosbuvir</i>) | F | LMSP-PA-QL QL= 1 tab/ day |
| MAVYRET TAB 40MG-100MG (<i>glecaprevir-pibrentasvir</i>) | F | LMSP-PA-QL QL= 3 tabs/day |
| PEGASYS INJ 135MCG/0.5ML, 180MCG/0.5ML, 180MCG/ML (<i>peginterferon alfa-2a</i>) | F | LMSP |
| PEG-INTRON INJ 50MCG/0.5ML (<i>peginterferon alfa-2b</i>) | F | LMSP |
| REBETOL SOLN 40MG/ML (<i>ribavirin (hepatitis c)</i>) | F | LMSP |
| <i>ribavirin cap 200MG</i> (REBETOL Equiv) | F | LMSP |
| <i>ribavirin tab 200MG</i> (COPEGUS Equiv) | F | LMSP |
| SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (<i>sofosbuvir-velpatasvir</i>) | F | LMSP-PA-QL QL= 1 tab/ day |
| VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>) | F | LMSP |
| VOSEVI TAB 100MG-400MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) | F | LMSP-PA-QL QL= 1 tab/day |
| HERPES AGENTS - Drugs to treat viral infections | | |

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| <i>acyclovir cap 200MG</i> (ZOVIRAX Equiv) | F | - |
| <i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv) | F | - |
| <i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv) | F | - |
| <i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv) | F | - |
| INFLUENZA AGENTS - Drugs to treat viral infections | | |
| <i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv) | F | QL QL= 10 caps/fill |
| <i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv) | F | QL QL= 20 caps/fill |
| <i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv) | F | QL QL= 250ml/fill |
| RELENZA DISKHALER 5MG/BLISTER (<i>zanamivir</i>) | F | QL QL= 1 inhaler/fill |
| RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>) | F | - |
| ASSORTED CLASSES - Drugs to treat assorted conditions | | |
| CHELATING AGENTS - Drugs to treat overdose or toxicity | | |
| D-PENAMINE TAB 125MG (<i>penicillamine</i>) | F | - |
| IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc. | | |
| REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG (<i>lenalidomide</i>) | F | KMSP-PA-QL QL= 1 cap/day |
| THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>) | F | KMSP-PA |

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| IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system | | |
| <i>azathioprine tab 50MG</i> (IMURAN Equiv) | F | - |
| <i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv) | F | - |
| <i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv) | F | - |
| <i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv) | F | - |
| <i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv) | F | - |
| <i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv) | F | - |
| <i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv) | F | - |
| <i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv) | F | - |
| SANDIMMUNE SOLN 100MG/ML 100MG/ML (<i>cyclosporine</i>) | F | - |
| <i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv) | F | - |
| <i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv) | F | - |
| ZORTRESS TAB 1MG 1MG (<i>everolimus (immunosuppressant)</i>) | F | LMSP-PA |
| POTASSIUM REMOVING RESINS - Drugs to manage potassium levels | | |
| <i>sodium polystyrene powder</i> (KAYEXALATE Equiv) | F | - |

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| <i>sodium polystyrene susp 15GM/60ML, 30GM/120ML, 50GM/200ML</i> (SPS Equiv) | F | - |
| BETA BLOCKERS - Drugs to treat high blood pressure | | |
| ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure | | |
| <i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv) | F | - |
| <i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv) | F | - |
| BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure | | |
| <i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv) | F | - |
| <i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv) | F | - |
| <i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv) | F | - |
| BYSTOLIC TAB 10MG, 2.5MG, 20MG, 5MG (<i>nebivolol hcl</i>) | F | - |
| <i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv) | F | - |
| <i>metoprolol tab 100MG, 25MG, 50MG</i> (LOPRESSOR Equiv) | F | - |
| BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure | | |
| <i>nadolol tab</i> (CORGARD Equiv) | F | - |
| <i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv) | F | - |
| <i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv) | F | - |

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| PROPRANOLOL SOLN 20MG/5ML, 40MG/5ML (<i>propranolol hcl</i>) | F | - |
| <i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv) | F | - |
| <i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv) | F | - |
| <i>sotalol tab</i> (BETAPACE Equiv) | F | - |
| <i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv) | F | - |
| CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure | | |
| CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease | | |
| <i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv) | F | - |
| <i>diltiazem ER cap 120MG, 60MG, 90MG</i> (DILACOR XR Equiv) | F | - |
| <i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv) | F | - |
| <i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv) | F | - |
| <i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv) | F | - |
| <i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv) | F | - |
| <i>verapamil SR cap 120MG, 180MG, 200MG, 240MG</i> (VERELAN Equiv) | F | - |

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| VERAPAMIL SR CAP 360mg 360MG (<i>verapamil hcl</i>) | F | - |
| <i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv) | F | - |
| CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm | | |
| CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm | | |
| DIGOXIN SOLN .05MG/ML (LANOXIN Equiv) (<i>digoxin</i>) | F | - |
| <i>digoxin soln .05MG/ML</i> (LANOXIN Equiv) | F | - |
| <i>digoxin tab .125MG, .25MG, 125MCG, 250MCG</i> (LANOXIN Equiv) | F | - |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions | | |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs | | |
| <i>amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG</i> (CADUET Equiv) | F | - |
| IMPOTENCE AGENTS - drugs to treat erectile dysfunction | | |
| <i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv) | F | QL QL=6 tabs/30 days |
| <i>tadalafil tab 10MG, 2.5MG, 20MG, 5MG</i> (CIALIS Equiv) | F | QL QL= 6 tabs/30 days |
| PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension | | |

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| TYVASO INH SOLN .6MG/ML (<i>treprostinil</i>) | F | LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523 |
| VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML (<i>iloprost</i>) | F | LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523 |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension | | |
| <i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv) | F | LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416 |
| <i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv) | F | LD-QL-RS QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 |
| OPSUMIT TAB 10MG (<i>macitentan</i>) | F | LD-PA-QL QL= 1 tab/day; Only available through CVS Specialty 800-237-2767 |
| TRACLEER TAB 32MG 32MG (<i>bosentan</i>) | F | LD-PA-QL QL=4 tabs/day; Only available through Walgreens 888-347-3416 |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension | | |

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| <i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv) | F | PA |
| <i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv) | F | LMSP-PA |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension | | |
| UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>selexipag</i>) | F | LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension | | |
| ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG (<i>riociguat</i>) | 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 | | |
| VYNDAMAX CAP 61MG (<i>tafamidis</i>) | F | MSP-PA-QL QL= 1 cap/day |
| VYNDAQEL CAP 20MG (<i>tafamidis meglumine</i>) (<i>cardiac</i>) | F | MSP-PA-QL QL= 4 caps/day |
| CEPHALOSPORINS - Drugs to treat bacterial infections | | |
| CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections | | |
| <i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv) | F | - |
| <i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv) | F | - |
| CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections | | |
| <i>cefuroxime susp</i> (CEFTIN Equiv) | F | - |

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| <i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv) | F | - |
| CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections | | |
| <i>cefдинир cap 300MG</i> (OMNICEF Equiv) | F | - |
| <i>cefдинир susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv) | F | - |
| CONTRACEPTIVES - Drugs to prevent pregnancy | | |
| COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy | | |
| <i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv) | \$0 | - |
| <i>ashlyna tab, daysee tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv) | \$0 | - |
| <i>cryselle tab .3MG-30MCG</i> | \$0 | - |
| <i>enpresse tab</i> (TRI-LEVELLEN Equiv) | \$0 | - |
| <i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv) | \$0 | - |
| <i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv) | \$0 | - |
| <i>junel FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv) | \$0 | - |
| <i>junel tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv) | \$0 | - |
| <i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv) | \$0 | - |
| <i>layolis FE tab, wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv) | \$0 | - |

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| LO LOESTRIN TAB 1MG-10MCG-75MG (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>) | \$0 | - |
| NECON TAB 35MCG (<i>norethindrone-eth estradiol (biphasic)</i>) | \$0 | - |
| <i>nortrel 7/7/7 tab, pirmella 7/7/7 tab</i> (TRI-NORINYL Equiv) | \$0 | - |
| <i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv) | \$0 | - |
| <i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv) | \$0 | - |
| <i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv) | \$0 | - |
| <i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv) | \$0 | - |
| TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>) | \$0 | - |
| <i>velivet tab</i> (CYCLESSA Equiv) | \$0 | - |
| <i>vienna tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv) | \$0 | - |
| <i>viorele tab, kariva tab</i> (MIRCETTE Equiv) | \$0 | - |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy | | |
| <i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv) | \$0 | - |
| COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy | | |

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| NUVARING .015MG/24HR-.12MG/24HR (<i>etonogestrel-ethinyl estradiol</i>) | \$0 | - |
| EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy | | |
| ELLA TAB 30MG (<i>ulipristal acetate</i>) | \$0 | - |
| <i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv) | \$0 | OTC |
| LEVONORGESTREL TAB 0.75MG (<i>levonorgestrel (emergency oc)</i>) | \$0 | - |
| PLAN B TAB 1.5MG (<i>levonorgestrel (emergency oc)</i>) | \$0 | OTC |
| PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones | | |
| DEPO-PROVERA INJ 150MG/ML (<i>medroxyprogesterone acetate (contraceptive)</i>) | EXC | - |
| PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones | | |
| <i>norethindrone tab .35MG</i> (NORA-QD Equiv) | \$0 | - |
| CORTICOSTEROIDS - Drugs to treat systemic swelling conditions | | |
| GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions | | |
| <i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv) | F | - |
| DEXAMETHASONE CONC 1MG/ML (<i>dexamethasone</i>) | F | - |
| <i>dexamethasone elixir .5MG/5ML</i> | F | - |
| DEXAMETHASONE SOLN .5MG/5ML (<i>dexamethasone</i>) | F | - |
| <i>dexamethasone tab</i> (DECADRON Equiv) | F | - |
| <i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv) | F | - |

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| <i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv) | F | - |
| <i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv) | F | - |
| <i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv) | F | - |
| PREDNISOLONE ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>) | F | - |
| <i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 5MG/5ML, 6.7MG/5ML</i> (PEDIAPRED Equiv) | F | - |
| PREDNISOLONE SYRUP 15MG/5ML (PRELONE Equiv) (<i>prednisolone</i>) | F | - |
| <i>prednisolone syrup 15MG/5ML</i> (PRELONE Equiv) | F | - |
| PREDNISONONE SOLN 5MG/5ML (<i>prednisone</i>) | F | - |
| <i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv) | F | - |
| MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions | | |
| <i>fludrocortisone tab .1MG</i> (FLORINEF Equiv) | F | - |
| COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms | | |
| ANTITUSSIVES - Drugs to treat cough | | |
| <i>benzonatate cap 100mg, 200mg 100MG, 200MG</i> (TESSALON Equiv) | F | - |
| <i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML</i> (HYCODAN Equiv) | F | - |

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| COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>cetirizine/pseudoephedrine 12-hour tab 5MG-120MG</i> (ZYRTEC Equiv) | F | OTC |
| <i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML</i> (BRONTEX Equiv) | F | OTC |
| GUAIFENESIN/CODEINE SYRUP 6.3MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv) (<i>guaifenesin-codeine</i>) | F | OTC-QL QL= 240ml/fill |
| <i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 6.3MG/5ML-100MG/5ML</i> (TUSSI-ORGANIDIN-S Equiv) | F | OTC-QL QL= 240ml/fill |
| <i>loratadine/pseudoephedrine 12-hour tab 5MG-120MG</i> (CLARITIN-D Equiv) | F | OTC |
| <i>loratadine/pseudoephedrine 24-hour tab 10MG-240MG</i> (CLARITIN-D Equiv) | F | OTC |
| <i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> (PHENERGAN VC Equiv) | F | - |
| <i>promethazine VC/codeine syrup</i> (PHENERGAN VC/CODEINE Equiv) | F | - |
| <i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML</i> (PHENERGAN/CODEINE Equiv) | F | - |
| MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants | | |

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| NEBUSAL NEB SOLN 3.5%, 6% (<i>sodium chloride (inhalant)</i>) | F | - |
| <i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv) | F | - |
| MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv) | F | - |
| DERMATOLOGICALS - Drugs to treat skin conditions | | |
| ACNE PRODUCTS - Drugs to treat skin conditions | | |
| <i>adapalene cream .1%</i> (DIFFERIN Equiv) | F | PA Acne Only – members age 35 or older require Prior Authorization |
| <i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv) | F | PA Acne Only – members age 35 or older require Prior Authorization |
| <i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv) | F | PA Acne Only – members age 35 or older require Prior Authorization |
| <i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 25MG, 30MG, 35MG, 40MG</i> (ACCUTANE Equiv) | F | - |
| <i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv) | F | - |
| <i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv) | F | - |
| <i>clindamycin pad 1%</i> (CLEOCIN-T Equiv) | F | - |
| <i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv) | F | - |

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|---|--|---|
| EPIDUO FORTE GEL .3%-2.5% (<i>adapalene-benzoyl peroxide</i>) | F | PA Acne Only – members age 35 or older require Prior Authorization |
| ERY PAD 2% (<i>erythromycin (acne aid)</i>) | F | - |
| <i>erythromycin gel 2%</i> | F | - |
| <i>erythromycin pad 2%</i> | F | - |
| <i>erythromycin soln 2%</i> | F | - |
| <i>sodium sulfacetamide/sulfur emulsion 10-5% 5% -10%</i> | F | - |
| <i>sodium sulfacetamide/sulfur wash 9-4.5% 4.5%-9%</i> | F | - |
| <i>tretinoin cream .025%, .05%, .1%</i> | F | PA Acne Only – members age 35 or older require Prior Authorization |
| <i>tretinoin gel .01%, .025%, .05%</i> (RETIN-A GEL Equiv) | F | PA Acne Only – members age 35 or older require Prior Authorization |
| AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - drugs for cosmetic uses | | |
| RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>) | EXC | - |
| ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections | | |
| <i>gentamicin sulfate cream</i> | F | - |
| <i>gentamicin sulfate oint .1%</i> | F | - |
| <i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv) | F | - |
| ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections | | |

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| <i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv) | F | - |
| <i>ciclopirox gel .77%</i> (LOPROX GEL Equiv) | F | - |
| <i>ciclopirox nail soln 8%</i> (PENLAC Equiv) | F | - |
| <i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv) | F | - |
| <i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv) | F | - |
| <i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv) | F | - |
| <i>clotrimazole/betamethasone lotion .05%-1%</i> (LOTRISONE LOTION Equiv) | F | - |
| <i>econazole cream 1%</i> (SPECTAZOLE Equiv) | F | - |
| <i>ketconazole cream 2%</i> (NIZORAL CREAM Equiv) | F | - |
| <i>ketconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv) | F | - |
| <i>nizoral a-d shampoo 1%</i> (NIZORAL Equiv) | EXC | OTC |
| <i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv) | F | - |
| <i>nystatin oint 100000UNIT/GM</i> | F | - |
| <i>nystatin topical powder 100000UNIT/GM</i> | F | - |
| ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation | | |
| <i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv) | F | OTC-QL QL= 5 tubes/fill |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer | | |
| FLUOROPLEX CREAM 1%, 4% (<i>fluorouracil (topical)</i>) | F | - |

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| <i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv) | F | - |
| FLUOROURACIL CREAM 0.5% .5% (<i>fluorouracil (topical)</i>) | F | - |
| FLUOROURACIL SOLN 2%, 5% (<i>fluorouracil (topical)</i>) | F | - |
| TARGRETIN GEL 1% (<i>bexarotene (topical)</i>) | F | LMSP-PA |
| VALCHLOR GEL .016% (<i>mechlorethamine hcl (topical)</i>) | F | LD-PA-QL QL= 4 tubes/30 days; Only available through Avella (877) 546-5779 |
| ANTIPSORIATICS - Drugs to treat psoriasis | | |
| 8-MOP CAP (<i>methoxsalen</i>) | F | LMSP |
| <i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv) | F | LMSP |
| <i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv) | F | QL QL= 120gm/30 days |
| <i>calcipotriene oint .005%</i> | F | - |
| <i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv) | F | - |
| METHOXSALEN CAP 10MG (<i>methoxsalen rapid</i>) | F | LMSP |
| <i>methoxsalen cap 10MG</i> | F | LMSP |
| SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>) | F | LMSP-PA-QL QL= 1 inj/84 days |
| SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML (<i>risankizumab-rzaa</i>) | F | LMSP-PA-QL QL= 2 inj/84 days |

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| TALTZ INJ 80MG/ML (<i>ixekizumab</i>) | F | LMSP-PA-QL QL= 1 inj/28 days |
| <i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv) | F | - |
| TREMFYA INJ 100MG/ML (<i>guselkumab</i>) | F | LMSP-PA-QL QL= 1 inj/56 days |
| ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions | | |
| <i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv) | F | - |
| ANTIVIRALS - TOPICAL - Drugs to treat viral infections | | |
| <i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv) | F | - |
| BURN PRODUCTS - Drugs to treat burns | | |
| <i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv) | F | - |
| SULFAMYLON CREAM 85MG/GM (<i>mafenide acetate</i>) | F | - |
| CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation | | |
| <i>alclometasone cream .05%</i> (ACLOVATE Equiv) | F | - |
| <i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv) | F | - |
| <i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv) | F | - |
| BETAMETHASONE AUGMENTED GEL .05% (<i>betamethasone dipropionate augmented</i>) | F | - |
| <i>betamethasone augmented gel</i> | F | - |
| <i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv) | F | - |

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| <i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv) | F | - |
| <i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv) | F | - |
| <i>betamethasone dipropionate lotion .05%</i> | F | - |
| <i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv) | F | - |
| <i>betamethasone valerate cream .1%</i> | F | - |
| <i>betamethasone valerate lotion .1%</i> | F | - |
| <i>betamethasone valerate oint .1%</i> | F | - |
| <i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv) | F | - |
| <i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv) | F | - |
| <i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv) | F | - |
| <i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv) | F | - |
| <i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv) | F | - |
| <i>desoximetasone oint .25%</i> (TOPICORT Equiv) | F | - |
| EPIFOAM AEROSOL 1% (<i>pramoxine-hc</i>) | F | - |
| <i>fluocinolone acetonide cream .01%, .025%</i> | F | - |
| <i>fluocinolone acetonide oint .025%</i> | F | - |
| <i>fluocinolone acetonide soln .01%</i> | F | - |

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| <i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv) | F | - |
| <i>fluocinonide cream 0.1% .1%</i> (VANOS CREAM Equiv) | F | - |
| <i>fluocinonide emollient cream .05%</i> | F | - |
| <i>fluocinonide gel .05%</i> | F | - |
| <i>fluocinonide oint .05%</i> | F | - |
| <i>fluocinonide soln .05%</i> | F | - |
| <i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv) | F | - |
| <i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv) | F | - |
| <i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv) | F | - |
| <i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv) | F | PA |
| <i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv) | F | - |
| <i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv) | F | - |
| <i>hydrocortisone oint .5%, 1%, 2.5%</i> | F | - |
| <i>mometasone cream .1%</i> (ELOCON Equiv) | F | - |
| <i>mometasone oint .1%</i> (ELOCON Equiv) | F | - |
| <i>mometasone soln .1%</i> (ELOCON Equiv) | F | - |
| PREDNICARBATE CREAM .1% (<i>prednicarbate</i>) | F | - |
| PREDNICARBATE OIN .1% (<i>prednicarbate</i>) | F | - |
| <i>triamcinolone cream .025%, .1%, .5%</i> | F | - |
| <i>triamcinolone lotion .025%, .1%</i> | F | - |

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| <i>triamcinolone oint .025%, .1%, .5%</i> | F | - |
| U-CORT CREAM (<i>hydrocortisone acetate-urea</i>) | F | - |
| ECZEMA AGENTS - Drugs to treat eczema | | |
| DUPIXENT INJ 200MG/1.14ML, 300MG/2ML (<i>dupilumab</i>) | F | LMSP-PA-QL QL= 2 inj/28 days |
| DUPIXENT PEN INJ 200MG/1.14ML, 300MG/2ML (<i>dupilumab</i>) | F | LMSP-PA-QL QL= 2 inj/28 days |
| EMOLLIENTS - Drugs to treat skin conditions | | |
| <i>ammonium lactate lotion 10%, 12%, 5%</i> (LAC-HYDRIN Equiv) | EXC | OTC |
| LACTIC ACID LOTION 10%, 5% (<i>lactic acid</i> (<i>ammonium lactate</i>)) | F | - |
| ENZYMES - TOPICAL - Drugs to treat skin conditions | | |
| SANTYL OINT 250UNIT/GM (<i>collagenase</i>) | F | QL QL= 90gm/30 days |
| HAIR GROWTH AGENTS - drugs to grow hair | | |
| <i>finasteride tab 1MG</i> (PROPECIA Equiv) | EXC | - |
| HAIR REDUCTION AGENTS - drugs to remove hair | | |
| VANIQA CREAM 13.9% (<i>eflornithine hcl</i>) | EXC | - |
| IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system | | |
| <i>imiquimod cream 5%</i> (ALDARA Equiv) | F | - |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system | | |
| <i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv) | F | - |
| KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions | | |

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| PODOCON SOLN 25% (<i>podophyllum resin</i>) | F | - |
| <i>podofilox soln</i> (CONDYLOX Equiv) | F | - |
| LOCAL ANESTHETICS - TOPICAL - Drugs for numbing | | |
| <i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv) | F | - |
| <i>lidocaine gel 2%</i> (XYLOCAINE Equiv) | F | - |
| <i>lidocaine oint</i> | F | QL QL= 107gm/30 days |
| <i>lidocaine soln 4%</i> (XYLOCAINE Equiv) | F | - |
| <i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv) | F | - |
| MISC. TOPICAL - Miscellaneous topical products | | |
| <i>aluminum chloride soln</i> (DRYSOL Equiv) | F | - |
| DRYSOL SOLN 20% (<i>aluminum chloride</i>) | F | - |
| PIGMENTING-DEPIGMENTING AGENTS - drugs to treat skin discoloration | | |
| <i>hydroquinone cream 4%</i> (LUSTRA Equiv) | EXC | - |
| TRI-LUMA CREAM .01%-.05%-4% (<i>fluocinolone-hydroquinone-tretinoin</i>) | EXC | - |
| ROSACEA AGENTS - Drugs to treat skin conditions | | |
| <i>azelaic acid gel 15%</i> (FINACEA Equiv) | F | - |
| FINACEA PLUS KIT (<i>azelaic acid w/ cleanser & moisturizing lotion</i>) | F | - |
| <i>metronidazole cream .75%</i> (METROCREAM Equiv) | F | - |
| <i>metronidazole gel .75%, 1%</i> (METROGEL Equiv) | F | - |
| <i>metronidazole lotion .75%</i> (METROLOTION Equiv) | F | - |
| SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions | | |

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| <i>malathion lotion .5%</i> (OVIDE Equiv) | F | QL |
| <i>permethrin cream 5%</i> (ELIMITE CREAM Equiv) | F | - |
| SPINOSAD SUSP .9% (<i>spinosad</i>) | F | QL QL= 1 bottle/fill |
| WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers | | |
| REG GRANEX GEL .01% (<i>becaplermin</i>) | F | QL QL= 30gm/fill |
| VENELEX OINT 87MG/GM-788MG/GM (<i>balsam peru-castor oil</i>) | F | - |
| DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products | | |
| DIAGNOSTIC PRODUCTS, MISC. - drugs to diagnose or monitor conditions | | |
| FREESTYLE LITE TEST STRIP (<i>glucose blood</i>) | F | OTC Limited to 50 strips per month for members not on diabetes medication |
| DIAGNOSTIC TESTS - Miscellaneous diagnostic test products | | |
| FREESTYLE INSULINX TEST STRIP (<i>glucose blood</i>) | F | OTC Limited to 50 strips per month for members not on diabetes medication |
| FREESTYLE PRECISION NEO TEST STRIP (<i>glucose blood</i>) | F | OTC Limited to 50 strips per month for members not on diabetes medication |
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| KETO-DIASTIX TEST STRIP (<i>urine glucose-ketones test</i>) | F | OTC |
| KETOSTIX (<i>acetone (urine) test</i>) | F | OTC |
| PRECISION XTRA TEST STRIP (<i>glucose blood</i>) | F | OTC Limited to 50 strips per month for members not on diabetes medication |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition | | |
| INFANT FOODS | | |
| INFANT FORMULA LIQUID (<i>infant foods</i>) | F | OTC-PA |
| INFANT FORMULA POWDER (<i>infant foods</i>) | F | OTC-PA |
| NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency | | |
| NUTRITIONAL SUPPLEMENT LIQUID (<i>nutritional supplements</i>) | F | OTC-PA |
| NUTRITIONAL SUPPLEMENT POWDER (<i>nutritional supplements</i>) | F | OTC-PA |
| DIGESTIVE AIDS - Drugs to treat low digestive enzymes | | |
| DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes | | |
| CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>) | F | - |
| DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |

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| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure | | |
| <i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv) | F | - |
| <i>acetazolamide tab</i> | F | - |
| <i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv) | F | - |
| DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| <i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv) | F | - |
| <i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv) | F | - |
| <i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv) | F | - |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg (<i>triamterene & hydrochlorothiazide</i>) | F | - |
| <i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv) | F | - |
| LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| <i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv) | F | - |
| <i>ethacrynic tab 25MG</i> (EDECIN Equiv) | F | - |
| FUROSEMIDE SOLN 8MG/ML (<i>furosemide</i>) | F | - |
| <i>furosemide soln 10MG/ML</i> | F | - |
| <i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv) | F | - |

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| EXC | Plan Exclusion | INF | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program |
| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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| <i>torse mide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv) | F | - |
| POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| <i>amiloride tab 5MG</i> (MIDAMOR Equiv) | F | - |
| <i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv) | F | - |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| CHLOROTHIAZIDE TAB 250MG, 500MG (DIURIL Equiv) (<i>chlorothiazide</i>) | F | - |
| <i>chlorothiazide tab 500MG</i> (DIURIL Equiv) | F | - |
| CHLOROTHALIDONE TAB (<i>chlorthalidone</i>) | F | - |
| DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>) | F | - |
| <i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv) | F | - |
| <i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv) | F | - |
| <i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv) | F | - |
| <i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv) | F | - |
| ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones | | |
| BONE DENSITY REGULATORS - Drugs to treat bone disease | | |
| <i>alendronate tab 10MG, 35MG, 5MG, 70MG</i> (FOSAMAX Equiv) | F | - |

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| ALENDRONATE TAB 40MG 40MG, 5MG <i>(alendronate sodium)</i> | F | - |
| <i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv) | F | - |
| FORTEO INJ 620MCG/2.48ML <i>(teriparatide (recombinant))</i> | F | LMSP |
| <i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv) | F | QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG <i>(parathyroid hormone (recombinant))</i> | F | LD-PA Only available through Walgreens 888-347-3416 |
| <i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv) | F | ST Step Therapy requires trial of alendronate |
| TYMLOS INJ 3120MCG/1.56ML <i>(abaloparatide)</i> | F | LMSP |
| GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis | | |
| ORLISSA TAB 150MG 150MG <i>(elagolix sodium)</i> | F | PA-QL QL= 1 tab/day |
| ORLISSA TAB 200MG 200MG <i>(elagolix sodium)</i> | F | PA-QL QL= 2 tabs/day |
| GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones | | |

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| SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG (<i>pegvisomant</i>) | 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 (<i>tesamorelin acetate</i>) | EXC | - |
| GROWTH HORMONES - Drugs to regulate hormones | | |
| GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 12MG, 1MG, 2MG, 5MG (<i>somatropin</i>) | F | LMSP-PA |
| HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones | | |
| <i>raloxifene tab 60MG</i> (EVISTA Equiv) | \$0 | Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones | | |
| INCRELEX INJ 40MG/4ML (<i>mecasermin</i>) | F | MSP |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones | | |
| SYNAREL NASAL SOLN 2MG/ML (<i>nafarelin acetate</i>) | F | LMSP |
| METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones | | |
| <i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv) | F | - |
| <i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv) | F | - |
| <i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv) | F | LMSP |

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| <i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv) | F | - |
| <i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv) | F | - |
| <i>levocarnitine tab 330MG</i> (CARNITOR Equiv) | F | - |
| PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML (<i>pegvaliase-pqpz</i>) | F | LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118 |
| <i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv) | F | - |
| <i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv) | F | LMSP-PA |
| <i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv) | F | LMSP-PA |
| STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>) | F | LD-PA Only available through PantherRx Pharmacy 855-726-8479 |
| POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones | | |
| <i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv) | F | - |
| <i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv) | F | - |
| <i>desmopressin nasal soln</i> (DDAVP Equiv) | F | - |
| STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>) | F | LMSP |
| PROLACTIN INHIBITORS - Drugs to regulate hormones | | |

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| <i>cabergoline tab .5MG</i> (DOSTINEX Equiv) | F | - |
| SOMATOSTATIC AGENTS - Drugs to regulate hormones | | |
| <i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv) | F | LMSP |
| SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML (<i>pasireotide diaspertate</i>) | F | LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones | | |
| JYNARQUE PAK 15MG (<i>tolvaptan</i>) | F | LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB 15MG, 30MG (<i>tolvaptan</i>) | F | LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| ESTROGENS - Drugs to replace female hormones | | |
| ESTROGEN COMBINATIONS - Drugs to replace female hormones | | |
| <i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv) | F | - |
| <i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv) | F | - |
| ORIAHNN CAP .5MG-1MG-300MG (<i>elagolix sodium-estradiol-norethindrone acetate</i>) | F | PA-QL QL= 2 caps/day |

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| PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG (<i>conjugated estrogens-medroxyprogesterone acetate</i>) | F | - |
| ESTROGENS - Drugs used for contraception | | |
| <i>estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR</i> (VIVELLE-DOT Equiv) | F | - |
| <i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv) | F | - |
| <i>estradiol valerate inj 20MG/ML, 40MG/ML</i> | F | - |
| PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG (<i>estrogens, conjugated</i>) | F | - |
| FLUOROQUINOLONES - Drugs to treat bacterial infections | | |
| FLUOROQUINOLONES - Drugs to treat bacterial infections | | |
| <i>ciprofloxacin susp 250MG/5ML, 500MG/5ML</i> (CIPRO Equiv) | F | - |
| <i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv) | F | - |
| <i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv) | F | - |
| <i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv) | F | - |
| <i>moxifloxacin tab 400MG</i> (AVELOX Equiv) | F | - |
| <i>ofloxacin tab 400MG</i> (FLOXIN Equiv) | F | - |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs | | |
| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - drugs to treat constipation | | |

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| TRULANCE TAB 3MG (<i>plecanatide</i>) | F | PA |
| BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders | | |
| CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>) | F | LD-PA Only available through Dohmen LSS 844-246-5226 |
| FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis | | |
| OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>) | 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 | | |
| <i>ursodiol cap 300MG</i> (ACTIGALL Equiv) | F | - |
| <i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv) | F | - |
| GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv) | F | - |
| GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv) | F | - |
| <i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv) | F | - |
| INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system | | |
| <i>balsalazide cap 750MG</i> (COLAZAL Equiv) | F | - |
| <i>CIMZIA INJ 200MG, 200MG/ML</i> (<i>certolizumab pegol</i>) | F | LMSP-PA-QL QL= 2 inj/28 days |

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| CIMZIA STARTER INJ KIT 200MG/ML (<i>certolizumab pegol</i>) | F | LMSP-PA-QL QL= 1 kit/plan year |
| <i>mesalamine enema 4GM</i> (ROWASA Equiv) | F | - |
| <i>mesalamine ER cap .375GM</i> (APRISO Equiv) | F | - |
| <i>mesalamine supp 1000MG</i> (CANASA Equiv) | F | - |
| <i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv) | F | - |
| <i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv) | F | - |
| INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>lactulose soln 10GM/15ML</i> | F | - |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity | | |
| SYMPROIC TAB .2MG (<i>naldemedine tosylate</i>) | F | PA |
| SYMPROIC TAB .2MG (<i>naldemedine tosylate</i>) | F | PA |
| PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels | | |
| <i>calcium acetate cap 667MG</i> (PHOSLO Equiv) | F | - |
| FOSRENOL POWDER PACK 1000MG, 750MG (<i>lanthanum carbonate</i>) | F | - |
| <i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv) | F | - |
| PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate phosphate binder</i>) | F | - |
| <i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv) | F | - |
| <i>sevelamer tab 800MG</i> (RENVELA TAB Equiv) | F | - |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs | | |

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

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| <i>sodium chloride 0.9% irr soln .9%</i> | F | - |
| INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence | | |
| ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>) | F | - |
| PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate | | |
| <i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv) | F | - |
| <i>dutasteride cap .5MG</i> (AVODART Equiv) | F | - |
| <i>finasteride tab 5MG</i> (PROSCAR Equiv) | F | - |
| <i>tamsulosin cap .4MG</i> (FLOMAX Equiv) | F | - |
| URINARY ANALGESICS - Drugs to treat urinary pain | | |
| <i>phenazopyridine tab 100MG, 200MG, 95MG, 97.5MG, 99.5MG</i> (AZO Equiv) | F | - |
| GOUT AGENTS - Drugs to treat gout | | |
| GOUT AGENT COMBINATIONS - Drugs to treat gout | | |
| <i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv) | F | - |
| GOUT AGENTS - Drugs to treat gout | | |
| <i>allopurinol tab 100MG, 300MG</i> (ZYLOPRIM Equiv) | F | - |
| <i>colchicine tab .6MG</i> (COLCRYS Equiv) | F | - |
| <i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv) | F | ST Step Therapy requires trial of allopurinol |
| URICOSURICS - Drugs to treat gout | | |
| <i>probenecid tab 500MG</i> (BENEMID Equiv) | F | - |

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| 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 (<i>emicizumab-kxwh</i>) | F | LMSP-PA |
| HEMATOALOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders | | |
| TAVALISSE TAB 100MG, 150MG (<i>fostamatinib disodium</i>) | F | LD-PA-QL-SF QL= 2 tab/day; Only available through Biologics 800-850-4306 |
| HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders | | |
| <i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv) | F | - |
| PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood | | |
| <i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv) | F | - |
| CABLIVI INJ KIT 11MG (<i>caplacizumab-yhdp</i>) | F | LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306 |
| <i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv) | F | - |
| <i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv) | F | - |
| <i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv) | F | - |
| <i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv) | F | - |
| <i>ticlopidine tab</i> (TICLID Equiv) | F | - |
| HEMATOPOIETIC AGENTS - Drugs to treat blood disorders | | |
| AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders | | |
| CERDELGA CAP 84MG (<i>eliglustat tartrate</i>) | F | MSP-PA |

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| <i>miglustat cap 100MG (ZAVESCA Equiv)</i> | F | LD-PA Only available through Accredo 800-803-2523 |
| AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders | | |
| <i>DROXIA CAP 200MG, 300MG, 400MG (hydroxyurea (sickle cell anemia))</i> | F | - |
| <i>ENDARI POWDER PACK 5GM (glutamine (sickle cell))</i> | F | LMSP-PA-QL QL= 6 packets/day |
| COBALAMINS - Drugs to treat vitamin deficiency | | |
| <i>cyanocobalamin inj 1000MCG/ML</i> | F | - |
| FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency | | |
| <i>folic acid tab 1mg 1MG</i> | \$0 | Covered at \$0 for females only; All other members covered at generic copay |
| <i>folic acid tab 400mcg 400MCG</i> | \$0 | OTC Covered for females only |
| <i>folic acid tab 800mcg 800MCG</i> | \$0 | OTC Covered for females only |
| HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders | | |
| <i>DOPTELET TAB 20MG (avatrombopag maleate)</i> | F | KMSP-PA-QL QL= 2 tabs/day |
| <i>FULPHILA INJ 6MG/0.6ML (pegfilgrastim-jmdb)</i> | F | LMSP |
| <i>NEUMEGA INJ (oprelvekin)</i> | F | LMSP |

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

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| MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>) | F | - |
| NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG (<i>ferrous fumarate w/ fa-dss-b complex-vit c</i>) | F | - |
| <i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv) | F | - |
| IRON - Drugs to treat iron deficiency | | |
| <i>ferrous sulfate elixir 220MG/5ML</i> | \$0 | OTC Covered for members 1 year or younger |
| FERROUS SULFATE LIQUID 220MG/5ML, 5MG/20ML (<i>ferrous sulfate</i>) | \$0 | OTC Covered for members 1 year or younger |
| <i>ferrous sulfate soln 15MG/ML</i> | \$0 | OTC Covered for members 1 year or younger |
| <i>ferrous sulfate syrup 300MG/5ML</i> (FERROUS SULFATE Equiv) | \$0 | OTC Covered for members 1 year or younger |

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| IRON SUSP (<i>iron</i>) | \$0 | OTC Covered for members 1 year or younger |
| HEMOSTATICS - Drugs to stop bleeding/treat blood disorders | | |
| HEMOSTATICS - SYSTEMIC - Drugs to thin the blood | | |
| <i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv) | F | - |
| <i>aminocaproic acid syrup</i> (AMICAR Equiv) | F | - |
| <i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv) | F | - |
| <i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv) | F | - |
| HYPNOTICS - Drugs to treat insomnia | | |
| NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia | | |
| <i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv) | F | QL QL= 1 tab/day |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia | | |
| ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia | | |
| <i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv) | F | Only 50mg covered |
| BARBITURATE HYPNOTICS - Drugs to treat insomnia | | |
| <i>phenobarbital elixir 20MG/5ML</i> | F | - |
| <i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i> | F | - |
| NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia | | |
| <i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv) | F | - |

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| <i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv) | F | QL QL= 1 tab/day |
| FLURAZEPAM CAP 15MG, 30MG (<i>flurazepam hcl</i>) | F | - |
| <i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv) | F | - |
| <i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv) | F | - |
| <i>triazolam tab .125MG, .25MG</i> (HALCION Equiv) | F | - |
| <i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv) | F | - |
| LAXATIVES - Drugs to treat constipation | | |
| LAXATIVE COMBINATIONS - Drugs to treat constipation | | |
| CLENPIQ SOLN 3.5GM/160ML-10MG/160ML-12GM/160ML (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>) | F | - |
| GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) | \$0 | QL Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) | \$0 | QL Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year |

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| <i>peg 3350/electrolytes soln</i> 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (COLYTE Equiv) | \$0 | QL Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| <i>trilyte soln</i> 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 | | |
| <i>lactulose soln</i> | F | - |
| MACROLIDES - Drugs to treat bacterial infections | | |
| AZITHROMYCIN - Drugs to treat bacterial infections | | |
| <i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv) | F | - |
| <i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv) | F | - |
| CLARITHROMYCIN - Drugs to treat bacterial infections | | |
| CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML (<i>clarithromycin</i>) | F | - |
| <i>clarithromycin susp 125MG/5ML, 250MG/5ML</i> (BIAXIN Equiv) | F | - |
| <i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv) | F | - |

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| ERYTHROMYCINS - Drugs to treat bacterial infections | | |
| ERYTHROMYCIN EC CAP 250MG (<i>erythromycin base</i>) | F | - |
| <i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv) | F | - |
| <i>erythromycin stearate tab 250MG</i> | F | - |
| FIDAXOMICIN - drugs to treat infections | | |
| DIFICID SUSP 40MG/ML (<i>fidaxomicin</i>) | F | QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| DIFICID TAB 200MG (<i>fidaxomicin</i>) | F | QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use | | |
| CONTRACEPTIVES - Devices to prevent pregnancy | | |
| CERVICAL CAP (<i>cervical caps</i>) | \$0 | - |
| DIAPHRAGM 2% (<i>diaphragm wide seal</i>) | \$0 | - |
| FEMALE CONDOMS (<i>condoms - female</i>) | \$0 | OTC |
| DIABETIC SUPPLIES - Devices to assist with diabetes | | |
| CALIBRATION LIQUID (<i>blood glucose calibration</i>) | F | OTC |
| FREESTYLE FREEDOM LITE METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |

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| FREESTYLE INSULINX METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| FREESTYLE LIBRE 2 RECEIVER (<i>continuous blood glucose system receiver</i>) | F | PA-QL QL= 1 receiver/year |
| FREESTYLE LIBRE 2 SENSOR (<i>continuous blood glucose system sensor</i>) | F | PA-QL QL= 2 sensors/28 days |
| FREESTYLE LIBRE RECEIVER (<i>continuous blood glucose system receiver</i>) | F | PA-QL QL= 1 receiver/year |
| FREESTYLE LIBRE SENSOR (10-DAY) (<i>continuous blood glucose system sensor</i>) | F | PA-QL QL= 3 sensors/30 days |
| FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous blood glucose system sensor</i>) | F | PA-QL QL= 2 sensors/28 days |
| FREESTYLE LITE METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| FREESTYLE PRECISION NEO METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| LANCET KIT (<i>lancets misc.</i>) | F | OTC |
| LANCETS (<i>lancets</i>) | F | OTC |
| PRECISION XTRA METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| V-GO INJ KIT (<i>insulin infusion disposable pump</i>) | F | QL QL= 1 kit/day |
| MISC. DEVICES - Drugs for miscellaneous use | | |
| ALCOHOL SWABS 70% (<i>alcohol swabs</i>) | F | OTC |

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| PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies | | |
| B-D INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>) | F | - |
| B-D PEN AUTOSHIELD DUO PEN NEEDLE (<i>insulin pen needle</i>) | F | OTC |
| TECHLITE INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>) | F | OTC |
| TECHLITE PEN NEEDLE (<i>insulin pen needle</i>) | F | OTC |
| TRUEPLUS INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>) | F | OTC |
| TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>) | F | - |
| RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders | | |
| AEROCHAMBER (<i>spacer/aerosol-holding chambers</i>) | F | OTC |
| PEAK FLOW METER (<i>peak flow meter</i>) | 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 (<i>rimegepant sulfate</i>) | F | PA-QL QL= 8 tabs/30 days, 6 fills/year |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches | | |
| AIMOVIG INJ 140MG/ML, 70MG/ML (<i>erenumab-aooe</i>) | F | PA-QL QL= 1 pack/28 days |
| EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>) | F | PA-QL QL= 1 inj/28 days |

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Last Updated 8/1/2021

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| EMGALITY INJ 100MG/ML 100MG/ML <i>(galcanezumab-gnlm)</i> | F | PA-QL QL= 3 inj/fill, 6 fills/year |
| UBRELVY TAB 100MG, 50MG <i>(ubrogepant)</i> | F | PA-QL QL= 10 tabs/30 days, 6 fills/year |
| SEROTONIN AGONISTS - Drugs to treat migraine headaches | | |
| REYVOW TAB 100MG, 50MG <i>(lasmiditan succinate)</i> | F | PA-QL QL= 8 tabs/30 days, 6 fills/year |
| <i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv) | F | QL QL= 12 tabs/fill, 3 fills/60 days |
| <i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv) | F | QL QL= 12 tabs/fill, 3 fills/60 days |
| <i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i> (IMITREX Equiv) | F | QL QL= 4 inj/fill, 2 fills/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML <i>(sumatriptan succinate)</i> | F | QL QL= 4 inj/fill, 2 fills/30 days |
| <i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv) | F | QL QL= 9 tabs/fill, 2 fills/30 days |
| <i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv) | F | QL QL= 9 tabs/fill, 2 fills/30 days |
| MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders | | |
| FLUORIDE - Drugs to treat mineral deficiency | | |
| FLUOR-A-DAY CHEW TAB .25MG-236.79MG, 1MG-236.79MG <i>(sodium fluoride-xylitol)</i> | F | - |

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119

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| <i>sodium fluoride chew tab .25MG, .5MG, 1MG, 2.2MG</i> (LURIDE Equiv) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| SODIUM FLUORIDE LOZENGE 1MG (<i>sodium fluoride</i>) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| <i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| SODIUM FLUORIDE TAB .5MG, 1MG (<i>sodium fluoride</i>) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| PHOSPHATE - Drugs to treat electrolyte deficiency | | |
| K-PHOS TAB 500MG (<i>potassium phosphate monobasic</i>) | F | - |
| <i>phospha 250 neutral tab</i> (K-PHOS NEUTRAL Equiv) | F | - |
| POTASSIUM - Drugs to treat electrolyte disorders | | |
| <i>potassium bicarbonate effer tab 25MEQ, 2GM-2.5GM</i> (K-LYTE Equiv) | F | - |
| <i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv) | F | - |
| <i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv) | F | - |

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| <i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv) | F | - |
| <i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv) | F | - |
| <i>potassium chloride soln 10%, 20%</i> | F | - |
| ZINC - Drugs to treat mineral deficiency | | |
| GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>) | F | - |
| <i>zinc sulfate cap 220MG</i> | F | - |
| MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions | | |
| CHELATING AGENTS - Drugs to treat overdose or toxicity | | |
| <i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv) | F | - |
| IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system | | |
| ENSPRYNG INJ 120MG/ML (<i>satralizumab-mwge</i>) | F | LMSP-PA-QL QL= 1 inj/28 days |
| <i>everolimus tab 0.25mg, 0.5mg, 0.75mg .25MG, .5MG, .75MG</i> (ZORTRESS Equiv) | F | LMSP-PA |
| LUPKYNIS CAP 7.9MG (<i>voclosporin</i>) | F | LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479 |
| <i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv) | F | - |
| POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels | | |
| LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>) | F | LMSP-PA |

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| SPS SUSP 15GM/60ML (<i>sodium polystyrene sulfonate</i>) | F | - |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system | | |
| BENLYSTA AUTO-INJECTOR 200MG/ML (<i>belimumab</i>) | F | LMSP-PA-QL QL= 4 inj/28 day |
| BENLYSTA INJ 200MG/ML (<i>belimumab</i>) | F | LMSP-PA-QL QL= 4 inj/28 day |
| MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth | | |
| ANESTHETICS TOPICAL ORAL - Drugs for numbing | | |
| LIDOCAINE ORAL SOLN 4% 4% (<i>lidocaine hcl (mouth-throat)</i>) | F | - |
| <i>lidocaine viscous soln 2%</i> | F | - |
| ANTI-INFECTIVES - THROAT - Drugs to treat throat infections | | |
| <i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv) | F | - |
| <i>nystatin susp 100000UNIT/ML</i> | F | - |
| ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat | | |
| <i>chlorhexidine gluconate soln</i> (PERIDEX Equiv) | F | - |
| DENTAL PRODUCTS - Drugs to prevent cavities | | |
| <i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| <i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv) | F | - |
| <i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv) | F | - |

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| <i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv) | F | - |
| <i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv) | F | - |
| <i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv) | F | - |
| <i>cevimeline cap 30MG</i> (EVOXAC Equiv) | F | - |
| <i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv) | F | - |
| MULTIVITAMINS - Drugs to treat vitamin deficiency | | |
| B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency | | |
| DIALYVITE TAB (<i>b-complex w/ c-biotin-e-minerals & folic acid</i>) | F | - |
| DIALYVITE/ZINC TAB (<i>b-complex w/ c-zn & folic acid</i>) | F | - |
| FOLBEE PLUS CZ TAB (<i>b-complex w/ c-biotin-minerals & folic acid</i>) | F | - |
| <i>renaphro cap</i> (NEPHROCAP Equiv) | F | - |
| MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency | | |
| <i>multivitamin/minerals tab</i> (STROVITE Equiv) | F | - |
| PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency | | |
| <i>pediatric multiple vitamins/fluoride/iron soln</i> | F | - |
| PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency | | |

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| FLORIVA PLUS DROPS (<i>pediatric multivitamins w/fl</i>) | F | - |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG (<i>pediatric multivitamins w/fl</i>) | F | - |
| MULTIVITAMIN/FLOURIDE CHEW 1MG (<i>pediatric multivitamins w/fl</i>) | F | - |
| MULTIVITAMIN/FLUORIDE CHEW TAB (<i>pediatric multivitamins w/fl</i>) | F | - |
| <i>pediatric multiple vitamins/fluoride chew tab</i> | F | - |
| <i>pediatric multiple vitamins/fluoride soln</i> | F | - |
| PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency | | |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, RENAPLUS) (<i>prenatal vit w/ferrous fumarate-folic acid</i>) | F | - |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms | | |
| CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms | | |
| <i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv) | F | - |
| <i>carisoprodol tab 350MG</i> (SOMA Equiv) | F | QL QL=120 tabs/30 days |
| <i>chlorzoxazone tab 500mg 500MG</i> | F | - |
| <i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv) | F | - |
| <i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv) | F | - |
| <i>methocarbamol tab 500MG, 750MG</i> (ROBAXIN Equiv) | F | - |

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| <i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv) | F | - |
| DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms | | |
| <i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv) | F | - |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus | | |
| NASAL AGENTS - MISC. - Miscellaneous nasal agents | | |
| ALCOHOL SWABS 62% (<i>alcohol (nasal)</i>) | F | OTC |
| NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv) | F | - |
| NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv) | F | - |
| NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv) | F | QL QL= 2 bottles/fill |
| <i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv) | F | OTC-QL QL= 2 bottles/fill |
| NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles | | |
| ALS AGENTS - Drugs to treat ALS | | |
| <i>riluzole tab 50MG</i> (RILUTEK Equiv) | F | - |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy | | |

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| EVRYSDI SOLN .75MG/ML (<i>risdiplam</i>) | F | LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523 |
| NUTRIENTS - Drugs to treat nutrient disorders | | |
| LIPIDS - Drugs to treat nutrient disorders | | |
| LIQUIGEN (<i>medium chain triglycerides</i>) | F | OTC-PA |
| MCT OIL (<i>medium chain triglycerides</i>) | F | OTC-PA |
| MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances | | |
| CREATINE PACKET 5000MG (<i>creatine</i>) | F | OTC-PA |
| PROTEINS - Drugs to treat nutrient disorders | | |
| CITRULLINE PACKET (<i>citrulline</i>) | F | OTC-PA |
| <i>phlexy-10 tab</i> | F | OTC-PA |
| <i>pro-stat liquid</i> | F | OTC-PA |
| OPHTHALMIC AGENTS - Drugs to treat eye conditions | | |
| BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma | | |
| COMBIGAN OPHTH SOLN .2%-.5% (<i>brimonidine tartrate-timolol maleate</i>) | F | - |
| <i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv) | F | - |
| LEVOBUNOLOL OPHTH SOLN .5% (BETAGAN Equiv) (<i>levobunolol hcl</i>) | F | - |
| <i>levobunolol ophth soln .5%</i> (BETAGAN Equiv) | F | - |

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| <i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv) | F | - |
| <i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv) | F | - |
| CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions | | |
| <i>atropine ophth oint 1%</i> | F | - |
| <i>atropine ophth soln</i> (ISOPTO ATROPINE Equiv) | F | - |
| CYCLOMYDRIL OPHTH SOLN .2%-1% <i>(cyclopentolate w/ phenylephrine)</i> | F | - |
| <i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv) | F | - |
| HOMATROPINE OPHTH SOLN 5% (ISOPTO HOMATROPINE Equiv) <i>(homatropine hbr)</i> | F | - |
| <i>homatropine ophth soln 5%</i> (ISOPTO HOMATROPINE Equiv) | F | - |
| ISOPTO HYOSCINE OPHTH SOLN <i>(scopolamine hbr (ophth))</i> | F | - |
| <i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv) | F | - |
| <i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv) | F | - |
| MIOTICS - Drugs to treat eye conditions | | |
| ISOPTO CARBACHOL OPHTH SOLN <i>(carbachol (ophth))</i> | F | - |

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| PHOSPHOLINE OPHTH SOLN .125% (<i>echothiophate iodide</i>) | F | - |
| <i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv) | F | - |
| OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions | | |
| <i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv) | F | - |
| <i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv) | F | - |
| <i>brimonidine ophth soln 0.2% .2%</i> | F | - |
| IOPIDINE OPHTH SOLN 1% 1% (<i>apraclonidine hcl</i>) | F | - |
| SIMBRINZA OPHTH SUSP .2%-1% (<i>brinzolamide-brimonidine tartrate</i>) | F | - |
| OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections | | |
| AZASITE SOLN 1% (<i>azithromycin (ophth)</i>) | F | - |
| BACITRACIN OPHTH OINT 500UNIT/GM (<i>bacitracin (ophthalmic)</i>) | F | - |
| <i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv) | F | - |
| <i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv) | F | - |
| <i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv) | F | - |
| <i>erythromycin ophth oint 5MG/GM</i> | F | - |

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| GENTAK OPHTH OINT .3% (<i>gentamicin sulfate (ophth)</i>) | F | - |
| <i>gentamicin ophth oint</i> (GARAMYCIN Equiv) | F | - |
| <i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv) | F | - |
| <i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv) | F | - |
| <i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv) | F | - |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-gramicidin</i>) | F | - |
| <i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv) | F | - |
| <i>polymyxin b/trimethoprim ophth soln .1% -10000UNIT/ML</i> (POLYTRIM Equiv) | F | - |
| <i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv) | F | - |
| <i>tobramycin ophth soln</i> (TOBREX Equiv) | F | - |
| TRIFLURIDINE OPHTH SOLN 1% (<i>trifluridine</i>) | F | - |
| <i>trifluridine ophth soln 1%</i> | F | - |
| ZIRGAN OPHTH GEL .15% (<i>ganciclovir ophthalmic</i>) | F | - |
| OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes | | |
| RESTASIS OPHTH EMULSION .05% (<i>cyclosporine (ophth)</i>) | F | RS Restricted to Ophthalmology or Optometry Specialist |
| OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing | | |

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|---|---|--|
| <i>proparacaine ophth soln .5%</i> (ALCAINE Equiv) | F | - |
| OPHTHALMIC STEROIDS - Drugs to treat inflammation | | |
| <i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1% -3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv) | F | - |
| DEXAMETHASONE OPHTH SOLN .1% (<i>dexamethasone sodium phosphate (ophth)</i>) | F | - |
| <i>dexamethasone ophth soln</i> | F | - |
| DUREZOL OPHTH EMULSION .05% (<i>difluprednate</i>) | F | - |
| <i>fluorometholone ophth soln</i> (FML LIQUIFILM Equiv) | F | - |
| LOTEMAX OPHTH GEL .5% (<i>loteprednol etabonate</i>) | F | - |
| LOTEMAX OPHTH OINT .5% (<i>loteprednol etabonate</i>) | F | - |
| <i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv) | F | - |
| <i>loteprednol ophth susp .5%</i> (LOTEMAX Equiv) | F | - |
| MAXIDEX OPHTH SOLN .1%, 9% (<i>dexamethasone (ophth)</i>) | F | - |
| <i>neomycin/polymyxin/dexamethasone ophth oint .1% -3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv) | F | - |
| <i>neomycin/polymyxin/dexamethasone ophth soln .1% -3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv) | F | - |

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| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN 1%-3.5MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-hc (ophth))</i> | F | - |
| PRED MILD OPTH SOLN .12% <i>(prednisolone acetate (ophth))</i> | F | - |
| PRED-G OPTH SOLN .3%-1% <i>(gentamicin-prednisolone acetate)</i> | F | - |
| PREDNISOLONE OPTH SUSP 1% <i>(prednisolone acetate (ophth))</i> | F | - |
| PREDNISOLONE OPTH SUSP 1% <i>(prednisolone acetate (ophth))</i> | F | - |
| PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN 1% <i>(prednisolone sodium phosphate (ophth))</i> | F | - |
| <i>sulfacetamide sodium/prednisolone ophth soln .23% -10%</i> (VASOCIDIN Equiv) | F | - |
| TOBRADEX OPTH OINT .1%-.3% <i>(tobramycin-dexamethasone)</i> | F | - |
| <i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv) | F | - |
| VEXOL OPTH SUSP <i>(rimexolone)</i> | F | - |
| ZYLET OPTH SUSP .3%-.5% <i>(loteprednol etabonate-tobramycin)</i> | F | QL QL= 5ml/fill (10ml bottle is Not Covered) |
| OPHTHALMICS - MISC. - Miscellaneous eye agents | | |

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| ALAMAST OPHTH SOLN (<i>pemirolast potassium</i>) | F | - |
| ALOCRILOPHTH SOLN 2% (<i>nedocromil sodium ophth</i>) | F | - |
| ALOMIDE OPHTH SOLN .1% (<i>lodoxamide tromethamine</i>) | F | - |
| <i>azelastine ophth soln .05%</i> (OPTIVAR Equiv) | F | - |
| <i>brinzolamide ophth susp 1%</i> (AZOPT Equiv) | F | - |
| <i>bromfenac ophth soln .09%</i> (BROMDAY Equiv) | F | - |
| <i>cromolyn ophth soln 4%</i> (CROLOM Equiv) | F | - |
| CYSTADROPS SOLN .37% (<i>cysteamine hcl</i>) | F | LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTARAN OPHTH SOLN .44% (<i>cysteamine hcl</i>) | F | LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416 |
| <i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv) | F | - |
| <i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv) | F | - |
| FLURBIPROFEN OPHTH SOLN .03% (OCUFEN Equiv) (<i>flurbiprofen sodium</i>) | F | - |
| <i>flurbiprofen ophth soln .03%</i> (OCUFEN Equiv) | F | - |

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| ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>) | F | - |
| <i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv) | F | - |
| <i>ketotifen ophth soln .025%</i> (ZADITOR Equiv) | F | OTC OTC covered only |
| NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>) | F | - |
| <i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv) | F | - |
| <i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv) | F | QL QL= 2.5ml/30 days |
| PROLENSA OPHTH SOLN .07% (<i>bromfenac sodium (ophth)</i>) | F | - |
| UPNEEQ SOLN .1% (<i>oxymetazoline hcl (blepharoptosis)</i>) | EXC | - |
| PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma | | |
| <i>bimatoprost ophth soln .03%</i> | F | QL QL= 2.5ml/30 days |
| <i>latanoprost ophth soln .005%</i> (XALATAN Equiv) | F | QL QL= 2.5ml/30 days |
| LUMIGAN OPHTH SOLN .01% (<i>bimatoprost</i>) | F | QL QL= 2.5ml/30 days |
| OTIC AGENTS - Drugs to treat ear infection | | |
| OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents | | |
| <i>acetic acid otic soln 2%</i> (VOSOL Equiv) | F | - |
| OTIC ANTI-INFECTIVES - Drugs to treat ear infections | | |

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| CIPROFLOXACIN OTIC SOLN .2% (<i>ciprofloxacin hcl (otic)</i>) | F | - |
| OTIC COMBINATIONS - Drugs to treat ear conditions | | |
| <i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv) | F | - |
| COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML (<i>neomycin-colistin-hc-thonzonium</i>) | F | - |
| <i>neomycin/polymixin/hydrocortisone otic soln 1% -3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv) | F | - |
| <i>neomycin/polymixin/hydrocortisone otic susp 1% -3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv) | F | - |
| OTIC STEROIDS - Drugs to treat ear swelling | | |
| <i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv) | F | - |
| <i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv) | F | - |
| OXYTOCICS - Drugs to prevent/control uterine bleeding | | |
| OXYTOCICS - Drugs to prevent/control uterine bleeding | | |
| <i>methylergonovine tab .2MG</i> (METHERGINE Equiv) | F | QL QL= 28 tabs/fill, 1 fill/365 days |
| PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system | | |
| IMMUNE SERUMS - Antibody drugs to treat low immune system | | |

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| HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>) | 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 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>) | F | KMSP-PA |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system | | |
| IMMUNE SERUMS - Antibody drugs to treat low immune system | | |
| HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>) | F | KMSP-PA |
| XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human)-klhw</i>) | F | LD-PA Only available through CVS Specialty 800-237-2767 |
| PENICILLINS - Drugs to treat bacterial infections | | |
| AMINOPENICILLINS - Drugs to treat infections | | |
| <i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv) | F | - |
| AMOXICILLIN CHEW TAB 125MG, 250MG (<i>amoxicillin</i>) | F | - |
| <i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv) | F | - |

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

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|---|--|---|
| PROGESTINS - Drugs to replace female hormones | | |
| PROGESTINS - Drugs used for contraception | | |
| <i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv) | F | LMSP-PA |
| <i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv) | F | - |
| <i>norethindrone tab 5MG</i> (AYGESTIN Equiv) | F | - |
| <i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv) | F | - |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions | | |
| AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency | | |
| <i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv) | F | - |
| DISULFIRAM TAB (ANTABUSE Equiv) (<i>disulfiram</i>) | F | - |
| <i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv) | F | - |
| ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders | | |
| XYREM SOLN 500MG/ML (<i>sodium oxybate</i>) | F | LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050 |
| ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss | | |
| <i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv) | F | QL QL= 1 tab/day |

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| <i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv) | F | QL QL= 2 tabs/day |
| <i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv) | F | QL-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| <i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv) | F | - |
| <i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv) | F | - |
| <i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv) | F | ST Step Therapy requires trial of memantine tab |
| <i>memantine soln 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv) | F | - |
| <i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv) | F | - |
| <i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv) | F | - |
| <i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv) | F | ST Step Therapy requires trial of rivastigmine cap |
| COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses | | |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG (<i>chlordiazepoxide-amitriptyline</i>) | F | - |

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| <i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv) | F | - |
| PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG (<i>perphenazine-amitriptyline</i>) | F | - |
| FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain | | |
| SAVELLA PAK (<i>milnacipran hcl</i>) | F | - |
| SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>) | F | QL QL= 2 tabs/day |
| MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders | | |
| INGREZZA CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>) | F | LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585 |
| <i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv) | F | LMSP-PA |
| MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS) | | |
| AUBAGIO TAB 14MG, 7MG (<i>teriflunomide</i>) | F | LMSP |
| AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>) | F | LMSP |
| <i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv) | F | LMSP-PA-QL QL= 2 tabs/day |
| <i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv) | F | LMSP |
| <i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv) | F | LMSP |

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L.A. Care PASC-SEIU Homecare Workers Formulary

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|---|--|---|
| EXTAVIA INJ .3MG (<i>interferon beta-1b</i>) | F | LMSP |
| GILENYA CAP .25MG, .5MG (<i>fingolimod hcl</i>) | F | LMSP-QL QL= 1 cap/day |
| <i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv) | F | LMSP |
| KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</i>) | F | LMSP |
| MAYZENT TAB .25MG, 2MG (<i>siponimod fumarate</i>) | F | LMSP |
| MAYZENT TAB STARTER PACK .25MG (<i>siponimod fumarate</i>) | F | LMSP |
| PLEGRIDY INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>) | F | LMSP |
| PLEGRIDY PEN INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>) | F | LMSP |
| ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>) | F | LMSP-PA-QL QL= 1 cap/day |
| ZEPOSIA STARTER PACK (<i>ozanimod hcl</i>) | F | LMSP-PA-QL QL= 1 cap/day |
| PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders | | |
| NUEDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>) | F | PA-QL QL= 2 caps/day |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs | | |
| PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>) | F | - |
| SMOKING DETERRENTS - Drugs to treat smoking urges | | |

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| <i>bupropion SR tab</i> (ZYBAN Equiv) | \$0 | QL-SMKG Limited to 180 days/plan year |
| CHANTIX PAK (<i>varenicline tartrate</i>) | \$0 | QL-SMKG Limited to 168 days/plan year |
| CHANTIX TAB .5MG, 1MG (<i>varenicline tartrate</i>) | \$0 | QL-SMKG Limited to 168 days/plan year |
| <i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv) | \$0 | OTC-QL-SMKG Limited to 180 days/plan year |
| NICOTINE KIT (<i>nicotine</i>) | \$0 | OTC-QL-SMKG |
| <i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv) | \$0 | OTC-QL-SMKG Limited to 180 days/plan year |
| <i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv) | \$0 | OTC-QL-SMKG Limited to 182 days/plan year |
| NICOTROL INHALER 10MG (<i>nicotine</i>) | \$0 | QL-SMKG Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>) | \$0 | QL-SMKG Limited to 180 days/plan year |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis | | |
| TEGSEDI INJ 284MG/1.5ML (<i>inotersen sodium</i>) | F | LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523 |
| RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions | | |
| CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions | | |

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| KALYDECO PAK 25MG, 50MG, 75MG (<i>ivacaftor</i>) | F | KMSP-PA-QL-SF QL= 2 packets/day |
| KALYDECO TAB 150MG (<i>ivacaftor</i>) | F | KMSP-PA-QL-SF QL= 2 tabs/day |
| ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG (<i>lumacaftor-ivacaftor</i>) | F | KMSP-PA-QL-SF QL= 2 packets/day |
| ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>) | F | KMSP-PA-QL-SF QL= 4 tabs/day |
| PULMOZYME INH SOLN 1MG/ML (<i>dornase alfa</i>) | F | LMSP |
| SYMDEKO TAB 100MG-150MG, 50MG-75MG (<i>tezacaftor-ivacaftor</i>) | F | KMSP-PA-QL-SF QL= 2 tabs/day |
| TRIKAFTA TAB 25MG-50MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>) | F | KMSP-PA-QL QL= 84 tabs/28 days |
| PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis | | |
| ESBRIET CAP 267MG (<i>pirfenidone</i>) | F | LMSP-PA-QL-SF QL= 9 caps/day |
| ESBRIET TAB 267MG 267MG (<i>pirfenidone</i>) | F | LMSP-PA-QL-SF QL= 9 tabs/day |
| ESBRIET TAB 801MG 801MG (<i>pirfenidone</i>) | F | LMSP-PA-QL-SF QL= 3 tabs/day |
| OFEV CAP 100MG, 150MG (<i>nintedanib esylate</i>) | F | LD-PA-QL-SF QL= 2 caps/day; Only available through Walgreens 888-347-3416 |
| SULFONAMIDES - Drugs to treat bacterial infections | | |

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| SULFONAMIDES - Drugs to treat infection | | |
| SULFADIAZINE TAB 500MG (<i>sulfadiazine</i>) | F | - |
| TETRACYCLINES - Drugs to treat bacterial infections | | |
| TETRACYCLINES - Drugs to treat infections | | |
| <i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv) | F | - |
| <i>doxycycline hyclate tab 100MG, 20MG, 50MG</i> (VIBRATAB Equiv) | F | - |
| <i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv) | F | - |
| <i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv) | F | - |
| <i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv) | F | - |
| <i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv) | F | - |
| <i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv) | F | - |
| THYROID AGENTS - Drugs to regulate thyroid hormones | | |
| ANTITHYROID AGENTS - Drugs to treat high thyroid level | | |
| <i>methimazole tab</i> (TAPAZOLE Equiv) | F | - |
| <i>propylthiouracil tab 50MG</i> | F | - |
| THYROID HORMONES - Drugs to regulate thyroid hormones | | |

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| 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 <i>(thyroid)</i> | F | - |
| <i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv) | F | - |
| <i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG</i> (ARMOUR THYROID, NATURE THROID Equiv) | F | - |
| SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG <i>(levothyroxine sodium)</i> | F | - |
| THYROLAR TAB 120MG, 15MG, 180MG, 30MG, 60MG <i>(liotrix (t3-t4))</i> | F | - |
| ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions | | |
| ANTISPASMODICS - Drugs to treat diarrhea | | |
| <i>dicyclomine cap 10MG</i> (BENTYL Equiv) | F | - |
| <i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv) | F | - |
| <i>dicyclomine tab 20MG</i> (BENTYL Equiv) | F | - |
| <i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv) | F | - |
| <i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv) | F | - |
| <i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv) | F | - |

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| <i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv) | F | - |
| <i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv) | F | - |
| <i>hyoscyamine sulfate SR cap</i> (LEVSINEX Equiv) | F | - |
| <i>hyoscyamine tab .125MG</i> (LEVSIN Equiv) | F | - |
| H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>famotidine susp 40MG/5ML</i> (PEPCID Equiv) | F | - |
| <i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv) | F | - |
| MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs | | |
| <i>sucralfate tab 1GM</i> (CARAFATE Equiv) | F | - |
| PROTON PUMP INHIBITORS - Drugs to treat acid reflux | | |
| <i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv) | F | Rx Only |
| <i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv) | F | - |
| <i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv) | F | - |
| ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv) | F | - |
| ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions | | |
| ZEGERID CAP OTC 20MG-1100MG (<i>omeprazole-sodium bicarbonate</i>) | F | OTC |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers | | |
| MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs | | |
| <i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv) | F | - |
| URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms | | |

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| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms | | |
| <i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv) | F | - |
| <i>oxybutynin syrup 5MG/5ML</i> | F | - |
| <i>oxybutynin tab 5MG</i> (DITROPAN Equiv) | F | - |
| OXYTROL PATCH (OTC) 3.9MG/24HR (<i>oxybutynin</i>) | F | OTC |
| <i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv) | F | - |
| <i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv) | F | - |
| <i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv) | F | - |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms | | |
| MYRBETRIQ TAB 25MG, 50MG (<i>mirabegron</i>) | F | - |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention | | |
| <i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv) | F | - |
| VACCINES - Drugs to prevent infection | | |
| BACTERIAL VACCINES - Drugs to prevent infection | | |
| PNEUMOVAX INJ 25MCG/0.5ML (<i>pneumococcal vac polyvalent</i>) | \$0 | VAC |

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| PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>) | \$0 | PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years. |
| VIVOTIF CAP (<i>typhoid vaccine</i>) | F | QL-VAC QL= 4 caps/fill |
| VIRAL VACCINES - Drugs to prevent infection | | |
| AFLURIA INJ (<i>influenza virus vaccine split preservative free</i>) | \$0 | VAC |
| AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>) | \$0 | VAC |
| COVID-19 VACCINE INJ (JANSSEN) .5ML (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>) | \$0 | QL QL= 1 dose/365 days |
| COVID-19 VACCINE INJ (MODERNA) 100MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | \$0 | QL QL= 1 dose/24 days; limit 2 fills/12 months |
| COVID-19 VACCINE INJ (PFIZER) 30MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | \$0 | QL QL= 1 dose/17 days; limit 2 fills/12 months |
| FLUAD INJ (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>) | \$0 | VAC |
| FLUAD QUAD INJ .5ML (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>) | \$0 | VAC |

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| FLUBLOK INJ (<i>influenza virus vaccine recombinant hemagglutinin (ha)</i>) | \$0 | VAC |
| FLUBLOK QUAD PF INJ (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>) | \$0 | VAC |
| FLUCELVAX INJ (<i>influenza virus vaccine tissue-cultured subunit</i>) | \$0 | VAC |
| FLUCELVAX QUAD INJ (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>) | \$0 | VAC |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>) | \$0 | VAC |
| FLUMIST QUADRIVALENT NASAL SUSP (<i>influenza virus vaccine live quadrivalent</i>) | \$0 | VAC |
| FLUVIRIN INJ (<i>influenza virus vaccine types a & b surface antigen</i>) | \$0 | VAC |
| FLUVIRIN PF INJ (<i>influenza virus vaccine types a & b preservative free</i>) | \$0 | VAC |
| FLUZONE HD PF INJ (<i>influenza virus vac split high-dose quad preservative free</i>) | \$0 | VAC |
| FLUZONE HIGH DOSE PF INJ (<i>influenza virus vaccine split high-dose preservative free</i>) | \$0 | VAC |
| FLUZONE INTRADERMAL INJ (<i>influenza virus vaccine split</i>) | \$0 | VAC |
| FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>) | \$0 | VAC |

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| FLUZONE/FLUARIX QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>) | \$0 | VAC |
| VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones | | |
| MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders | | |
| ACIDIC VAGINAL JELLY (<i>acetic acid vaginal</i>) | F | - |
| SPERMICIDES - Drugs to prevent pregnancy | | |
| CONTRACEPTIVE FILM 28% (<i>nonoxynol-9</i>) | \$0 | OTC |
| CONTRACEPTIVE FOAM 12.5% (<i>nonoxynol-9</i>) | \$0 | OTC |
| CONTRACEPTIVE GEL 2%, 3%, 4% (<i>nonoxynol-9</i>) | \$0 | OTC |
| TODAY SPONGE 1000MG (<i>nonoxynol-9</i>) | \$0 | OTC |
| VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections | | |
| <i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv) | F | - |
| <i>metronidazole vaginal gel .75%</i> (METROGEL Equiv) | F | - |
| NYSTATIN VAGINAL TAB (<i>nystatin vaginal</i>) | F | - |
| <i>terconazole cream .4%, .8%</i> (TERAZOL Equiv) | F | - |
| TERCONAZOLE CREAM 0.8% .8% (<i>terconazole vaginal</i>) | F | - |
| <i>terconazole supp 80MG</i> (TERAZOL Equiv) | F | - |
| VAGINAL ESTROGENS - Drugs to treat low hormones | | |
| <i>estradiol cream .1MG/GM</i> (ESTRACE Equiv) | F | - |
| <i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv) | F | QL QL= 8 tabs/28 days, 18 tabs on first fill |
| ESTRING 2MG (<i>estradiol vaginal</i>) | F | - |

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| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 8/1/2021

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|---|--|
| PREMARIN VAGINAL CREAM .625MG/GM (<i>estrogens, conjugated vaginal</i>) | F | - |
| VAGINAL PROGESTINS - Drugs to treat low hormones | | |
| CRINONE GEL 4%, 8% (<i>progesterone (vaginal)</i>) | F | PA |
| ENDOMETRIN INSERT 100MG (<i>progesterone (vaginal)</i>) | F | PA |
| VASOPRESSORS - Drugs to treat heart and circulation conditions | | |
| ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions | | |
| <i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv) | F | QL QL= 2 inj/fill |
| SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML (<i>epinephrine (anaphylaxis)</i>) | F | QL QL= 2 inj/fill |
| VIRAL VACCINES - Drugs to prevent infection | | |
| <i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv) | F | - |
| VITAMINS - Drugs to treat vitamin deficiency | | |
| OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency | | |
| <i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv) | F | - |
| <i>vitamin D cap 1.25MG, 50000UNIT</i> | F | RX strength only |
| <i>vitamin D cap 1000unit 1000UNIT, 25MCG</i> | \$0 | OTC |
| <i>vitamin D cap 400unit 400UNIT</i> | \$0 | OTC |
| VITAMIN D TAB 400UNIT 400UNIT (<i>ergocalciferol</i>) | \$0 | OTC Covered for members 65 years or older |
| WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency | | |

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|---|--|---|
| <i>niacin cap</i> | F | OTC |
| <i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv) | F | OTC |
| <i>niacin tab 100MG, 250MG, 500MG, 50MG</i> | F | OTC |
| NIACIN TR TAB 1000MG (<i>niacin</i>) | F | OTC |
| <i>niacinamide tab 100MG, 500MG</i> | F | OTC |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------------------|-----|---|-----|-----------------------------|-----|
| Other | | acyclovir cap | 75 | alclometasone cream | 91 |
| 8-MOP CAP | 90 | acyclovir oint | 91 | alclometasone oint | 91 |
| A | | acyclovir susp | 75 | ALCOHOL SWABS | 117 |
| abacavir soln | 68 | acyclovir tab | 75 | ALECENSA CAP | 57 |
| abacavir tab | 68 | adapalene cream | 87 | alendronate tab | 99 |
| abacavir/lamivudine tab | 68 | adapalene gel | 87 | ALENDRONATE TAB | 100 |
| abacavir/lamivudine/zidovudine tab | 68 | adapalene/benzoyl peroxide gel 0.1-2.5% | | 40MG | |
| abiraterone tab 250mg | 54 | adefovir dipivoxil tab | 74 | ALFERON-N INJ | 52 |
| acamprosate calcium DR tab | 137 | ADEMPAS TAB | 81 | alfuzosin SR tab | 108 |
| acarbose tab | 29 | ADVAIR DISKUS INHALER | 18 | ALINIA SUSP | 47 |
| acebutolol cap | 77 | ADVAIR HFA INHALER | 18 | allopurinol tab | 108 |
| acetaminophen/codeine soln | 11 | AEROCHAMBER | 118 | ALOCRILOPHTH SOLN | 132 |
| acetaminophen/codeine tab | 11 | AFINITOR DISPERZ | 57 | ALOGLIPTIN TAB | 32 |
| acetazolamide ER cap | 98 | AFINITOR TAB 10MG | 52 | ALOGLIPTIN-METFORMIN TAB | 30 |
| acetazolamide tab | 98 | AFLURIA INJ | 147 | ALOGLIPTIN-PIOGLITAZONE TAB | 30 |
| acetic acid otic soln | 133 | AFLURIA INJ, FLUZONE INJ | 147 | ALOMIDOPHTH SOLN | 132 |
| acetic acid/hydrocortisone otic soln | 134 | AIMOVIG INJ | 118 | alprazolam tab | 15 |
| acetylcysteine soln | 87 | AKYNZEO CAP | 38 | aluminum chloride soln | 95 |
| ACIDIC VAGINAL JELLY | 149 | ALAMASTOPHTH SOLN | 132 | ALUNBRIG TAB 30MG | 57 |
| acitretin cap | 90 | albuterol neb soln | 18 | ALUNBRIG TAB 90MG, 180MG | 57 |
| ACTEMRA ACTPEN INJ | 5 | albuterol sulfate ER tab | 19 | amantadine cap | 64 |
| ACTEMRA SC INJ | 5 | albuterol sulfate syrup | 19 | amantadine syrup | 64 |
| ACTIMMUNE INJ | 52 | albuterol sulfate tab | 19 | amantadine tab | 64 |
| | | albuterol/ipratropium neb soln | 19 | ambrisentan tab | 80 |
| | | | | amethyst tab | 82 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--|-----|--|-----|-----------------------------|-----|
| amiloride tab | 99 | amoxicillin/clavulanate | 136 | ASMANEX HFA | 18 |
| amiloride/hydrochlorothiazide tab | 98 | susp | | INHALER | |
| aminocaproic acid soln | 113 | amoxicillin/clavulanate tab | 136 | ASMANEX INHALER | 18 |
| aminocaproic acid syrup | 113 | 500-125mg, 875-125mg | | aspirin chew tab 81mg | 8 |
| aminocaproic acid tab | 113 | amphetamine/dextroamphetamine ER cap | 1 | aspirin ec tab 325mg | 8 |
| aminophylline tab | 20 | amphetamine/dextroamphetamine tab | 1 | aspirin ec tab 81mg | 8 |
| amiodarone tab | 16 | ampicillin cap | 136 | aspirin tab 325mg | 8 |
| amitriptyline tab | 29 | ampicillin susp | 136 | aspirin tab 81mg | 8 |
| amlodipine tab | 78 | anagrelide cap | 109 | atazanavir cap | 68 |
| amlodipine/atorvastatin tab | 79 | anastrozole tab | 54 | atenolol tab | 77 |
| amlodipine/benazepril cap | 44 | ANDRODERM PATCH | 12 | atenolol/chlorthalidone tab | 45 |
| amlodipine/olmesartan tab | 45 | ANORO ELLIPTA | 19 | atorvastatin tab 10mg | 41 |
| amlodipine/valsartan tab | 45 | INHALER | | atorvastatin tab 20mg | 41 |
| amlodipine/valsartan/hydrochlorothiazide tab | 45 | apraclonidine ophthalmic soln | 128 | atorvastatin tab 40mg | 41 |
| ammonium lactate lotion | 94 | aprepitant cap | 38 | atorvastatin tab 80mg | 42 |
| amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap | 87 | aprepitant pak | 38 | atovaquone susp | 47 |
| AMOXAPINE TAB | 29 | APTIVUS CAP | 68 | atovaquone/proguanil tab | 49 |
| amoxicillin cap | 135 | APTIVUS SOLN | 68 | atropine ophthalmic oint | 127 |
| AMOXICILLIN CHEW TAB | 135 | aripiprazole tab | 68 | atropine ophthalmic soln | 127 |
| amoxicillin susp | 135 | armodafinil tab | 3 | ATROVENT HFA | 17 |
| amoxicillin tab | 136 | ARMOUR THYROID TAB, NATURE THYROID TAB | 144 | INHALER | |
| amoxicillin/clavulanate chew tab | 136 | ARNUITY ELLIPTA | 17 | AUBAGIO TAB | 139 |
| | | INHALER | | AVANDAMET TAB | 30 |
| | | ashlyna tab, daysee tab | 82 | AVANDARYL TAB | 30 |
| | | | | AVANDIA TAB | 35 |
| | | | | AVONEX INJ | 139 |
| | | | | AYVAKIT TAB | 56 |
| | | | | AZASITE SOLN | 128 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------|-----|----------------------------|-----|----------------------------|-----|
| azathioprine tab | 76 | benazepril tab | 43 | betamethasone valerate | 92 |
| azelaic acid gel | 95 | BENZAEPRIl/HCT TAB | 45 | lotion | |
| azelastine nasal spray 0.1% | 125 | benazepril/hydrochlorothia | 45 | betamethasone valerate | 92 |
| azelastine ophth soln | 132 | zide tab | | oint | |
| azithromycin susp | 115 | BENLYSTA | 122 | bethanechol tab | 146 |
| azithromycin tab | 115 | AUTO-INJECTOR | | bexarotene cap | 63 |
| B | | BENLYSTA INJ | 122 | bicalutamide tab | 54 |
| BACITRACIN OPHTH | 128 | BENZNIDAZOLE TAB | 14 | BIKTARVY TAB | 69 |
| OINT | | benzonatate cap 100mg, | 85 | bimatoprost ophth soln | 133 |
| bacitracin/neomycin/poly | 128 | 200mg | | bisoprolol tab | 77 |
| myxin b ophth oint | | benztropine tab | 64 | bisoprolol/hydrochlorothia | 45 |
| bacitracin/polymyxin b | 128 | betamethasone augmented | 91 | zide tab | |
| ophth oint | | cream | | bosentan tab | 80 |
| bacitracin/polymyxin/neo | 130 | betamethasone augmented | 91 | BOSULIF TAB | 57 |
| mycin/hydrocortisone | | gel | | BRAFTOVI CAP 75MG | 57 |
| ophth oint | | betamethasone augmented | 91 | BREO ELLIPTA | 19 |
| baclofen tab | 124 | lotion | | INHALER | |
| balsalazide cap | 105 | betamethasone augmented | 92 | BREZTRI AEROSPHERE | 19 |
| BALVERSA TAB 3MG | 57 | oint | | INHALER | |
| BALVERSA TAB 4MG | 57 | betamethasone | 92 | brimonidine ophth soln | 128 |
| BALVERSA TAB 5MG | 57 | dipropionate cream | | 0.15% | |
| BAQSIMI NASAL | 31 | betamethasone | 92 | brimonidine ophth soln | 128 |
| POWDER | | dipropionate lotion | | 0.2% | |
| BASAGLAR INJ | 33 | betamethasone | 92 | brinzolamide ophth susp | 132 |
| B-D INSULIN SYRINGE | 118 | dipropionate oint | | bromfenac ophth soln | 132 |
| U-500 | | betamethasone valerate | 92 | bromocriptine cap | 64 |
| B-D PEN AUTOSHIELD | 118 | cream | | bromocriptine tab | 64 |
| DUO PEN NEEDLE | | | | BRUKINSA CAP | 58 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------------|-----|------------------------------------|-----|--|-----|
| budesonide inh susp | 18 | calcitriol soln | 101 | cephalexin cap | 81 |
| budesonide SR cap | 84 | calcium acetate cap | 106 | cephalexin susp | 81 |
| bumetanide tab | 98 | CALIBRATION LIQUID | 116 | CERDELGA CAP | 109 |
| buprenorphine SL tab | 12 | CALQUENCE CAP | 58 | CERVICAL CAP | 116 |
| buprenorphine/naloxone sl film | 12 | capecitabine tab | 53 | cetirizine syrup | 40 |
| buprenorphine/naloxone SL tab | 12 | CAPRELSA TAB | 58 | cetirizine tab | 40 |
| bupropion ER tab | 27 | captopril tab | 43 | cetirizine/pseudoephedrine 12-hour tab | 86 |
| bupropion SR tab | 141 | carbamazepine chew tab | 22 | cevimeline cap | 123 |
| bupropion tab | 27 | carbamazepine ER cap | 22 | CHANTIX PAK | 141 |
| bupropion XL tab | 27 | carbamazepine ER tab | 22 | CHANTIX TAB | 141 |
| bupirone tab | 15 | carbamazepine susp | 22 | CHEMET CAP | 36 |
| butorphanol nasal spray | 12 | carbamazepine tab | 22 | chlordiazepoxide cap | 15 |
| BYDUREON BCISE AUTO INJ | 32 | carbidopa tab | 64 | CHLORDIAZEPOXIDE/A MITRIPTYLINE TAB | 138 |
| BYDUREON INJ | 32 | carbidopa/levodopa ER tab | 64 | chlorhexidine gluconate soln | 122 |
| BYDUREON PEN INJ | 32 | CARBIDOPA/LEVODOP A ODT | 64 | chloroquine tab | 49 |
| BYSTOLIC TAB | 77 | carbidopa/levodopa tab | 64 | CHLOROQUINE TAB 500MG | 49 |
| C | | CARBIDOPA/LEVODOP A/ENTACAPONE TAB | 64 | chlorothiazide tab | 99 |
| cabergoline tab | 103 | carisoprodol tab | 124 | chlorpheniramine ER cap | 39 |
| CABLIVI INJ KIT | 109 | carvedilol tab | 77 | chlorpromazine tab | 67 |
| CABOMETYX TAB | 58 | CAYSTON INH SOLN | 48 | chlorpropamide tab | 35 |
| calcipotriene cream | 90 | cefdinir cap | 82 | CHLORTHALIDONE TAB | 99 |
| calcipotriene oint | 90 | cefdinir susp | 82 | chlorzoxazone tab 500mg | 124 |
| calcipotriene soln | 90 | cefuroxime susp | 81 | CHOLBAM CAP | 105 |
| calcitonin nasal spray | 100 | cefuroxime tab | 82 | | |
| calcitriol cap | 101 | celecoxib cap | 6 | | |
| | | CELONTIN CAP | 26 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------------------|-----|---------------------------------------|-----|------------------------------------|-----|
| cholestyramine lite powder | 41 | citalopram tab | 27 | clotrimazole/betamethason e lotion | 89 |
| cholestyramine lite powder pack | 41 | CITRULLINE PACKET | 126 | CLOZAPINE ODT | 66 |
| cholestyramine powder | 41 | CLARITHROMYC SUSP | 115 | CLOZAPINE ODT 12.5MG | 66 |
| cholestyramine powder pack | 41 | clarithromycin susp | 115 | clozapine ODT 25mg, 100mg | 66 |
| choline magnesium trisalicylate tab | 9 | clarithromycin tab | 115 | CLOZAPINE ODT, FAZACLO ODT | 67 |
| ciclopirox cream | 89 | CLENPIQ SOLN | 114 | clozapine tab | 67 |
| ciclopirox gel | 89 | clindamycin cap | 48 | CODEINE SULFATE TAB 15MG | 9 |
| ciclopirox nail soln | 89 | clindamycin gel | 87 | codeine sulfate tab 15mg, 30mg | 9 |
| ciclopirox shampoo | 89 | clindamycin lotion | 87 | CODEINE SULFATE TAB 60MG | 9 |
| ciclopirox topical susp | 89 | clindamycin pad | 87 | colchicine tab | 108 |
| cilostazol tab | 109 | clindamycin topical soln | 87 | colchicine/probenecid tab | 108 |
| CIMDUO TAB | 69 | clindamycin vaginal cream | 149 | colesevelam pack | 41 |
| CIMZIA INJ | 105 | clobazam tab | 21 | colesevelam tab | 41 |
| CIMZIA STARTER INJ KIT | 106 | clobetasol propionate cream | 92 | colestipol tab | 41 |
| cinacalcet tab | 101 | clobetasol propionate emollient cream | 92 | COLY-MYCIN S OTIC SUSP | 134 |
| ciprofloxacin ophth soln | 128 | clobetasol propionate gel | 92 | COMBIGAN OPHTH SOLN | 126 |
| CIPROFLOXACIN OTIC SOLN | 134 | clobetasol propionate oint | 92 | COMBIVENT INHALER | 19 |
| ciprofloxacin susp | 104 | clonazepam tab | 22 | COMBIVENT RESPIMAT INHALER | 19 |
| ciprofloxacin tab | 104 | clonidine ER tab | 2 | | |
| ciprofloxacin/dexamethasone otic susp | 134 | clonidine patch | 44 | | |
| citalopram soln | 27 | clonidine tab | 44 | | |
| | | clopidogrel tab 75mg | 109 | | |
| | | clotrimazole troches | 122 | | |
| | | clotrimazole/betamethason e cream | 89 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|---------------------------|-----|--------------------------|-----|
| COMETRIQ KIT | 58 | cyclopentolate ophth soln | 127 | DELSTRIGO TAB | 69 |
| COMPLERA TAB | 69 | cyclophosphamide cap | 52 | DEPO-PROVERA INJ | 84 |
| CONTRACEPTIVE FILM | 149 | CYCLOPHOSPHAMIDE | 52 | DESCOVY TAB | 69 |
| CONTRACEPTIVE FOAM | 149 | TAB | | desipramine tab | 29 |
| CONTRACEPTIVE GEL | 149 | cyclosporine cap | 76 | desmopressin acetate inj | 102 |
| CONTRAVE TAB | 2 | cyclosporine modified cap | 76 | desmopressin acetate tab | 102 |
| COPIKTRA CAP | 58 | cyclosporine modified | 76 | desmopressin nasal soln | 102 |
| COTELLIC TAB | 58 | soln | | desoximetasone cream | 92 |
| COVID-19 VACCINE INJ | 147 | cyproheptadine syrup | 40 | desoximetasone oint | 92 |
| (JANSSEN) | | cyproheptadine tab | 40 | desvenlafaxine ER tab | 28 |
| COVID-19 VACCINE INJ | 147 | CYSTADROPS SOLN | 132 | DEXAMETHASONE | 84 |
| (MODERNA) | | CYSTAGON CAP | 107 | CONC | |
| COVID-19 VACCINE INJ | 147 | CYSTARAN OPHTH | 132 | dexamethasone elixir | 84 |
| (PFIZER) | | SOLN | | DEXAMETHASONE | 130 |
| CREATINE PACKET | 126 | CYTRA K CRYSTALS | 107 | OPHTH SOLN | |
| 5000MG | | CYTRA-3 SYRUP | 107 | DEXAMETHASONE | 84 |
| CREON CAP | 97 | | | SOLN | |
| CRINONE GEL | 150 | D | | dexamethasone tab | 84 |
| CRIXIVAN CAP | 69 | dalfampridine ER tab | 139 | dexmethylphenidate ER | 3 |
| cromolyn conc | 105 | danazol cap | 12 | cap | |
| cromolyn neb soln | 17 | dantrolene cap | 125 | dexmethylphenidate tab | 3 |
| cromolyn ophth soln | 132 | dapsone tab | 48 | dextroamphetamine ER | 1 |
| cryselle tab | 82 | deferasirox granules | 37 | cap | |
| cyanocobalamin inj | 110 | packet | | dextroamphetamine tab | 1 |
| cyclobenzaprine tab 10mg | 124 | deferasirox tab | 37 | DIACOMIT CAP | 22 |
| cyclobenzaprine tab 5mg | 124 | deferasirox tab 180mg | 37 | DIACOMIT POWDER | 22 |
| CYCLOMYDRIL OPHTH | 127 | deferasirox tab 90mg, | 37 | PACK | |
| SOLN | | 360mg | | DIALYVITE TAB | 123 |
| | | deferiprone tab | 37 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|----------------------------|-----|-----------------------------|-----|
| DIALYVITE/ZINC TAB | 123 | dimethyl fumarate DR cap | 139 | doxycycline hyclate cap | 143 |
| DIAPHRAGM | 116 | dimethyl fumarate DR | 139 | doxycycline hyclate tab | 143 |
| DIASTAT RECTAL GEL, | 22 | starter pack | | doxycycline monohydrate | 143 |
| DIAZEPAM RECTAL | | diphenhydramine cap | 40 | cap 100mg | |
| GEL | | 50mg | | doxycycline monohydrate | 143 |
| diazepam conc | 15 | DIPHENOXYLATE/ATRO | 36 | cap 50mg | |
| diazepam oral soln | 15 | PINE LIQUID | | doxycycline monohydrate | 143 |
| 5mg/5ml | | diphenoxylate/atropine tab | 36 | tab | |
| diazepam tab 2mg, 10mg | 15 | dipyridamole tab | 109 | doxycycline susp | 143 |
| diazepam tab 5mg | 15 | disopyramide cap | 16 | D-PENAMINE TAB | 75 |
| diclofenac gel 1% | 89 | DISULFIRAM TAB | 137 | dronabinol cap | 38 |
| diclofenac potassium tab | 6 | DIURIL SUSP | 99 | DROXIA CAP | 110 |
| diclofenac sodium EC tab | 6 | divalproex ER tab | 26 | DRYSOL SOLN | 95 |
| diclofenac sodium ophth | 132 | divalproex sodium DR tab | 26 | DULERA INHALER | 19 |
| soln | | divalproex sprinkle cap | 26 | duloxetine EC cap | 28 |
| diclofenac sodium XR tab | 6 | dofetilide cap | 16 | DUPIXENT INJ | 94 |
| dicloxacillin cap | 136 | donepezil ODT | 137 | DUPIXENT PEN INJ | 94 |
| dicyclomine cap | 144 | donepezil tab | 138 | DUREZOL OPHTH | 130 |
| dicyclomine soln | 144 | donepezil tab 23mg | 138 | EMULSION | |
| dicyclomine tab | 144 | DOPTELET TAB | 110 | dutasteride cap | 108 |
| didanosine DR cap | 69 | dorzolamide ophth soln | 132 | | |
| DIFICID SUSP | 116 | dorzolamide/timolol ophth | 126 | E | |
| DIFICID TAB | 116 | soln | | econazole cream | 89 |
| digoxin soln | 79 | DOVATO TAB | 69 | EDURANT TAB | 69 |
| digoxin tab | 79 | doxazosin tab | 44 | efavirenz cap | 69 |
| DILANTIN CAP 30MG | 25 | DOXEPIN CAP | 29 | efavirenz tab | 69 |
| diltiazem ER cap | 78 | doxepin conc | 29 | efavirenz/emtricitabine/ten | 69 |
| diltiazem tab | 78 | doxercalciferol cap | 102 | ofovir df tab | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---|-----|---------------------------------|-----|--|-----|
| efavirenz/lamivudine/tenofovir df (lo) tab | 69 | enpresse tab | 82 | ESBRIET TAB 801MG | 142 |
| EGRIFTA INJ | 101 | ENSPRYNG INJ | 121 | escitalopram soln | 27 |
| ELIQUIS TAB, ELIQUIS STARTER PACK | 21 | entacapone tab | 64 | escitalopram tab | 27 |
| ELIXOPHYLLIN ELIXIR | 20 | entecavir tab | 74 | estazolam tab | 113 |
| ELLA TAB | 84 | EPIDIOLEX SOLN | 22 | estradiol cream | 149 |
| ELMIRON CAP | 108 | EPIDUO FORTE GEL | 88 | estradiol patch | 104 |
| EMCYT CAP | 55 | EPIFOAM AEROSOL | 92 | estradiol tab | 104 |
| EMGALITY INJ | 118 | epinephrine pen inj | 150 | estradiol vaginal tab, yuvafem vaginal tab | 149 |
| EMGALITY INJ 100MG/ML | 119 | 0.15mg, 0.3mg | | estradiol valerate inj | 104 |
| emtricitabine cap | 70 | EPIVIR HBV SOLN | 74 | estradiol/norethindrone tab | 103 |
| emtricitabine/tenofovir disoproxil fumarate tab | | EQUETRO CAP | 66 | ESTRING | 149 |
| EMTRIVA SOLN | 70 | ERIVEDGE CAP | 54 | eszopiclone tab | 114 |
| EMVERM TAB | 14 | ERLEADA TAB | 55 | ethacrynic tab | 98 |
| enalapril tab | 43 | erlotinib tab | 54 | ethambutol tab | 50 |
| enalapril/hydrochlorothiazide tab | 45 | ERY PAD | 88 | ethosuximide cap | 26 |
| ENBREL INJ 25MG | 7 | ERYTHROMYCIN EC CAP | 116 | ethosuximide soln | 26 |
| ENBREL INJ 50MG | 8 | erythromycin | 116 | etodolac cap | 6 |
| ENBREL MINI INJ | 8 | erythromycin | 116 | etodolac tab | 6 |
| ENBREL SURECLICK INJ 50MG | 8 | ethylsuccinate susp | | ETOPOSIDE CAP | 63 |
| ENDARI POWDER PACK | 110 | erythromycin gel | 88 | etravirine tab | 70 |
| ENDOMETRIN INSERT | 150 | erythromycin ophth oint | 128 | everolimus tab | 58 |
| enoxaparin inj | 21 | erythromycin pad | 88 | everolimus tab 0.25mg, 0.5mg, 0.75mg | 121 |
| | | erythromycin soln | 88 | EVOTAZ TAB | 70 |
| | | erythromycin stearate tab | 116 | EVRYSDI SOLN | 126 |
| | | erythromycin/sulfisoxazole susp | 47 | exemestane tab | 55 |
| | | e susp | | EXTAVIA INJ | 140 |
| | | ESBRIET CAP | 142 | | |
| | | ESBRIET TAB 267MG | 142 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|------------------------|-----|-------------------------|-----|--------------------------|-----|
| ezetimibe tab | 42 | FINACEA PLUS KIT | 95 | fluocinolone acetoneide | 92 |
| F | | finasteride tab | 94 | oint | |
| famotidine susp | 145 | FINTEPLA SOLN | 23 | fluocinolone acetoneide | 92 |
| famotidine tab | 145 | FIRST-VANCOMYCIN | 48 | soln | |
| FARYDAK CAP | 58 | SOLN | | fluocinolone otic oil | 134 |
| FASENRA PEN INJ | 16 | FIRVANQ SOLN | 48 | fluocinonide cream 0.05% | 93 |
| febuxostat tab | 108 | flecainide tab | 16 | fluocinonide cream 0.1% | 93 |
| felbamate susp | 24 | FLORIVA PLUS DROPS | 124 | fluocinonide emollient | 93 |
| felbamate tab | 24 | FLOVENT DISKUS | 18 | cream | |
| felodipine ER tab | 78 | INHALER | | fluocinonide gel | 93 |
| FEMALE CONDOMS | 116 | FLOVENT HFA INHALER | 18 | fluocinonide oint | 93 |
| fenofibrate cap 67mg, | 41 | FLUAD INJ | 147 | fluocinonide soln | 93 |
| 134mg, 200mg | | FLUAD QUAD INJ | 147 | FLUOR-A-DAY CHEW | 119 |
| fenofibrate tab 48mg, | 41 | FLUBLOK INJ | 148 | TAB | |
| 54mg, 145mg, 160mg | | FLUBLOK QUAD PF INJ | 148 | fluorometholone ophth | 130 |
| fenofibric acid DR cap | 41 | FLUCELVAX INJ | 148 | soln | |
| fentanyl patch | 9 | FLUCELVAX QUAD INJ | 148 | FLUOROPLEX CREAM | 89 |
| ferrex 150 forte cap | 111 | fluconazole susp | 39 | fluorouracil cream | 90 |
| FERRIPROX SOLN | 36 | fluconazole tab | 39 | FLUOROURACIL | 90 |
| FERRIPROX TAB | 36 | flucytosine cap | 38 | CREAM 0.5% | |
| ferrous sulfate elixir | 112 | fludrocortisone tab | 85 | FLUOROURACIL SOLN | 90 |
| FERROUS SULFATE | 112 | FLULAVAL QUAD INJ, | 148 | fluoxetine cap | 27 |
| LIQUID | | FLUZONE QUAD INJ | | fluoxetine soln | 27 |
| ferrous sulfate soln | 112 | FLUMIST | 148 | fluphenazine tab | 67 |
| ferrous sulfate syrup | 112 | QUADRIVALENT NASAL | | FLURAZEPAM CAP | 114 |
| FIASP FLEXTOUCH INJ | 33 | SUSP | | FLURBIPROFEN OPHTH | 132 |
| FIASP INJ | 33 | fluocinolone acetoneide | 92 | SOLN | |
| FIASP PENFILL INJ | 33 | cream | | FLURBIPROFEN TAB | 6 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|------------------------------|-----|----------------------------|-----|--------------------------|-----|
| flutamide cap | 55 | fosinopril/hydrochlorothia | 45 | FREESTYLE TEST STRIP | 96 |
| fluticasone nasal spray | 125 | zide tab | | FULPHILA INJ | 110 |
| fluticasone propionate cream | 93 | FOSRENOL POWDER | 106 | FUROSEMIDE SOLN | 98 |
| fluticasone propionate oint | 93 | PACK | | furosemide tab | 98 |
| FLUTICASONE/SALMET | 20 | FREESTYLE FREEDOM | 116 | FUZEON INJ | 70 |
| EROL INHALER | | LITE METER | | <hr/> | |
| FLUVIRIN INJ | 148 | FREESTYLE INSULINX | 117 | G | |
| FLUVIRIN PF INJ | 148 | METER | | gabapentin cap | 23 |
| fluvoxamine ER cap | 27 | FREESTYLE INSULINX | 96 | gabapentin soln | 23 |
| fluvoxamine tab | 28 | TEST STRIP | | gabapentin tab | 23 |
| FLUZONE HD PF INJ | 148 | FREESTYLE LIBRE 2 | 117 | galantamine ER cap | 138 |
| FLUZONE HIGH DOSE | 148 | RECEIVER | | galantamine tab | 138 |
| PF INJ | | FREESTYLE LIBRE 2 | 117 | GALZIN CAP | 121 |
| FLUZONE | 148 | SENSOR | | GANCICLOVIR CAP | 73 |
| INTRADERMAL INJ | | FREESTYLE LIBRE | 117 | GAVRETO CAP | 59 |
| FLUZONE QUAD INJ | 148 | RECEIVER | | gemfibrozil tab | 41 |
| FLUZONE/FLUARIX | 149 | FREESTYLE LIBRE | 117 | GENOTROPIN INJ | 101 |
| QUAD INJ | | SENSOR (10-DAY) | | GENTAK OPHTH OINT | 129 |
| FOLBEE PLUS CZ TAB | 123 | FREESTYLE LIBRE | 117 | gentamicin ophth oint | 129 |
| folbee tab | 111 | SENSOR (14-DAY) | | gentamicin ophth soln | 129 |
| folic acid tab 1mg | 110 | FREESTYLE LITE | 117 | gentamicin sulfate cream | 88 |
| folic acid tab 400mcg | 110 | METER | | gentamicin sulfate oint | 88 |
| folic acid tab 800mcg | 110 | FREESTYLE LITE TEST | 96 | GENVOYA TAB | 70 |
| fondaparinux inj | 21 | STRIP | | gianvi tab, ocella tab | 82 |
| FORTEO INJ | 100 | FREESTYLE PRECISION | 117 | GILENYA CAP | 140 |
| fosamprenavir tab | 70 | NEO METER | | GILOTRIF TAB | 54 |
| fosinopril tab | 43 | FREESTYLE PRECISION | 96 | glatiramer inj | 140 |
| | | NEO TEST STRIP | | GLEOSTINE/LOMUSTIN | 52 |
| | | | | E CAP | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------|-----|--------------------------|-----|----------------------------|-----|
| glimepiride tab | 35 | halobetasol propionate | 93 | HYCAMTIN CAP | 52 |
| glipizide ER tab | 35 | oint | | hydralazine tab | 47 |
| glipizide tab | 35 | haloperidol lactate conc | 66 | hydrochlorothiazide cap | 99 |
| glipizide/metformin tab | 30 | haloperidol tab | 66 | hydrochlorothiazide tab | 99 |
| GLUCAGEN HYPOKIT | 31 | hc pramoxine cream 1-1% | 13 | hydrocodone/acetaminoph | 11 |
| INJ | | HEMLIBRA INJ | 109 | en soln | |
| glucagon (rdna) for inj kit | 31 | HEXALEN CAP | 51 | hydrocodone/acetaminoph | 11 |
| GLUCAGON EMR INJ | 31 | HIZENTRA INJ | 135 | en tab | |
| GLUCAGON INJ KIT | 31 | homatropine ophth soln | 127 | hydrocodone/homatropine | 85 |
| glyburide micronized tab | 35 | HUMIRA INJ 10MG | 4 | syrup | |
| glyburide tab | 35 | HUMIRA INJ 20MG | 4 | hydrocortisone cream | 93 |
| glyburide/metformin tab | 30 | HUMIRA INJ 40MG | 4 | hydrocortisone enema | 13 |
| glycopyrrolate tab | 144 | HUMIRA INJ 80MG | 4 | hydrocortisone lotion | 93 |
| GOLYTELY SOLN | 114 | HUMIRA INJ | 5 | hydrocortisone oint | 93 |
| granisetron tab | 37 | CROHNS/UC/HIDRADEN | | hydrocortisone tab | 84 |
| griseofulvin micro tab | 39 | ITIS STARTER PACK | | hydromorphone tab 2mg | 9 |
| griseofulvin susp | 39 | HUMIRA INJ PEDIATRIC | 5 | hydromorphone tab 4mg | 9 |
| griseofulvin tab | 39 | CROHNS STARTER | | hydromorphone tab 8mg | 9 |
| guaifenesin/codeine soln | 86 | PACK | | hydroquinone cream | 95 |
| guaifenesin/codeine syrup | 86 | HUMIRA INJ PEDIATRIC | 5 | hydroxychloroquine tab | 49 |
| guanfacine ER tab | 2 | UC STARTER PACK | | hydroxyprogesterone inj | 137 |
| guanfacine IR tab | 44 | HUMIRA INJ | 5 | hydroxyurea cap | 52 |
| GVOKE INJ | 31 | PSORIASIS/UEVITIS | | hydroxyzine pamoate cap | 15 |
| GVOKE PFS INJ | 31 | STARTER PACK | | hydroxyzine syrup | 15 |
| H | | HUMIRA PEN INJ 40MG | 5 | hydroxyzine tab | 15 |
| halobetasol propionate | 93 | HUMULIN R INJ U-500 | 33 | hyoscyamine sulfate CR | 144 |
| cream | | HUMULIN R U-500 | 33 | tab | |
| | | KWIKPEN INJ | | hyoscyamine sulfate elixir | 144 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|-------------------------|-----|-----------------------------|-----|
| hyoscyamine sulfate ODT | 145 | indapamide tab | 99 | irbesartan/hydrochlorothia | 46 |
| hyoscyamine sulfate SL | 145 | indomethacin cap | 6 | zide tab | |
| tab | | indomethacin CR cap | 6 | IRESSA TAB | 54 |
| hyoscyamine sulfate SR | 145 | INFANT FORMULA | 97 | IRON SUSP | 113 |
| cap | | LIQUID | | ISENTRESS (HD) TAB | 70 |
| hyoscyamine tab | 145 | INFANT FORMULA | 97 | ISENTRESS CHEW TAB | 70 |
| HYQVIA INJ | 135 | POWDER | | ISENTRESS POWDER | 70 |
| <hr/> | | | | | |
| I | | INGREZZA CAP | 139 | PACK | |
| ibandronate tab 150mg | 100 | INLYTA TAB | 53 | isibloom tab, enskyce tab, | 82 |
| IBRANCE CAP | 59 | INQOVI TAB | 56 | apri tab | |
| IBRANCE TAB | 59 | INSULIN ASPART | 33 | ISONIAZID SYRUP | 50 |
| ibuprofen susp (Rx ONLY) | 6 | FLEXPEN INJ | | isoniazid tab | 50 |
| ibuprofen tab | 6 | INSULIN ASPART INJ | 33 | ISOPTO CARBACHOL | 127 |
| ICLUSIG TAB | 59 | INSULIN ASPART MIX | 33 | OPHTH SOLN | |
| IDHIFA TAB | 59 | FLEXPEN INJ | | ISOPTO HYOSCINE | 127 |
| ILEVRO OPTH SUSP | 133 | INSULIN ASPART MIX | 33 | OPHTH SOLN | |
| imatinib tab | 59 | INJ | | isosorbide dinitrate ER tab | 14 |
| IMBRUVICA CAP | 59 | INSULIN ASPART | 34 | isosorbide dinitrate SL tab | 14 |
| 140MG | | PENFILL INJ | | isosorbide dinitrate tab | 14 |
| IMBRUVICA CAP 70MG | 59 | INTELENCE TAB | 70 | isosorbide mononitrate ER | 14 |
| IMBRUVICA TAB | 59 | INTRON-A INJ | 52 | tab | |
| IMCIVREE INJ | 2 | INVIRASE CAP | 70 | isosorbide mononitrate tab | 14 |
| imipramine tab | 29 | INVIRASE TAB | 70 | itraconazole cap | 39 |
| imiquimod cream | 94 | IOPIDINE OPTH SOLN | 128 | ivermectin tab | 14 |
| IMPAVIDO CAP | 47 | 1% | | <hr/> | |
| INCRELEX INJ | 101 | ipratropium nasal spray | 125 | J | |
| INCRUSE ELLIPTA | 17 | ipratropium neb soln | 17 | JAKAFI TAB | 59 |
| INHALER | | irbesartan tab | 44 | JANUMET TAB | 30 |
| | | | | JANUMET XR TAB | 30 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|----------------------|-----|---------------------------|-----|----------------------------|-----|
| JANUVIA TAB | 32 | L | | LEUKERAN TAB | 51 |
| JARDIANCE TAB | 35 | labetalol tab | 77 | levetiracetam ER tab | 23 |
| jinteli tab | 103 | LACTIC ACID LOTION | 94 | levetiracetam soln | 23 |
| JULUCA TAB | 71 | lactulose soln | 106 | levetiracetam tab | 23 |
| junel FE tab | 82 | LAMICTAL CHEW TAB | 23 | levobunolol ophth soln | 126 |
| junel tab | 82 | 2MG | | levocarnitine soln | 102 |
| JYNARQUE PAK | 103 | lamivudine soln | 71 | levocarnitine tab | 102 |
| JYNARQUE TAB | 103 | lamivudine tab | 71 | levofloxacin ophth soln | 129 |
| <hr/> | | | | | |
| K | | lamivudine tab 100mg | 74 | levofloxacin soln | 104 |
| KALYDECO PAK | 142 | lamivudine/zidovudine tab | 71 | levofloxacin tab | 104 |
| KALYDECO TAB | 142 | lamotrigine chew tab | 23 | levonorgestrel tab | 84 |
| kelnor tab | 82 | lamotrigine tab | 23 | LEVONORGESTREL TAB | 84 |
| KESIMPTA INJ | 140 | LAMPIT TAB | 47 | 0.75MG | |
| ketoconazole cream | 89 | LANCET KIT | 117 | LEXIVA SUSP | 71 |
| ketoconazole shampoo | 89 | LANCETS | 117 | lidocaine cream 3% | 95 |
| ketoconazole tab | 39 | lansoprazole cap | 145 | lidocaine gel | 95 |
| KETO-DIASTIX TEST | 97 | lanthanum carbonate chew | 106 | lidocaine oint | 95 |
| STRIP | | tab | | LIDOCAINE ORAL SOLN | 122 |
| ketorolac ophth soln | 133 | lapatinib ditosylate tab | 60 | 4% | |
| ketorolac tab | 6 | latanoprost ophth soln | 133 | lidocaine soln | 95 |
| KETOSTIX | 97 | layolis FE tab, wymzya FE | 82 | lidocaine viscous soln | 122 |
| ketotifen ophth soln | 133 | tab | | lidocaine/hydrocortisone | 13 |
| KEVZARA INJ | 5 | LEDIPASVIR/SOFOSBUV | 74 | cream | |
| KINERET INJ | 5 | IR TAB | | lidocaine/prilocaine cream | 95 |
| KORLYM TAB | 32 | leflunomide tab | 7 | linezolid susp | 48 |
| KOSELUGO CAP | 60 | LENVIMA CAP | 53 | linezolid tab | 48 |
| K-PHOS TAB | 120 | letrozole tab | 55 | liothyronine tab | 144 |
| KRINTAFEL TAB | 49 | leucovorin tab | 52 | LIQUIGEN | 126 |

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|--|-----|---------------------------------|-----|---------------------------|-----|
| lisinopril tab | 43 | LOTEMAX OPHTH OINT | 130 | megestrol tab | 55 |
| lisinopril/hydrochlorothiazide tab | 46 | loteprednol etabonate ophth gel | 130 | MEKINIST TAB 0.5MG | 60 |
| lithium carbonate cap | 65 | loteprednol ophth susp | 130 | MEKINIST TAB 2MG | 60 |
| lithium carbonate ER tab | 65 | lovastatin tab | 42 | MEKTOVI TAB | 60 |
| lithium carbonate tab | 65 | loxapine cap | 67 | meloxicam tab | 6 |
| lithium citrate soln | 65 | LUMIGAN OPHTH SOLN | 133 | melphalan tab | 52 |
| LO LOESTRIN TAB | 83 | LUPKYNIS CAP | 121 | memantine ER cap | 138 |
| LOKELMA PAK | 121 | LYNPARZA CAP | 60 | memantine soln | 138 |
| LONSURF TAB | 56 | LYNPARZA TAB | 60 | memantine tab | 138 |
| lopinavir/ritonavir soln | 71 | LYSODREN TAB | 55 | mercaptopurine tab | 51 |
| lopinavir/ritonavir tab | 71 | M | | | |
| loratadine chew tab | 40 | malathion lotion | 96 | mesalamine enema | 106 |
| loratadine ODT | 40 | maldemar tab | 38 | mesalamine ER cap | 106 |
| loratadine syrup | 40 | MAPROTILINE TAB | 27 | mesalamine supp | 106 |
| loratadine tab | 40 | MARPLAN TAB | 27 | MESNEX TAB | 52 |
| loratadine/pseudoephedrine 12-hour tab | 86 | MATULANE CAP | 52 | METAPROTERENOL SYRUP | 20 |
| loratadine/pseudoephedrine 24-hour tab | 86 | MAVYRET TAB | 74 | metformin ER tab | 31 |
| lorazepam conc | 15 | MAXIDEX OPHTH SOLN | 130 | metformin tab | 31 |
| lorazepam tab | 15 | MAYZENT TAB | 140 | methadone conc | 10 |
| LORBRENA TAB 100MG | 60 | MAYZENT TAB STARTER PACK | 140 | methadone soln 10mg/5ml | 10 |
| LORBRENA TAB 25MG | 60 | MCT OIL | 126 | methadone soln 5mg/5ml | 10 |
| losartan tab | 44 | meclizine chew tab | 38 | methadone tab | 10 |
| losartan/hydrochlorothiazide tab | 46 | meclizine tab | 38 | methadone tablet 10mg | 10 |
| LOTEMAX OPHTH GEL | 130 | medroxyprogesterone tab | 137 | methazolamide tab | 98 |
| | | mefloquine tab | 50 | methenamine hippurate tab | 49 |
| | | megestrol susp | 55 | methimazole tab | 143 |
| | | | | methocarbamol tab | 124 |
| | | | | methotrexate inj | 53 |

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|---------------------------|-----|--------------------------|-----|---------------------------|-----|
| methotrexate tab | 51 | mexiletine hcl cap | 16 | MULTIVITAMIN/FLUORI 124 | |
| methoxsalen cap | 90 | midodrine tab | 150 | DE CHEW TAB | |
| METHYLDOPA TAB | 44 | miglustat cap | 110 | multivitamin/minerals tab | 123 |
| METHYLDOPA/HYDRO | 46 | minocycline cap | 143 | mupirocin oint | 88 |
| CHLOROTHIAZIDE TAB | | minoxidil tab | 47 | mycophenolate DR tab | 76 |
| methylergonovine tab | 134 | mirtazapine ODT | 26 | mycophenolate mofetil | 76 |
| methylphenidate CD cap | 3 | mirtazapine tab | 26 | cap | |
| methylphenidate ER cap | 3 | misoprostol tab | 145 | mycophenolate mofetil | 76 |
| methylphenidate ER tab | 3 | modafinil tab | 3 | susp | |
| methylphenidate ER tab | 3 | mometasone cream | 93 | mycophenolate mofetil tab | 76 |
| 10mg, 20mg | | mometasone oint | 93 | MYLERAN TAB | 52 |
| methylphenidate soln | 3 | mometasone soln | 93 | MYRBETRIQ TAB | 146 |
| methylphenidate tab | 3 | montelukast chew tab | 17 | <hr/> | |
| methylprednisolone dose | 85 | montelukast granule pack | 17 | N | |
| pack | | montelukast tab | 17 | nabumetone tab | 6 |
| methylprednisolone tab | 85 | morphine sulfate ER tab | 10 | nadolol tab | 77 |
| metoclopramide soln | 105 | morphine sulfate soln | 10 | naloxone inj | 37 |
| metoclopramide tab | 105 | morphine sulfate tab | 10 | NALOXONE PREFILLED | 37 |
| metolazone tab | 99 | moxifloxacin ophth soln | 129 | INJ | |
| metoprolol ER tab | 77 | moxifloxacin tab | 104 | naltrexone tab | 36 |
| metoprolol tab | 77 | MULTAQ TAB | 16 | naproxen EC tab | 6 |
| metoprolol/hydrochlorothi | 46 | MULTIGEN FOLIC TAB | 111 | naproxen tab | 7 |
| azide tab | | MULTIGEN PLUS TAB | 111 | NARCAN NASAL SPRAY | 36 |
| metronidazole cream | 95 | MULTIGEN TAB | 112 | NATPARA INJ | 100 |
| metronidazole gel | 95 | MULTIVITAMIN/FLOURI 124 | | NEBUSAL NEB SOLN | 87 |
| metronidazole lotion | 95 | DE CHEW 0.25MG | | NECON TAB | 83 |
| metronidazole tab | 47 | MULTIVITAMIN/FLOURI 124 | | NEFAZODONE TAB | 28 |
| metronidazole vaginal gel | 149 | DE CHEW 1MG | | nefazodone tab 50mg, | 28 |
| | | | | 250mg | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---|-----|--|-----|----------------------------|-----|
| neomycin tab | 4 | niacin tab | 151 | nortriptyline oral soln | 29 |
| NEOMYCIN/POLYMYXIN /GRAMICIDIN OPHTH SOLN | 129 | NIACIN TR TAB | 151 | NORTRIPTYLINE SOLN | 29 |
| neomycin/polymixin/hydro coritisonic otic soln | 134 | niacinamide tab | 151 | NORVIR CAP | 71 |
| neomycin/polymixin/hydro coritisonic otic susp | 134 | nicotine gum | 141 | NORVIR POWDER PACK | 71 |
| neomycin/polymyxin/dexa methasone ophth oint | 130 | NICOTINE KIT | 141 | NORVIR SOLN | 71 |
| neomycin/polymyxin/dexa methasone ophth soln | 130 | nicotine lozenge | 141 | NOVOLIN 70/30 | 34 |
| NEOMYCIN/POLYMYXI N/HYDROCORTISONE OPHTH SOLN | 131 | nicotine patch | 141 | FLEXPEN INJ | |
| NEPHRON FA TAB | 112 | NICOTROL INHALER | 141 | NOVOLIN 70/30 INJ | 34 |
| NERLYNX TAB | 60 | NICOTROL NASAL SPRAY | 141 | NOVOLIN N FLEXPEN INJ | 34 |
| NEUMEGA INJ | 110 | nifedipine cap | 78 | NOVOLIN N INJ | 34 |
| NEVANAC OPHTH SUSP | 133 | nifedipine ER tab | 78 | NOVOLIN R FLEXPEN INJ | 34 |
| NEVIRAPINE ER TAB 100MG | 71 | nilutamide tab | 55 | NOVOLIN R INJ | 34 |
| nevirapine ER tab 400mg | 71 | NINLARO CAP | 61 | NOVOLOG FLEXPEN INJ | 34 |
| NEVIRAPINE SUSP | 71 | nitazoxanide tab | 47 | NOVOLOG INJ | 34 |
| nevirapine tab | 71 | nitrofurantoin | 49 | NOVOLOG MIX FLEXPEN INJ | 34 |
| NEXAVAR TAB | 51 | macrocrystals cap | | NOVOLOG MIX INJ | 34 |
| niacin cap | 151 | nitrofurantoin monohydrate cap | 49 | NOVOLOG MIX INJ | 34 |
| niacin CR tab | 151 | nitroglycerin patch | 14 | NOVOLOG PENFILL INJ | 35 |
| niacin ER tab | 42 | nitroglycerin SL tab | 14 | NOXAFIL SUSP | 39 |
| | | NIVESTYM INJ | 111 | np thyroid tab | 144 |
| | | nizoral a-d shampoo | 89 | NUBEQA TAB | 55 |
| | | norethindrone tab | 84 | NUCALA INJ | 17 |
| | | nortrel 7/7/7 tab, pirmella 7/7/7 tab | 83 | NUDEXTA CAP | 140 |
| | | nortrel tab | 83 | NULYTELY SOLN | 114 |
| | | nortriptyline cap | 29 | NURTEC ODT | 118 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|------------------------------------|-----|-------------------------------|-----|-----------------------------|-----|
| NUTRITIONAL SUPPLEMENT LIQUID | 97 | olopatadine ophth soln 0.1% | 133 | oseltamivir cap 30mg | 75 |
| NUTRITIONAL SUPPLEMENT POWDER | 97 | olopatadine ophth soln 0.2% | 133 | oseltamivir susp | 75 |
| NUVARING | 84 | omega-3-acid ethyl esters cap | 40 | OTEZLA STARTER PACK | 7 |
| nystatin cream | 89 | omeprazole DR cap | 145 | OTEZLA TAB | 7 |
| nystatin oint | 89 | ondansetron ODT | 37 | oxandrolone tab | 12 |
| nystatin powder | 39 | ondansetron soln | 37 | oxcarbazepine susp | 23 |
| nystatin susp | 122 | ONDANSETRON TAB | 37 | oxcarbazepine tab | 23 |
| nystatin tab | 39 | ONGENTYS CAP | 65 | oxybutynin ER tab | 146 |
| nystatin topical powder | 89 | OPSUMIT TAB | 80 | oxybutynin syrup | 146 |
| NYSTATIN VAGINAL TAB | 149 | ORACIT SOLN | 107 | oxybutynin tab | 146 |
| <hr/> | | ORENCIA CLICK INJ | 7 | oxycodone cap | 10 |
| O | | ORENCIA SC INJ 125MG/ML | 7 | oxycodone soln | 10 |
| OCALIVA TAB | 105 | ORENCIA SC INJ 50MG/0.4ML | 7 | oxycodone tab | 10 |
| octreotide inj | 103 | ORENCIA SC INJ 87.5MG/0.7ML | 7 | oxycodone/acetaminophen tab | 11 |
| ODEFSEY TAB | 71 | ORGOVYX TAB | 55 | oxycodone/aspirin tab | 11 |
| ODOMZO CAP | 54 | ORIAHNN CAP | 103 | OXYTROL PATCH (OTC) | 146 |
| OFEV CAP | 142 | ORILISSA TAB 150MG | 100 | OZEMPIC INJ | 32 |
| ofloxacin ophth soln | 129 | ORILISSA TAB 200MG | 100 | <hr/> | |
| ofloxacin tab | 104 | ORKAMBI GRANULES PACKET | 142 | P | |
| olanzapine ODT | 67 | ORKAMBI TAB | 142 | paliperidone ER tab | 66 |
| olanzapine tab | 67 | oseltamivir cap | 75 | PALYNZIQ INJ | 102 |
| olanzapine/fluoxetine cap | 139 | | | pantoprazole EC tab | 145 |
| olmesartan tab | 44 | | | paricalcitol cap | 102 |
| olmesartan/hydrochlorothiazide tab | 46 | | | paroxetine ER tab | 28 |
| | | | | paroxetine tab | 28 |
| | | | | PEAK FLOW METER | 118 |
| | | | | pediatric multiple | 124 |
| | | | | vitamins/fluoride chew tab | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--|-----|-------------------------------------|-----|---|-----|
| pediatric multiple vitamins/fluoride soln | 124 | phlexy-10 tab | 126 | potassium bicarbonate effer tab | 120 |
| pediatric multiple vitamins/fluoride/iron soln | 123 | PHOSLYRA SOLN | 106 | potassium chloride ER cap | 120 |
| peg 3350/electrolytes soln | 115 | phospha 250 neutral tab | 120 | potassium chloride ER tab | 120 |
| PEGASYS INJ | 74 | PHOSPHOLINE OPHTH SOLN | 128 | potassium chloride micro tab | 121 |
| PEG-INTRON INJ | 74 | phytonadione tab | 150 | potassium chloride powder packet | 121 |
| PEMAZYRE TAB | 61 | PIFELTRO TAB | 72 | potassium chloride soln | 121 |
| penicillamine tab | 121 | pilocarpine ophth soln | 128 | potassium citrate CR tab | 107 |
| penicillin vk soln | 136 | pilocarpine tab | 123 | potassium citrate/citric acid powder pack | 107 |
| penicillin vk tab | 136 | PIMOZIDE TAB | 140 | potassium citrate/citric acid soln | 107 |
| pentamidine neb soln | 47 | pindolol tab | 77 | PRADAXA CAP | 21 |
| pentoxifylline ER tab | 109 | pioglitazone tab | 35 | PRALUENT INJ | 42 |
| permethrin cream | 96 | PIQRAY TAB | 61 | pramipexole tab | 64 |
| perphenazine tab | 67 | piroxicam cap | 7 | pramoxine/hydrocortisone cream kit | 13 |
| PERPHENAZINE/AMITRIPTYLINE TAB | 139 | PLAN B TAB | 84 | prasugrel tab | 109 |
| phenazopyridine tab | 108 | PLEGRIDY INJ | 140 | pravastatin tab | 42 |
| phenelzine tab | 27 | PLEGRIDY PEN INJ | 140 | praziquantel tab | 14 |
| phenobarbital elixir | 113 | PNEUMOVAX INJ | 146 | prazosin cap | 44 |
| phenobarbital tab | 113 | PODOCON SOLN | 95 | PRECISION XTRA METER | 117 |
| phenoxybenzamine cap | 43 | podofilox soln | 95 | PRECISION XTRA TEST STRIP | 97 |
| phentermine cap | 1 | POLYETHYLENE GLYCOL 8000 GRANULES | 136 | | |
| phentermine tab | 1 | polymyxin b/trimethoprim ophth soln | 129 | | |
| phenylephrine ophth soln | 127 | POMALYST CAP | 56 | | |
| phenytoin cap | 26 | posaconazole DR tab | 39 | | |
| phenytoin chew tab | 26 | | | | |
| phenytoin susp | 26 | | | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---|-----|-------------------------------|-----|--------------------------------------|-----|
| PRED MILD OPHTH SOLN | 131 | PRETOMANID TAB | 51 | propranolol ER cap | 77 |
| PRED-G OPHTH SOLN | 131 | PREVNAR 13 INJ | 147 | PROPRANOLOL SOLN | 78 |
| PREDNICARBATE CREAM | 93 | PREZCOBIX TAB | 72 | propranolol tab | 78 |
| PREDNICARBATE OIN | 93 | PREZISTA SUSP | 72 | PROPRANOLOL/HYDRO CHLOROTHIAZIDE TAB | 46 |
| prednisolone ODT | 85 | PREZISTA TAB | 72 | propylthiouracil tab | 143 |
| PREDNISOLONE ODT | 85 | PRIFTIN TAB | 51 | pro-stat liquid | 126 |
| TAB | | primaquine tab | 50 | PROSTIGMIN TAB | 50 |
| PREDNISOLONE OPHTH SUSP | 131 | primidone tab | 24 | PULMOZYME INH SOLN | 142 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | 131 | probenecid tab | 108 | pyrazinamide tab | 51 |
| prednisolone soln | 85 | prochlorperazine supp | 67 | pyridostigmine CR tab | 50 |
| PREDNISOLONE SYRUP | 85 | prochlorperazine tab | 67 | pyridostigmine tab | 50 |
| PREDNISON SOLN | 85 | proctosol HC cream | 13 | pyrimethamine tab | 50 |
| prednisone tab | 85 | progesterone cap | 137 | <hr/> | |
| pregabalin cap | 24 | PROLENSA OPHTH SOLN | 133 | Q | |
| pregabalin soln | 24 | PROMACTA TAB | 111 | QINLOCK TAB | 61 |
| PREMARIN TAB | 104 | promethazine supp | 40 | QSYMIA CAP | 2 |
| PREMARIN VAGINAL CREAM | 150 | promethazine syrup | 40 | quetiapine tab | 67 |
| PREMPHASE TAB, | 104 | promethazine tab | 40 | quetiapine XR tab | 67 |
| PREMPRO TAB | | promethazine VC syrup | 86 | quinapril tab | 43 |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | 124 | promethazine VC/codeine syrup | 86 | quinapril/hydrochlorothiazide tab | 46 |
| | | promethazine/codeine syrup | 86 | quinidine gluconate CR tab | 16 |
| | | PROMETHEGAN SUPP | 40 | quinidine sulfate tab | 16 |
| | | propafenone ER cap | 16 | <hr/> | |
| | | propafenone tab | 16 | R | |
| | | proparacaine ophth soln | 130 | raloxifene tab | 101 |
| | | | | ramipril cap | 43 |
| | | | | ranolazine tab | 14 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-------------------|-----|-----------------------|-----|---------------------------|-----|
| rasagiline tab | 65 | risedronate tab | 100 | sapropterin | 102 |
| REBETOL SOLN | 74 | risperidone ODT | 66 | dihydrochloride powder | |
| REGRANEX GEL | 96 | risperidone soln | 66 | packet | |
| RELENZA DISKHALER | 75 | risperidone tab | 66 | sapropterin | 102 |
| renaphro cap | 123 | ritonavir tab | 72 | dihydrochloride soluble | |
| RENOVA CREAM | 88 | rivastigmine cap | 138 | tab | |
| repaglinide tab | 35 | rivastigmine patch | 138 | SAVELLA PAK | 139 |
| REPATHA INJ | 43 | rizatriptan ODT | 119 | SAVELLA TAB | 139 |
| REPATHA | 43 | rizatriptan tab | 119 | selegiline cap | 65 |
| PUSHTRONEX INJ | | ropinirole tab | 65 | selegiline tab | 65 |
| RESCRIPTOR TAB | 72 | rosuvastatin tab 10mg | 42 | selenium sulfide shampoo | 91 |
| RESTASIS OPHTH | 129 | rosuvastatin tab 20mg | 42 | SELZENTRY SOLN | 72 |
| EMULSION | | rosuvastatin tab 40mg | 42 | SELZENTRY TAB | 72 |
| RETACRIT INJ | 111 | rosuvastatin tab 5mg | 42 | SEREVENT DISKUS | 20 |
| RETEVMO CAP | 61 | ROZLYTREK CAP | 61 | INHALER | |
| REVLIMID CAP | 75 | RUBRACA TAB | 61 | sertraline conc | 28 |
| REYATAZ POWDER | 72 | rufinamide susp | 24 | sertraline tab | 28 |
| PACK | | rufinamide tab | 24 | sevelamer powder pak | 106 |
| REYVOW TAB | 119 | RUKOBIA ER TAB | 72 | sevelamer tab | 106 |
| ribavirin cap | 74 | RUZURGI TAB | 50 | SIGNIFOR INJ | 103 |
| ribavirin tab | 74 | RYBELSUS TAB | 32 | sildenafil tab | 79 |
| RIDAURA CAP | 5 | RYDAPT CAP | 61 | sildenafil tab 20mg | 81 |
| rifabutin cap | 51 | S | | silver sulfadiazine cream | 91 |
| RIFAMATE CAP | 50 | salsalate tab | 9 | SIMBRINZA OPHTH | 128 |
| rifampin cap | 51 | SANDIMMUNE SOLN | 76 | SUSP | |
| riluzole tab | 125 | 100MG/ML | | simvastatin tab | 42 |
| RIMANTADINE TAB | 75 | SANTYL OINT | 94 | sirolimus soln | 121 |
| RINVOQ ER TAB | 4 | | | sirolimus tab | 76 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|----------------------------|-----|---------------------------|-----|----------------------|-----|
| SIVEXTRO TAB | 49 | sodium | 88 | sulfacetamide sodium | 129 |
| SKYRIZI INJ 150MG/ML | 90 | sulfacetamide/sulfur wash | | ophth soln | |
| SKYRIZI INJ | 90 | 9-4.5% | | sulfacetamide | 131 |
| 75MG/0.83ML | | SOFOSBUVIR/VELPATA | 74 | sodium/prednisolone | |
| smz/tmp (DS) tab | 47 | SVIR TAB | | ophth soln | |
| smz/tmp susp | 47 | solifenacin tab | 146 | SULFADIAZINE TAB | 143 |
| sodium chloride 0.9% irr | 108 | SOMAVERT INJ | 101 | SULFAMYLLON CREAM | 91 |
| soln | | sotalol AF tab | 78 | sulfasalazine EC tab | 106 |
| sodium chloride neb soln | 87 | sotalol tab | 78 | sulfasalazine tab | 106 |
| sodium citrate/citric acid | 107 | SPINOSAD SUSP | 96 | sulindac tab | 7 |
| soln | | SPIRIVA RESPIMAT | 17 | sumatriptan inj | 119 |
| sodium fluoride chew tab | 120 | INHALER 1.25MCG/ACT | | SUMATRIPTAN INJ | 119 |
| sodium fluoride cream | 122 | spironolactone tab | 99 | 6MG/0.5ML | |
| sodium fluoride gel | 122 | spironolactone/hydrochlor | 98 | sumatriptan tab | 119 |
| SODIUM FLUORIDE | 120 | othiazide tab | | SUNOSI TAB | 2 |
| LOZENGE | | sprintec 28 tab | 83 | SUTENT CAP | 51 |
| sodium fluoride paste | 122 | SPRYCEL TAB | 61 | SYMDEKO TAB | 142 |
| sodium fluoride rinse | 123 | SPS SUSP | 122 | SYMJEPI INJ | 150 |
| sodium fluoride soln | 120 | stavudine cap | 72 | SYMPROIC TAB | 106 |
| SODIUM FLUORIDE TAB | 120 | stavudine soln | 72 | SYMTUZA TAB | 73 |
| sodium fluoride/potassium | 123 | STEGLATRO TAB | 35 | SYNAREL NASAL SOLN | 101 |
| nitrate paste | | STIMATE NASAL SOLN | 102 | SYNJARDY TAB | 30 |
| sodium polystyrene | 76 | STIVARGA TAB | 61 | SYNJARDY XR TAB | 30 |
| powder | | STRENSIQ INJ | 102 | 10-1000MG, 25-1000MG | |
| sodium polystyrene susp | 77 | STRIBILD TAB | 72 | SYNJARDY XR TAB | 31 |
| sodium | 88 | sucralfate susp | 145 | 5-1000MG, | |
| sulfacetamide/sulfur | | sucralfate tab | 145 | 12.5-1000MG | |
| emulsion 10-5% | | | | SYNTHROID TAB | 144 |

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ALPHABETICAL LISTING OF DRUGS

| T | | | | | |
|--------------------------|-----|---|-----|--------------------------------------|-----|
| TABLOID TAB | 51 | tenofovir disoproxil fumarate tab 300mg | 73 | timolol maleate ophth gel | 127 |
| TABRECTA TAB | 61 | terazosin cap | 44 | timolol maleate ophth soln | 127 |
| tacrolimus cap | 76 | terbinafine tab | 39 | timolol maleate tab | 78 |
| tacrolimus oint | 94 | terbutaline sulfate tab | 20 | TIVICAY PD TAB | 73 |
| tadalafil tab | 79 | terconazole cream | 149 | TIVICAY TAB | 73 |
| tadalafil tab (PAH) | 81 | TERCONAZOLE CREAM 0.8% | 149 | tizanidine tab | 125 |
| TAFINLAR CAP | 61 | terconazole supp | 149 | TOBI PODHALER | 4 |
| TAGRISSO TAB | 54 | testosterone cypionate inj | 12 | TOBRADEX OPHTH OINT | 131 |
| TALTZ INJ | 91 | testosterone gel 1% 25mg | 12 | tobramycin neb soln | 4 |
| TALZENNA CAP 0.25MG | 62 | testosterone gel 1% 50mg | 13 | tobramycin ophth soln | 129 |
| TALZENNA CAP 1MG | 62 | testosterone gel 1% pump | 13 | tobramycin/dexamethason e ophth soln | 131 |
| tamoxifen tab | 56 | TESTOSTERONE GEL PUMP | 13 | TODAY SPONGE | 149 |
| tamsulosin cap | 108 | testosterone gel pump 1.62% | 13 | TOLAZAMIDE TAB | 35 |
| TARGRETIN GEL | 90 | testosterone soln | 13 | TOLBUTAMIDE TAB | 36 |
| TASIGNA CAP | 62 | tetrabenazine tab | 139 | tolterodine SR cap | 146 |
| TAVALISSE TAB | 109 | THALOMID CAP | 75 | tolterodine tab | 146 |
| tazarotene cream 0.1% | 91 | THEOPHYLLINE ER TAB | 20 | topiramate sprinkle cap | 24 |
| TAZVERIK TAB | 62 | theophylline soln | 20 | topiramate tab | 24 |
| TECHLITE INSULIN SYRINGE | 118 | thioridazine tab | 68 | toremifene tab | 56 |
| TECHLITE PEN NEEDLE | 118 | thiothixene cap | 68 | torsemide tab | 99 |
| TEGSEDI INJ | 141 | THYROLAR TAB | 144 | TRACLEER TAB 32MG | 80 |
| telmisartan tab | 44 | tiagabine tab | 25 | tramadol tab | 11 |
| temazepam cap 15mg | 114 | TIBSOVO TAB | 62 | tranexamic acid tab | 113 |
| temazepam cap 30mg | 114 | ticlopidine tab | 109 | tranylcypramine tab | 27 |
| temozolomide cap | 53 | | | trazodone tab | 28 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-------------------------------------|-----|------------------------|-----|-----------------------------------|----|
| TRELEGY ELLIPTA | 20 | tri-legest tab | 83 | valacyclovir tab | 75 |
| INHALER | | TRI-LUMA CREAM | 95 | VALCHLOR GEL | 90 |
| TREMFYA INJ | 91 | trilyte soln | 115 | valganciclovir soln | 73 |
| tretinoin cap | 52 | trimethobenzamide cap | 38 | valganciclovir tab | 73 |
| tretinoin cream | 88 | trimethoprim tab | 47 | valproic acid cap | 26 |
| tretinoin gel | 88 | tri-sprintec tab | 83 | valproic acid syrup | 26 |
| triamcinolone cream | 93 | TRIUMEQ TAB | 73 | valsartan tab | 44 |
| triamcinolone in orabase | 123 | tropicamide ophth soln | 127 | valsartan/hydrochlorothiazide tab | 46 |
| paste | | TRUEPLUS INSULIN | 118 | vancomycin cap | 48 |
| triamcinolone lotion | 93 | SYRINGE | | VANIQA CREAM | 94 |
| triamcinolone oint | 94 | TRUEPLUS PEN | 118 | VARUBI TAB | 38 |
| triamcinolone OTC nasal | 125 | NEEDLE | | velivet tab | 83 |
| spray | | TRULANCE TAB | 105 | VEMLIDY TAB | 74 |
| triamterene/hydrochlorothiazide cap | 98 | TRULICITY INJ | 32 | VENCLEXTA STARTER | 53 |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP | 98 | TUKYSA TAB | 53 | PACK | |
| 50-25mg | | TURALIO CAP | 62 | VENCLEXTA TAB | 53 |
| triamterene/hydrochlorothiazide tab | 98 | TYBLUME TAB | 83 | VENELEX OINT | 96 |
| triazolam tab | 114 | TYMLOS INJ | 100 | venlafaxine ER cap | 28 |
| tricitrates soln | 107 | TYVASO INH SOLN | 80 | venlafaxine tab | 28 |
| tricon cap | 112 | U | | VENTAVIS INH SOLN | 80 |
| trifluoperazine tab | 68 | UBRELVY TAB | 119 | VENTOLIN HFA | 20 |
| trifluridine ophth soln | 129 | U-CORT CREAM | 94 | INHALER | |
| trihexyphenidyl elixir | 65 | UPNEEQ SOLN | 133 | verapamil SR cap | 78 |
| trihexyphenidyl tab | 64 | UPTRAVI TAB | 81 | VERAPAMIL SR CAP | 79 |
| TRIKAFTA TAB | 142 | ursodiol cap | 105 | 360mg | |
| | | ursodiol tab | 105 | verapamil tab | 79 |
| | | V | | VERZENIO TAB | 62 |

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

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

ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---|-----|----------------------------|----|----------------------|-----|
| VEXOL OPHTH SUSP | 131 | VOSEVI TAB | 74 | XCOPRI TITRATION PAK | 25 |
| V-GO INJ KIT | 117 | VOTRIENT TAB | 63 | 50-100MG | |
| VICTOZA INJ | 32 | VYNDAMAX CAP | 81 | XELJANZ SOLN | 4 |
| VIDEX SOLN | 73 | VYNDAQEL CAP | 81 | XELJANZ TAB | 4 |
| vienva tab, lessina tab, kurvelo tab | 83 | VYVANSE CAP | 1 | XELJANZ XR TAB | 4 |
| vigabatrin powder pack | 25 | VYVANSE CHEW TAB | 1 | XEMBIFY INJ | 135 |
| vigabatrin tab | 25 | W | | XENLETA TAB | 49 |
| VIMPAT SOLN | 24 | WAKIX TAB | 2 | XOSPATA TAB | 63 |
| VIMPAT TAB | 24 | warfarin tab | 21 | XPOVIO PAK | 56 |
| viorele tab, kariva tab | 83 | X | | XTAMPZA ER CAP | 11 |
| VIRACEPT POWDER | 73 | XALKORI CAP | 63 | XYREM SOLN | 137 |
| VIRACEPT TAB | 73 | XARELTO STARTER | 21 | Z | |
| VIREAD TAB 150MG, 200MG, 250MG | 73 | PACK | | zafemy patch | 83 |
| vitamin D cap | 150 | XARELTO TAB | 21 | zaleplon cap | 114 |
| vitamin D cap 1000unit | 150 | XCOPRI PAK | 24 | ZARXIO INJ | 111 |
| vitamin D cap 400unit | 150 | 100-150MG | | ZEGERID CAP OTC | 145 |
| VITAMIN D TAB | 150 | XCOPRI PAK | 24 | ZEJULA CAP | 63 |
| 400UNIT | | 150-200MG | | ZELBORAF TAB | 63 |
| VITEKTA TAB | 73 | XCOPRI PAK 50-200MG | 24 | ZEPOSIA CAP | 140 |
| VITRAKVI CAP 100MG | 62 | XCOPRI TAB 150MG, 200MG | 25 | ZEPOSIA STARTER | 140 |
| VITRAKVI CAP 25MG | 62 | XCOPRI TAB 50MG, 100MG | 25 | PACK | |
| VITRAKVI SOLN | 62 | XCOPRI TITRATION PAK | 25 | zidovudine cap | 73 |
| VIVOTIF CAP | 147 | 12.5-25MG | | zidovudine syrup | 73 |
| VIZIMPRO TAB | 54 | XCOPRI TITRATION PAK | 25 | zidovudine tab | 73 |
| voriconazole susp | 39 | 150-200MG | | ZIEXTENZO INJ | 111 |
| voriconazole tab | 39 | | | zinc sulfate cap | 121 |
| | | | | ziprasidone cap | 66 |
| | | | | ZIRGAN OPHTH GEL | 129 |

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

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

ALPHABETICAL LISTING OF DRUGS

| | |
|------------------|-----|
| ZOLINZA CAP | 51 |
| zolmitriptan tab | 119 |
| zolpidem tab | 113 |
| zonisamide cap | 24 |
| ZORTRESS TAB 1MG | 76 |
| ZYDELIG TAB | 63 |
| ZYKADIA CAP | 63 |
| ZYKADIA TAB | 63 |
| ZYLET OPHTH SUSP | 131 |

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

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| NC =Not Covered | | generic =small letters | | BRANDS =CAPITAL LETTERS | |
|------------------------|--------------------------|-------------------------------|--|--------------------------------|---|
| EXC | Plan Exclusion | INF | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program |
| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program |
| 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

8/1/2021

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

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| Drug Name | Special Code | Tier | Category |
|----------------------------------|---------------------|-------------|---|
| ABELCET INJ | - | F | ANTIFUNGALS |
| ABRAXANE INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ACTEMRA INJ | PA | F | ANALGESICS - ANTI-INFLAMMATORY |
| ACTHAR HP GEL INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| acyclovir sodium IV soln | - | F | ANTIVIRALS |
| ADAKVEO INJ | PA | F | HEMATOPOIETIC AGENTS |
| ADCETRIS INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| adriamycin inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ADVATE INJ, KOVALTRY INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| ADYNOVATE INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| AFSTYLA KIT | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| 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 | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| allopurinol inj | - | F | GOUT AGENTS |
| ALOXI IV SOLN | - | F | ANTIEMETICS |
| ALPHANATE INJ, HUMATE-P INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| ALPHANINE SD INJ, MONONINE INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| ALPROLIX INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| 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 | PA | F | RESPIRATORY AGENTS - MISC. |
| ARGATROBAN INJ | - | F | ANTICOAGULANTS |

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ARRANON INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| arsenic trioxide inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ARZERRA INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ATGAM INJ | - | F | MISCELLANEOUS THERAPEUTIC CLASSES |
| ATROPINE SULFATE INJ | - | F | ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS |
| AVASTIN INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AVSOLA INJ | PA | F | GASTROINTESTINAL AGENTS - MISC. |
| AVYCAZ INJ | - | F | CEPHALOSPORINS |
| azacitidine inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AZATHIOPRINE INJ | - | F | MISCELLANEOUS THERAPEUTIC CLASSES |
| AZEDRA INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| azithromycin inj | - | F | MACROLIDES |
| aztreonam inj | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| BACTOCILL/DEXTROSE INJ | - | F | PENICILLINS |
| BALEODAQ INJ (Only available through Walgreens 888-347-3416) | LD-PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BAVENCIO INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BAXDELA INJ | - | F | FLUOROQUINOLONES |
| BENDEKA INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BENEFIX INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| BENLYSTA IV SOLN | PA | F | ASSORTED CLASSES |
| benztropine inj | - | F | ANTIPARKINSON AGENTS |
| BERINERT INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| BESPONSA INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BICILLIN C-R INJ | - | F | PENICILLINS |
| BLENREP INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| bleomycin inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BLINCYTO INJ | PA | 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 |
| CAMPATH INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CANCIDAS INJ | - | F | ANTIFUNGALS |
| CAPASTAT INJ | - | F | ANTIMYCOBACTERIAL AGENTS |
| carboplatin inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CARDENE INJ | - | F | CALCIUM CHANNEL BLOCKERS |
| CARIMUNE NANOFILTERED INJ | PA | F | PASSIVE IMMUNIZING 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 |
| CEFTRIAZONE/DEXTROSE INJ | - | F | CEPHALOSPORINS |
| cefuroxime inj | - | F | CEPHALOSPORINS |
| CEREZYME INJ | PA | F | HEMATOPOIETIC AGENTS |
| CHLORAMPHENICOL INJ | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| chlorothiazide inj (DIURIL IV INJ equiv) | - | F | DIURETICS |
| CHROMIUM CHLORIDE INJ | - | F | MINERALS & ELECTROLYTES |
| cidofovir inj | - | F | ANTIVIRALS |
| cilastatin/imipenem inj | - | F | ANTI-INFECTIVE AGENTS - MISC. |

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

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| Drug Name | Special Code | Tier | Category |
|---|--------------|------|--|
| 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. |
| 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. |
| colistimethate inj | - | NC | 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 |

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| 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 |
| dextrose inj | - | F | NUTRIENTS |
| dextrose w/ nacl inj | - | F | MINERALS & ELECTROLYTES |
| DEXTROSE W/NAACL INJ | - | F | MINERALS & ELECTROLYTES |
| DEXTROSE/SODIUM CHLORIDE INJ | - | F | MINERALS & ELECTROLYTES |
| diazepam inj | - | F | ANTIANSIETY AGENTS |
| DILAUDID PF INJ | - | F | ANALGESICS - OPIOID |
| diltiazem inj | - | F | CALCIUM CHANNEL BLOCKERS |
| diphenhydramine inj | - | F | ANTIHISTAMINES |
| DOBUTAMINE/D5W INJ | - | F | CARDIOTONICS |
| docetaxel inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| docetaxel IV soln | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| dopamine inj | - | F | CARDIOTONICS |
| doxercalciferol inj (HECTOROL INJ equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| doxycycline hyclate inj | - | F | TETRACYCLINES |
| DUROLANE | PA | F | MUSCULOSKELETAL THERAPY AGENTS |
| DYSPORT | PA | F | NEUROMUSCULAR AGENTS |
| ELAPRASE INJ | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ELITEK INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ELOCTATE INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| EMEND INJ | - | F | ANTIEMETICS |
| ENHERTU INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

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| Drug Name | Special Code | Tier | Category |
|--|--------------|------|--|
| 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 |
| esomeprazole inj (NEXIUM IV equiv) | - | F | ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS |
| ETOPOPHOS INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| etoposide inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EUFLEXXA | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| EVENITY INJ | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| EXONDYS 51 SOLN | - | NC | 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 |
| FEIBA INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| 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 |

Symbols and abbreviations are defined on page 1.

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| FLOLAN INJ, VELETRI INJ | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| fluconazole/nacl inj | - | F | ANTIFUNGALS |
| fludarabine inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fluorouracil inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| folic acid inj | - | F | HEMATOPOIETIC AGENTS |
| FOLOTYN INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fomepizole inj | - | F | ANTIDOTES |
| FORTAZ INJ | - | F | CEPHALOSPORINS |
| fosaprepitant dimeglumine soln | - | F | ANTIEMETICS |
| foscarnet sodium inj | - | F | ANTIVIRALS |
| FOSCAVIR INJ | - | NC | ANTIVIRALS |
| fosphenytoin inj | - | F | ANTICONVULSANTS |
| furosemide inj | - | F | DIURETICS |
| GAMMAGARD INJ | PA | F | PASSIVE IMMUNIZING AND TREATMENT 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 | PA | F | RESPIRATORY AGENTS - MISC. |
| GLYRX-PF SOLN | - | F | ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS |
| granisetron HCl inj (KYTRIL INJ equiv) | - | F | ANTIEMETICS |

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

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| Drug Name | Special Code | Tier | Category |
|---------------------------------------|---------------------|-------------|---|
| HAEGARDA INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| HALAVEN INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HECTOROL INJ | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| HEMOFIL M INJ, KOATE-DVI INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| HEPAGAM B INJ | PA | F | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| HEPARIN LOCK FLUSH IV SOLN | - | F | ANTICOAGULANTS |
| heparin lock flush soln | - | F | ANTICOAGULANTS |
| heparin sodium inj | - | F | ANTICOAGULANTS |
| HEPARIN SODIUM/D5W INJ | - | F | ANTICOAGULANTS |
| heparin sodium/nacl inj | - | F | ANTICOAGULANTS |
| HERCEPTIN HYLECTA INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HERCEPTIN INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HERZUMA INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HYALGAN | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| hydralazine inj | - | F | ANTIHYPERTENSIVES |
| hydromorphone inj | - | F | ANALGESICS - OPIOID |
| hydroxyprogesterone capro inj | - | NC | PROGESTINS |
| 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 |
| IDELVION SOLN | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| IFEX INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ifosfamide inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ILARIS INJ | PA | F | ANALGESICS - ANTI-INFLAMMATORY |
| IMFINZI INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INFED INJ | - | F | HEMATOPOIETIC AGENTS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| 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 |
| IXINITY INJ, RIXUBIS INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| JEVTANA INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JIVI INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| KADCYLA IV SOLN | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KALBITOR INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| KANJINTI INJ (Restricted to Oncology or Hematology Specialist) | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| 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 |
| KOGENATE FS INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| 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 |

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| LARTRUVO INJ (Only available through Accredo 888-773-7376) | LD-PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEMTRADA INJ | PA | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| 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 |
| LIBTAYO INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| lidocaine inj | - | F | LOCAL ANESTHETICS-PARENTERAL |
| lincomycin inj | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid IV soln | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| liothyronine inj (TRIOSTAT equiv) | - | F | THYROID AGENTS |
| lipodox inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LIPOSYN | - | F | NUTRIENTS |
| lorazepam inj | - | F | ANTI-ANXIETY AGENTS |
| LUMOXITI INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPO-PED INJ | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LUPRON DEPOT INJ/ELIGARD INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| magnesium sulfate inj | - | F | MINERALS & ELECTROLYTES |
| 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 |

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|--|---------------------|-------------|--|
| 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 |
| MONOFERRIC INJ (Only available through Biologics 800-850-4306) | LD | F | HEMATOPOIETIC AGENTS |
| MONOVISC | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| MORPHINE SULFATE INJ | - | F | ANALGESICS - OPIOID |
| MOXIFLOXACIN INJ | - | F | FLUOROQUINOLONES |
| MOZOBIL INJ | - | F | HEMATOPOIETIC AGENTS |
| MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist) | RS | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| mycophenolate inj | - | F | MISCELLANEOUS THERAPEUTIC CLASSES |
| MYOZYME/LUMIZYME INJ | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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. |

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|---|---------------------|-------------|--|
| 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 |
| NOVOEIGHT INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| NPLATE INJ | - | F | HEMATOPOIETIC AGENTS |
| NUCALA INJ | PA | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| NULOJIX INJ | - | F | ASSORTED CLASSES |
| NUWIQ INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| OCREVUS INJ | PA | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| OCTAGAM INJ | PA | F | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| OGIVRI INJ (Restricted to Oncology or Hematology Specialist) | RS | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ONCASPAR INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ondansetron (ZOFTRAN) inj | - | NC | ANTIEMETICS |
| ondansetron inj | - | F | ANTIEMETICS |
| ONPATTRO SOLN | PA | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ONTRUZANT INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OPDIVO INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORENCIA INJ | PA | F | ANALGESICS - ANTI-INFLAMMATORY |
| ORTHOVISC | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ORTHOVISC INJ | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| OSMITROL INJ | - | F | DIURETICS |
| oxacillin inj | - | F | PENICILLINS |
| oxaliplatin inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| paclitaxel inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| palonosetron inj | - | F | ANTIEMETICS |

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|---------------------------------------|---------------------|-------------|---|
| 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 | PA | 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 INJ | - | NC | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE/NAACL 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 |
| PROCHLORPERAZINE INJ | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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|---|---------------------|-------------|--|
| PROFILNINE INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| progesterone IM inj | - | F | PROGESTINS |
| PROGRAF INJ | - | F | MISCELLANEOUS THERAPEUTIC CLASSES |
| PROLASTIN-C INJ | - | NC | RESPIRATORY AGENTS - MISC. |
| PROLASTIN-C INJ, ZEMAIRA INJ | - | NC | RESPIRATORY AGENTS - MISC. |
| PROLEUKIN INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PROLIA SOLN | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| propranolol inj | - | F | BETA BLOCKERS |
| RADICAVA INJ | PA | F | NEUROMUSCULAR AGENTS |
| REBINYN SOL | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| RECLAST INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RECOMBINATE INJ | PA | F | HEMATOLOGICAL 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. |
| RIABNI SOLN | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| rifampin inj | - | F | ANTIMYCOBACTERIAL AGENTS |
| ringers inj | - | F | MINERALS & ELECTROLYTES |
| RITUXAN HYCELA INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RITUXAN INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUCONEST INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| RUXIENCE INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SARCLISA SOLN (Only available through Biologics 800-850-4306) | LD-PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SELENIUM INJ | - | F | MINERALS & ELECTROLYTES |
| SIMPONI ARIA INJ | PA | F | ANALGESICS - ANTI-INFLAMMATORY |
| SIMULECT INJ | - | F | ASSORTED CLASSES |
| SMOFLIPID EMULSION | - | F | NUTRIENTS |
| SODIUM PHOSPHATE INJ | - | F | MINERALS & ELECTROLYTES |
| SODIUM BICARBONATE INJ | - | F | MINERALS & ELECTROLYTES |
| sodium chloride inj | - | F | MINERALS & ELECTROLYTES |

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|---|---------------------|-------------|--|
| sodium phosphate inj | - | F | MINERALS & ELECTROLYTES |
| 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 |

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|---|---------------------|-------------|---|
| TEPEZZA INJ | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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 |
| TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3mL) for first 14 days, and Maintenance: 4 vials (5.32 mL) every 14 days) | QL-RS | F | ANTIVIRALS |
| TRUXIMA INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TYSABRI INJ | PA | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ULTOMIRIS INJ | PA | F | HEMATOLOGICAL 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. |

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| 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 |
| VILTEPSO SOLN | - | NC | NEUROMUSCULAR AGENTS |
| 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 |
| VYONDYS 53 SOLN | - | NC | NEUROMUSCULAR AGENTS |
| VYXEOS INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XEOMIN INJ | PA | F | NEUROMUSCULAR AGENTS |
| XERAIVA INJ | - | F | TETRACYCLINES |
| XGEVA INJ | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XOLAIR INJ | PA | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XYNTHA INJ | PA | F | HEMATOLOGICAL AGENTS - MISC. |
| 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 |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist) | RS | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| zoledronic acid inj (ZOMETA INJ equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| zoledronic acid IV soln (RECLAST INJ equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ZOLGENSMA INJ (Only available through Accredo LD-PA 888-773-7376) | | F | NEUROMUSCULAR AGENTS |
| 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-1BETA BLOCKERS | | |
| ILARIS 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 |
| ANTIANSIETY 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 | | |

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. | | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
| CINQAIR INJ | PA | F |
| 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 |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIEMETICS Cont. | | |
| ondansetron (ZOFTRAN) inj | - | NC |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| CINVANTI INJ | - | F |
| EMEND INJ | - | F |
| fosaprepitant dimeglumine soln | - | F |
| ANTIFUNGALS | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) | | |
| CANCIDAS INJ | - | F |
| caspofungin acetate iv soln | - | F |
| ERAXIS INJ | - | F |
| micafungin inj | - | F |
| ANTIFUNGALS | | |
| ABELCET INJ | - | F |
| AMBISOME INJ | - | F |
| AMPHOTERICIN INJ | - | F |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| fluconazole/nacl inj | - | F |
| voriconazole inj | - | F |
| ANTIHISTAMINES | | |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| diphenhydramine inj | - | F |
| ANTIHYPERTENSIVES | | |
| VASODILATORS | | |
| hydralazine inj | - | F |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| metronidazole/ nacl inj | - | F |
| colistimethate inj | - | NC |
| pentamidine inj | - | NC |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| sulfamethoxazole/trimethoprim inj | - | F |
| CARBAPENEMS | | |
| cilastatin/imipenem inj | - | F |
| ertapenem inj | - | F |
| meropenem inj | - | F |
| PRIMAXIN INJ | - | F |
| CHLORAMPHENICOLS | | |
| CHLORAMPHENICOL INJ | - | F |
| CYCLIC LIPOPEPTIDES | | |
| daptomycin inj | - | F |
| DAPTOMYCIN IV SOLN | - | F |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| GLYCOPEPTIDES | | |
| DALVANCE INJ | - | F |
| 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 | | |
| colistimethate inj | - | F |
| polymyxin b inj | - | F |
| STREPTOGRAMINS | | |
| SYNERCID INJ | - | F |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTIMYCOBACTERIAL AGENTS | | |
| CAPASTAT INJ | - | F |
| rifampin inj | - | F |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| 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 |

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Symbols and abbreviations are defined on page 1.

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| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| azacitidine inj | - | F |
| cladribine inj | - | F |
| clofarabine inj | - | F |
| cytarabine inj | - | F |
| decitabine inj | - | F |
| fludarabine inj | - | F |
| fluorouracil inj | - | F |
| FOLOTYN INJ | - | F |
| GEMCITABINE INJ | - | F |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | | |
| AVASTIN INJ | - | F |
| CYRAMZA INJ | - | F |
| MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist) | RS | F |
| ZALTRAP INJ | PA | F |
| ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist) | RS | F |
| ANTINEOPLASTIC - ANTIBODIES | | |
| ADCETRIS INJ | PA | F |
| ARZERRA INJ | PA | F |
| BAVENCIO INJ | PA | F |
| BESPONSA INJ | PA | F |
| BLINCYTO INJ | PA | F |
| DARZALEX SOLN | PA | F |
| ENHERTU INJ | PA | F |
| GAZYVA INJ | PA | F |
| IMFINZI INJ | PA | F |
| KADCYLA IV SOLN | PA | F |
| KEYTRUDA INJ | PA | F |
| KEYTRUDA IV SOLN | PA | F |
| LIBTAYO INJ | PA | F |
| LUMOXITI INJ | - | F |
| MONJUVI INJ (Only available through Biologics 800-850-4306) | LD-PA | F |
| OPDIVO INJ | PA | F |
| POTELIGEO INJ | - | F |
| RUXIENCE INJ | PA | F |
| SARCLISA SOLN (Only available through Biologics 800-850-4306) | LD-PA | F |
| TECENTRIQ INJ | PA | F |
| TRUXIMA INJ | PA | F |
| YERVOY INJ | PA | F |
| BLENREP INJ | - | NC |
| CAMPATH INJ | - | NC |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| RIABNI SOLN | - | NC |
| RITUXAN INJ | - | NC |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| OGIVRI INJ (Restricted to Oncology or Hematology Specialist) | RS | F |
| PERJETA INJ | PA | F |
| TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist) | RS | F |
| HERCEPTIN INJ | - | NC |
| HERZUMA INJ | - | NC |
| KANJINTI INJ (Restricted to Oncology or Hematology Specialist) | - | NC |
| ONTRUZANT INJ | - | NC |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| ERBITUX INJ | PA | F |
| VECTIBIX IV SOLN | PA | F |
| ANTINEOPLASTIC - HORMONAL AGENTS | | |
| leuprolide inj | PA | F |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| FIRMAGON INJ | - | F |
| LUPRON DEPOT INJ/ELIGARD INJ | PA | F |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | | |
| LARTRUVO INJ (Only available through Accredo 888-773-7376) | LD-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 |
| HERCEPTIN HYLECTA INJ | - | NC |
| RITUXAN HYCELA INJ | - | NC |
| VYXEOS INJ | - | NC |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| BALEODAQ INJ (Only available through Walgreens 888-347-3416) | LD-PA | F |
| KYPROLIS SOLN | PA | F |
| temsirolimus soln | - | F |
| VELCADE INJ, BORTEZOMIB INJ | - | F |
| ALIQOPA INJ | - | NC |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| 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 |
| 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 |
| TRODELVY SOLN (Only available through Biologics 800-850-4306) | LD-PA | F |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIPARKINSON AGENTS | | |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine inj | - | F |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| PHENOTHIAZINES | | |
| prochlorperazine inj | - | F |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10QL-RS vials (13.3mL) for first 14 days, and Maintenance: 4 vials (5.32 mL) every 14 days) | | F |
| CMV AGENTS | | |
| cidofovir inj | - | F |
| foscarnet sodium inj | - | F |
| GANCICLOVIR INJ | - | F |
| FOSCAVIR INJ | - | NC |
| HERPES AGENTS | | |
| acyclovir sodium IV soln | - | F |
| ASSORTED CLASSES | | |
| IMMUNOSUPPRESSIVE AGENTS | | |
| cyclosporine inj | - | F |
| NULOJIX INJ | - | F |
| SIMULECT INJ | - | F |
| THYMOGLOBULIN INJ | - | F |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA IV SOLN | PA | F |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| labetalol inj | - | F |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| metoprolol inj | - | F |
| METOPROLOL TARTRATE CARTRIDGE | - | F |
| BETA BLOCKERS NON-SELECTIVE | | |
| propranolol inj | - | F |
| SOTALOL INJ | - | F |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKERS | | |
| CARDENE INJ | - | F |
| DILTIAZEM INJ | - | F |
| nicardipine inj | - | F |
| verapamil inj | - | F |
| CARDIOTONICS | | |
| INOTROPES | | |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|--|--------------|------|
| CARDIOTONICS Cont. | | |
| DOBUTAMINE/D5W INJ | - | F |
| dopamine inj | - | F |
| 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 |
| 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 |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|---|--------------|------|
| CORTICOSTEROIDS Cont. | | |
| 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 |
| 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 |
| CORTICOTROPIN | | |
| ACTHAR HP GEL INJ | - | NC |
| INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS | | |
| TEPEZZA INJ | 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 | PA | F |
| FABRAZYME INJ | PA | F |
| HECTOROL INJ | - | F |

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Symbols and abbreviations are defined on page 1.

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| DrugName | Special Code | Tier |
|---|--------------|------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| 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 |
| FLUROQUINOLONES | | |
| FLUROQUINOLONES | | |
| 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 |
| RENFLEXIS INJ | PA | F |
| REMICADE INJ | - | NC |
| GOUT AGENTS | | |
| GOUT AGENTS | | |
| allopurinol inj | - | F |
| KRYSTEXXA INJ | PA | F |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| ADVATE INJ, KOVALTRY INJ | PA | F |
| ADYNOVATE INJ | PA | F |
| AFSTYLA KIT | PA | F |
| ALPHANATE INJ, HUMATE-P INJ | PA | F |
| ALPHANINE SD INJ, MONONINE INJ | PA | F |
| ALPROLIX INJ | PA | F |
| BENEFIX INJ | PA | F |
| ELOCTATE INJ | PA | F |
| FEIBA INJ | PA | F |
| HEMOFIL M INJ, KOATE-DVI INJ | PA | F |
| IDELVION SOLN | PA | F |
| IXINITY INJ, RIXUBIS INJ | PA | F |

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

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| DrugName | Special Code | Tier |
|--|--------------|------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| JIVI INJ | PA | F |
| KOGENATE FS INJ | PA | F |
| NOVOEIGHT INJ | PA | F |
| NUWIQ INJ | PA | F |
| PROFILNINE INJ | PA | F |
| REBINYN SOL | PA | F |
| RECOMBINATE INJ | PA | F |
| XYNTHA INJ | PA | F |
| COMPLEMENT INHIBITORS | | |
| BERINERT INJ | PA | F |
| CINRYZE INJ | PA | F |
| HAEGARDA INJ | PA | F |
| RUCONEST INJ | PA | F |
| SOLIRIS IV SOLN | PA | F |
| ULTOMIRIS INJ | PA | F |
| PLASMA KALLIKREIN INHIBITORS | | |
| KALBITOR INJ | PA | F |
| PLASMA PROTEINS | | |
| ALBUMINAR INJ | - | F |
| THROMBOLYTIC ENZYMES | | |
| CATHFLO ACTIVASE INJ | - | F |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| CEREZYME INJ | PA | 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 | | |
| ferric gluconate IV soln | - | F |
| INFED INJ | - | F |
| INJECTAFER INJ | - | F |
| MONOFERRIC INJ (Only available through Biologics 800-850-4306) | LD | F |
| VENOFER INJ | - | F |
| FERRLECIT INJ | - | NC |
| STEM CELL MOBILIZERS | | |
| MOZOBIL INJ | - | F |
| HEMOSTATICS | | |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|-------------------------------------|--------------|------|
| HEMOSTATICS Cont. | | |
| HEMOSTATICS - SYSTEMIC | | |
| tranexamic acid inj | - | F |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETICS - AMIDES | | |
| 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 |
| DEXTROSE/SODIUM CHLORIDE 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 sulfata inj | - | F |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|--|--------------|------|
| MINERALS & ELECTROLYTES Cont. | | |
| magnesium sulfate/d5w inj | - | F |
| MANGANESE | | |
| MANGANESE SULFATE INJ | - | F |
| PHOSPHATE | | |
| potassium phosphate inj | - | F |
| SODIUM PHOSPHATE INJ | - | F |
| sodium phosphate inj | - | F |
| POTASSIUM | | |
| potassium chloride inj | - | F |
| POTASSIUM CHLORIDE INJ | - | NC |
| 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 | | |
| DUROLANE | PA | F |
| EUFLEXXA | - | NC |
| GEL-ONE | - | NC |
| GELSYN-3 | - | NC |
| GENVISC 850 | - | NC |
| HYALGAN | - | NC |
| HYMOVIS | - | NC |
| MONOVISC | - | NC |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|---|--------------|------|
| MUSCULOSKELETAL THERAPY AGENTS Cont. | | |
| ORTHOVISC | - | NC |
| ORTHOVISC INJ | - | NC |
| SUPARTZ FX INJ | - | NC |
| SYNVISC | - | NC |
| SYNVISC INJ | - | NC |
| SYNVISC ONE | - | NC |
| TRILURON | - | NC |
| TRIVISC | - | NC |
| VISCO-3 | - | NC |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| RADICAVA INJ | PA | F |
| MUSCULAR DYSTROPHY AGENTS | | |
| EXONDYS 51 SOLN | - | NC |
| VILTEPSO SOLN | - | NC |
| VYONDYS 53 SOLN | - | NC |
| NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS | | |
| BOTOX INJ | PA | F |
| DYSPORE | 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 | | |

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Symbols and abbreviations are defined on page 1.

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| DrugName | Special Code | Tier |
|--|--------------|------|
| PASSIVE IMMUNIZING AGENTS Cont. | | |
| 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 | | |
| 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 | | |

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Symbols and abbreviations are defined on page 1.

| DrugName | Special Code | Tier |
|--|--------------|------|
| PROGESTINS Cont. | | |
| PROGESTINS | | |
| progesterone IM inj | - | F |
| hydroxyprogesterone capro inj | - | NC |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| MULTIPLE SCLEROSIS AGENTS | | |
| LEMTRADA INJ | PA | F |
| OCREVUS INJ | PA | F |
| TYSABRI INJ | PA | F |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS | | |
| ONPATTRO SOLN | PA | F |
| RESPIRATORY AGENTS - MISC. | | |
| ALPHA-PROTEINASE INHIBITOR (HUMAN) | | |
| ARALAST NP INJ | PA | F |
| GLASSIA INJ | PA | F |
| PROLASTIN-C INJ | - | NC |
| PROLASTIN-C INJ, ZEMAIRA INJ | - | NC |
| TETRACYCLINES | | |
| FLUOROCYCLINES | | |
| XERAVA INJ | - | F |
| GLYCYLCYCLINES | | |
| tigecycline inj | - | F |
| TETRACYCLINES | | |
| doxycycline hyclate inj | - | F |
| MINOCIN INJ | - | F |
| THYROID AGENTS | | |
| THYROID HORMONES | | |
| levothyroxine inj | - | 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 | | |

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Symbols and abbreviations are defined on page 1.

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| DrugName | Special Code | Tier |
|-----------------------------|--------------|------|
| VASOPRESSORS Cont. | | |
| epinephrine inj | - | F |
| EPINEPHRINE IV SOLN | - | F |
| EPINEPHRINE INJ | - | NC |
| VITAMINS | | |
| OIL SOLUBLE VITAMINS | | |
| vitamin K1 inj | - | F |

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Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List
Prior Authorization Drug List
Last Updated* 8/1/2021**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------------|--|
| ABRAXANE INJ | F |
| ACTEMRA INJ | F |
| ADAKVEO INJ | F |
| ADCETRIS INJ | F |
| ADVATE INJ, KOVALTRY INJ | F |
| ADYNOVATE INJ | F |
| AFSTYLA KIT | F |
| ALDURAZYME INJ | F |
| ALIMTA INJ | F |
| ALPHANATE INJ, HUMATE-P INJ | F |
| ALPHANINE SD INJ, MONONINE INJ | F |
| ALPROLIX INJ | F |
| ARALAST NP INJ | F |
| ARZERRA INJ | F |
| AVSOLA INJ | F |
| BALEODAQ INJ | F |
| BAVENCIO INJ | F |
| BENDEKA INJ | F |
| BENEFIX INJ | F |
| BENLYSTA IV SOLN | F |
| BERINERT INJ | F |
| BESPONSА INJ | F |
| BLINCYTO INJ | F |
| BOTOX INJ | F |
| CARIMUNE NANOFILTERED INJ | F |
| CEREZYME INJ | F |
| CINQAIR INJ | F |
| CINRYZE INJ | F |
| CRYSVITA INJ | F |
| DARZALEX SOLN | F |
| DARZALEX SOLN FASPRO | F |
| DUROLANE | F |
| DYSPORT | F |
| ELAPRASE INJ | F |
| ELOCTATE INJ | F |
| ENHERTU INJ | F |
| ENTYVIO INJ | F |

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 8/1/2021**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| epoprostenol inj | F |
| ERBITUX INJ | F |
| EVENITY INJ | F |
| FABRAZYME INJ | F |
| FASENRA INJ | F |
| FEIBA 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 |
| HEMOFIL M INJ, KOATE-DVI INJ | F |
| HEPAGAM B INJ | F |
| HYPERHEP B INJ | F |
| IDELVION SOLN | F |
| ILARIS INJ | F |
| IMFINZI INJ | F |
| INFLECTRA INJ 100MG | F |
| IXINITY INJ, RIXUBIS INJ | F |
| JIVI INJ | F |
| KADCYLA IV SOLN | F |
| KALBITOR INJ | F |
| KEYTRUDA INJ | F |
| KEYTRUDA IV SOLN | F |
| KOGENATE FS INJ | F |
| KRYSTEXXA INJ | F |
| KYPROLIS SOLN | F |
| LARTRUVO INJ | F |
| LEMTRADA INJ | F |
| leuprolide inj | F |
| LIBTAYO INJ | F |
| LUPRON DEPO-PED INJ | F |
| LUPRON DEPOT INJ/ELIGARD INJ | F |
| LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ | F |

Symbols and abbreviations are defined on page 1.

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------|--|
| MONJUVI INJ | F |
| NAGLAZYME INJ | F |
| NOVOEIGHT INJ | F |
| NUCALA INJ | F |
| NUWIQ INJ | F |
| OCREVUS INJ | F |
| OCTAGAM INJ | F |
| ONPATTRO SOLN | F |
| OPDIVO INJ | F |
| ORENCIA INJ | F |
| PANZYGA INJ | F |
| PERJETA INJ | F |
| PRIVIGEN INJ | F |
| PROFILNINE INJ | F |
| PROLIA SOLN | F |
| RADICAVA INJ | F |
| REBINYN SOL | F |
| RECOMBINATE INJ | F |
| REMODULIN INJ | F |
| RENFLEXIS INJ | F |
| RUCONEST INJ | F |
| RUXIENCE INJ | F |
| SARCLISA SOLN | F |
| SIMPONI ARIA INJ | 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 |
| TRUXIMA INJ | F |
| TYSABRI INJ | F |
| ULTOMIRIS INJ | F |
| VECTIBIX IV SOLN | F |

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 8/1/2021**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------|--|
| VIMIZIM INJ | F |
| VISUDYNE INJ | F |
| XEOMIN INJ | F |
| XGEVA INJ | F |
| XOLAIR INJ | F |
| XYNTHA 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* 8/1/2021
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

| | | | |
|---------------|----------------|------------------|------------------|
| BALEODAQ INJ | CRYSVITA INJ | epoprostenol inj | LARTRUVO INJ |
| MONJUVI INJ | MONOFERRIC INJ | NAGLAZYME INJ | REMODULIN INJ |
| SARCLISA SOLN | SPINRAZA INJ | SYNRIBO INJ | treprostinil inj |
| TRODELVY SOLN | VIMIZIM INJ | ZOLGENSMA INJ | |

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

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Quantity Limit (QL)

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

Quantity Limit (QL) Medications

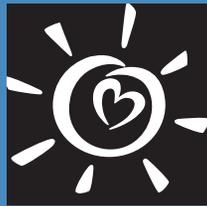
Drug Name

Quantity Limit

TROGARZO INJ

Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3mL) for first 14 days, and Maintenance: 4 vials (5.32 mL) every 14 days

Symbols and abbreviations are defined on page 1.



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